DEMOLITION OR MOVE PERMIT APPLICATION

Date Issued: 

PERMIT NO.

☐ 3 - Demo / Move Permit Fee $ 

☐ 5 - Replace Permit Receipt # 

Valuation: $ 

RECORD OF INSPECTION DATES

Final: 

Remarks: 

Residential ______ Commercial ______ Industrial ______

City Sewer City Water Septic Well 

describe project and structure to be demolished:

(Moving a structure may require a Building Permit.)

ALL UTILITIES MUST BE DISCONNECTED PRIOR TO DEMOLITION UTILITY RELEASE ATTACHED

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

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

☐ ELECTRICITY Empire District Electric 1-417-625-5100

☐ WATER City of Webb City 1-417-673-6297

☐ NATURAL GAS Missouri Gas Energy 1-800-582-1234

☐ TELEPHONE AT&T 1-800-288-2020

☐ CABLE TELEVISION Cable One 1-417-624-6340

Remarks and other information:

Signature: 

Applicant Date 

Approved by: 

Building Inspector Date
CITY OF WEBB CITY
UTILITY RELEASE: DEMOLITION

Permit #

Approved by: ___________________________ Date: ___________________________

Building Regulations Department-City of Webb City

Property Address:
Residential: ___ $5.00  ___ Commercial: $5.00

Owner: ____________________________________ Phone: _______________________

Contractor: _______________________________ Phone: _______________________

Spire/Natural Gas
520 East 5th Street Joplin, MO 64801
800-582-1234
I ___________________________ certify that gas service to the above referenced property is non-existent or disconnected.

X ___________________________ 
Signature

Liberty Utilities/Electric
602 South Joplin Street Joplin MO 64801
417-625-5100
I ___________________________ certify that electric service to the above referenced 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 referenced property is non-existent or disconnected.

X ___________________________ 
Signature

Sparklight/Internet
2600 South Davis Blvd. Joplin MO 64804
417-623-6340
I ___________________________ certify that cable service to the above referenced property is non-existent or disconnected.

X ___________________________ 
Signature