



Demolition Permit Application

Contractor Information

Company Name: _____

Representative Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____

Email: _____

Contractor's License #: _____

Type of License: Residential Commercial GC

License Expiration Date: _____

Total Cost of Project: _____

City of Liberty Business License #: _____

Location Information

Property Owners Name: _____

Demo Address: _____

City: _____ State: _____ Zip: _____

Subdivision: _____

Tax Map #: _____

Property Owners Phone #: _____

Signature: _____

Date: _____