

City of Webb City Public Works
1060 N. Madison
P.O. Box 30
Webb City, MO 64870

Ph. 417-673-6297
Fax. 417-673-6294

DEMOLITION OR MOVE PERMIT APPLICATION

Building Address:

Owner:

Address:

City:

Phone:

Date Issued:

PERMIT NO.

Demo / Move

Permit Fee \$ _____

Replace Permit

Receipt # _____

Valuation: \$ _____

CONTRACTOR:

Name:

Mailing Address:

City & ZIP:

Webb City Lic. No.

Phone:

RECORD OF INSPECTION DATES

Final: _____

Remarks: _____

Legal Description (Attach copy if description will not fit below)

Lot #'s & Subdivision Name: _____

Describe project and structure to be demolished or moved:

(Moving a structure may require a Building Permit.)

Project Completion Date: _____

Residential _____

Commercial _____

Industrial _____

City Sewer _____

Septic _____

City Water _____

Well _____

ALL UTILITIES MUST BE DISCONNECTED PRIOR TO DEMOLITION OF STRUCTURE

BEFORE BEGINNING THIS PROJECT APPLICANT MUST CONTACT UTILITIES LISTED ON FOLLOWING SHEET AND ARRANGE FOR ALL SERVICES TO BE DISCONTINUED AND DISCONNECTED.

****APPLICANT IS RESPONSIBLE FOR LOCATING SANITARY SEWER SERVICE AND CAPPING AS REQUIRED.****

Remarks and other information:

Signature:

Approved by:

Applicant

Date

Building Inspector

Date



City of Webb City

**CITY OF WEBB CITY
UTILITY RELEASE: DEMOLITION PERMIT # _____**

Approved by: _____ Date _____ Building Regulations Department-City of Webb City

Property Address: _____

___ Residential: Waived \$5.00 ___ Commercial: Waived \$5.00 Paid: \$ _____ Csh Ck CC Receipt # _____

Owner: _____ Phone _____

Contractor: _____ Phone _____

Applicant Signature: _____

Missouri Gas Energy (MGE)
520 East 5th Street Joplin, MO 64801
800-582-1234

I _____ certify that gas service to the above said
property is non-existent or disconnected.
X _____
Signature

Empire District Electric, Co.
602 South Joplin Street Joplin MO 64801
417-625-5100

I _____ certify that electric service to the above said
property is non-existent or disconnected.
X _____
Signature

Webb City Water Department
200 South Main Webb City MO 64870
417-673-5077

I _____ certify that water service to the above said
property is non-existent or disconnected.
X _____
Signature

Webb City Sewer Department
110 E Church Webb City MO 64870
417-438-4140 William

I _____ certify that sewer service to the above said
property is non-existent or disconnected.
X _____
Signature

Cableone/Internet
2600 South Davis Blvd. Joplin MO 64804
417-624-6340

I _____ certify that cable service to the above said
property is non-existent or disconnected.
X _____
Signature

Your Telephone Company Name

I _____ certify that phone service to the above said
property is non-existent or disconnected.
X _____
Signature

Attention utility services:

After you print and sign your name to this form, fax to the City of Webb City Public Works 417-673-6294.