



Planning & Development
Building Division 645 Holbrook Street, Erie, Colorado 80516
 General information: (303)926-2780
 Email: bldgfx@erieco.gov

Permit Number	DEMOLITION PERMIT APPLICATION		Date Received
PROJECT ADDRESS (including Suite/Unit #):		Property Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
		Subdivision _____	
Applicant/Owner: Owner Name: _____ Address: _____ City: _____ Zip: _____ Phone: (____) _____ - _____ Email: _____		CONTRACTOR: Business Name: _____ Address: _____ City: _____ Zip: _____ Phone: (____) _____ - _____ Email: _____	
Valuation for the work being completed (demo work only) \$ _____			
Type of Demolition Work: <input type="checkbox"/> Interior Only <input type="checkbox"/> Exterior Only <input type="checkbox"/> Entire structure			
Existing Square Feet _____		Demo Area Square Feet _____	
Are you submitting a building permit with this address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Detailed Demolition Description:			
Town of Erie Approvals			
Building: _____		Asbestos documentation Req'd	
Planning: _____		No Accessory structures allowed without Principle. (Site Plan Req'd)	
Public Works: _____		Meter must be pulled, yoke locked off	
Planning & Dev: _____		FAA 7460-1 Form if at the Air Park - Response Req'd	
***Owner/Contractor are Responsible for: <ul style="list-style-type: none"> • Contacting Electrical & Gas Utilities, including calling for locates. • Contacting Centurylink, Xfinity, or other relevant easement holder. • Contacting the county having jurisdiction over septic if applies. 			
I certify this application is true and correct and agree to perform the work described according to plans/ specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws, as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMIS, INSPECTIONS, AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.			
Signature:		Print Name Legibly:	Date: