



# APPLICATION FOR DEMOLITION PERMIT

Date of Application: \_\_\_\_\_

**CITY OF FAIRFIELD / PLANNING & ZONING**  
407 Soldier Road / P.O. Box 336 / Fairfield, Idaho 83327

**OWNER(s):** Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**WORK TO BE DONE:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS** PHYSICAL: \_\_\_\_\_  
LEGAL: LOT #: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

Flood Plain or Stream Bed:  No  Yes Zoning:  Residential  Commercial  Industrial

**DEMOLITION CHECKLIST:**

- Site Plan (that includes property lines, easements, utilities, and public right-of-way)
- Construction Waste Management Plan (*provide a final report from waste site receiving material*)
- Water / Sewer Disconnected
- Electrical Service Disconnected
- Asbestos Report Completed (*must provide a copy of the report*)

***The Completion of this Application Does Not Constitute a Demolition Permit.***

I HEREBY ACKNOWLEDGE that I have filled in this application accurately to the best of my knowledge and I agree to comply with all City Ordinances and State laws regulating building demolition within the City of Fairfield, Idaho. Any waivers or variances must be specifically described and approved by the proper authority.

\_\_\_\_\_  
Signature of Owner or Authorized Agent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Planning and Zoning Representative*

**Note:** Demolition Permits are valid for 90 days from the date issued. Where no work has been started and/or inspected within 90 days after the issuance of a demolition permit or when more than 90 days lapses between approval of required inspections, such demolition permit shall be null and void.

**Official Use Only:**  
Application Fee Received: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_