



# DEMOLITION OR MOVE PERMIT APPLICATION

Building Address: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Issued:	PERMIT NO.
3 - Demo / Move <input type="checkbox"/>	Permit Fee \$ _____
5 - Replace Permit <input type="checkbox"/>	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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Moving a structure may require a Building Permit.)

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

City Sewer \_\_\_\_\_ Septic \_\_\_\_\_  
 City Water \_\_\_\_\_ Well \_\_\_\_\_

**ALL UTILITIES MUST BE DISCONNECTED PRIOR TO DEMOLIATION UTILITY  
 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.

- |                          |                  |                          |                |
|--------------------------|------------------|--------------------------|----------------|
| <input type="checkbox"/> | ELECTRICITY      | Empire District Electric | 1-417-625-5100 |
| <input type="checkbox"/> | WATER            | City of Webb City        | 1-417-673-6297 |
| <input type="checkbox"/> | NATURAL GAS      | Missouri Gas Energy      | 1-800-582-1234 |
| <input type="checkbox"/> | TELEPHONE        | AT&T                     | 1-800-288-2020 |
| <input type="checkbox"/> | CABLE TELEVISION | Cable One                | 1-417-624-6340 |

Remarks and other information:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Building Inspector \_\_\_\_\_ Date \_\_\_\_\_



City of Webb City \* PO Box 30 \* 1060 North Madison \* Webb City, Missouri 6487

Office of Public Works 417-673-6297 Fax – 417-673-6294

**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 5<sup>th</sup> 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