



City of Sullivan
210 West Washington
Sullivan, MO 63080
573-468-8965

DEMOLITION PERMIT

Date:	Permit Number:
Issued to:	Address:
Phone:	Contractor:
Starting Date of Demolition:	Date of Completion:

Permit Fee: \$50

Cash Bond: \$500 for residential and \$.10 a square foot for commercial structures

Size and Type of Structure: Residential Commercial Sq. Footage _____

OFFICE USE ONLY

Description of Utilities

Electric:	By:	Date:	Inspected By:	Date:
Water:	By:	Date:	Inspected By:	Date:
Sewer:	By:	Date:	Inspected By:	Date:
Gas:	By:	Date:	Inspected By:	Date:
Removal of Debris: (including dumpsters)	By:	Date:	Inspected By:	Date:
Grading:	By:	Date:	Inspected By:	Date:
Seeding:	By:	Date:	Inspected By:	Date:
Other:	By:	Date:	Inspected By:	Date:

Permit Issued By: _____ Date: _____ Fee: _____

Demolition Inspection Approved By: _____ Date: _____

NOTE: The disposal of demolition waste is regulated by the Department of Natural Resources under Chapter 260. RSMo. Such waste, in quantities established by the Department, shall be taken to a landfill for disposal.

I certify that I understand the requirements of this permit and agree to comply with the requirements.

Received by: _____ Date: _____