

**DEMOLITION PERMIT APPLICATION**

**City of Springdale Buildings Department**

**Location: 107 SPRING STREET**

**Mailing: 201 SPRING STREET**

**Springdale, AR 72764**

**Phone: 479-750-8154 – FAX: 479-756-7701**

**Email: tevers@springdalear.gov**



**SPRINGDALE™**  
WE'RE MAKING IT HAPPEN

Site Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Contractor \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Units \_\_\_\_\_ Total Square Feet \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Reason for demolition \_\_\_\_\_

1. Is the demolition for fire training purposes? \_\_\_\_\_
2. Does the demolition involve more than one building? \_\_\_\_\_
3. Does the demolition involve condominiums? \_\_\_\_\_ Co-operatives? \_\_\_\_\_ Lofts? \_\_\_\_\_ Boarding house rentals? \_\_\_\_\_ (if yes how many units? \_\_\_\_\_)
4. Is the demolition part of a commercial project? \_\_\_\_\_
5. Is the demolition part of a public project? \_\_\_\_\_
6. Is the demolition city ordered? \_\_\_\_\_
7. Is the demolition part of a highway, street or road project? \_\_\_\_\_
8. Is the demolition for a private development project? \_\_\_\_\_
9. Was the building used to store farm supplies? \_\_\_\_\_
10. Was the building used for commercial or public purposes? \_\_\_\_\_

This permit is non-transferable. This permit will become null and void if work is not commenced within 10 days, and project must be finish within a period of (30) day.

**I am aware that I must also notify the Arkansas Department of Environmental Quality (ADEQ) and file a notice of intent, prior to any work being done**

I hereby certify that I have read and examined this application and believe it to be true and correct. All provisions of the law and ordinances governing this type of work will be complied with whether specified herein or not. The issuance of this permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating demolition or the performance of demolition.

Signature of Contractor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only

Inspector: _____	Date: _____
Map# _____	Utility company _____