

## **City of Fulton - Office of Code Enforcement**

340 Browder Street PO Box 1350 Fulton, Kentucky, 42041 Office (270) 472-1422 Fax (270) 472-1914



\*\*\* Attention Contractors & Property Owners: It is your responsibility by law to call and request that the utilities to the property be located, marked and disconnected by using the 811 BUD notification system. It may take up to 48 business hours to complete this requirement. \*\*\*

## **Demolition Permit Application**

Application D	)ate:	_/	/

Property Information				
Property Address:				
Owner Name:				
Phone: ( )				
Owner Address:				
City: State: Owner Zip:				
Email:				
Reason for Demolition:				
Square feet/size of the area/building to be demolished: Sq. Ft.				
Proposed Start Date:/ Expected Completion Date:/				
Expected Cost of the Demolition:				
Purposed use of land after demolition:				
Code and Zoning Use Information				
Parcel ID Number (Map Number):				
Lot Size Street: Rear: Left Depth: Right Depth:				

Contractor Information				
Name:				
Address:				
City:	State:	Zip:		
Phone: ( )	Mobile: ( ) _	<del>-</del>		
Fax: ( )	Afterhours: () _	<del>-</del>		
Email:				
Applica	int Agreement			
No work can commence before the permit is issued.	ued, fees paid and final walk t	through has been done.		
The permit will be issued when all necessary rev	iews have been made.			
All foundations, basement walls, driveways, side	walks, shrubbery, small trees	and debris must be removed by		
the owner or contractor. Demolition debris will no	ot be picked up by the City of	Fulton or the waste		
management agency.				
The permit will be issued and is subject to any co	onditions set forth by the code	officials or deputies.		
Should there be any disturbed soil the applicant	is responsible for ensuring tha	at all silt remains onsite and		
the street remains clear of mud and dirt.				
Be aware there are State & Federal asbestos reg	gulations governing the demol	ition of any public or commercia		
building or group of two or more houses. You are	e required to contact KY Divisi	on of Air Quality at		
(270) 746-7475.				
A list of any subcontractors should be submitted	on the back of this form with t	he same information as above		
required for the contractor.				
By signing below to the best of my knowledge all	I information given herein is tru	ue.		
Applicant Signature:		Date:		
Permit Fee = \$25.00	Receipt Number:			