

## CITY OF CRETE AND TWO MILE ZONING JURISDICTION LIMIT

## APPLICATION FOR DEMOLITION PERMIT

	FEE: \$	NUMBER:	<del></del>	DATE:	
	APPLICANT NAME:				
	ADDRESS:				
	LOCATION OF STRUCTURE TO BE DEMOLISHED:				
	DESCRIPTION OF STRUCTURE:				
	DEMOLITION CONTRACT	ГОR:			
	ADDRESS:		PH	ONE #:	
	PLUMBING CONTRACTO	PR:			
	PHONE #:				
	EXPECTED START DATE	E:	EXPECTE	D FINISH:	
CHECK	<u>LIST</u>				
	You must get prior approval from the Public Works Director. All utilities must be abandoned, <b>capped</b> and locations recorded. You must contact the Department of Public Works before these services are buried. Call 826-4312 for the Utility Department.				
	\$1000.00 " <b>Hold Harmless Bond</b> " to the City of Crete is required from the demolition contractor.				
	<b>Certificate of Insurance</b> - \$100,000. B.I. \$300,000. P.D. minimums to City of Crete required from the demolition contractor.				
	CALL DIGGERS HOTLI	NE OF NEBRAS	KA AT 1-800	0-331-5666.	
	It shall be the duty of the applicant to cause the demolition site to be protected by erecting suitable <b>guards</b> , <b>barricades</b> , or <b>fencing</b> to contain and isolate debris, open basements excavations, and/or partially demolished structures which may have their structural integrity compromised. <b>Warning signs</b> shall be posted on all outward facing sides of the barriers. No work shall begin until the barriers are in place to the satisfaction of Municipal Officials.				
	BUILDING INSPECTOR:			DATE:	
CONTR	ROLL-OFF" TYPE TRASH RACTED TRASH SERVICE. I ASSUME COMPLETE LIABII STRUCTURE(S):	ALL WORK IS TO	BE DONE IN A	CCORDANCE WITH CRI	ETE MUNICIPAL
	APPLICANT'S E-MAIL ADDRE	ESS:			
	APPLICANT SIGNATURE:			DATE:	