CARIBOU COUNTY BUILDING DEPARTMENT
159 SOUTH MAIN STREET ROOM 105
SODA SPRINGS ID 83276
Demolition permit application

Application number_____Date_____

Applicant_____

Address_____ City_____State____Zip_____

Phone numbers_____Cell_____Other_____
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Project Address_____ City_____State_____Zip_____

Contractor_____

Contact Person/Persons_____

Phone numbers_____Cell_____Other_____
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Estimated cost of project$_____

Age of structure_____

Date when action will commence_____
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

EPA APPLICATION FILED TEN DAYS PRIOR TO ACTION, CONTACT INDUSTRIAL HYGIENE RESOURCES AT (208)323-8287.

Dump Site Location_____

1. Please include copy of landfill information or permit number
2. Please include copy of fire department permit is fire is used
3. Please include copy of EPA permit and inspections if required
4. Please include proof of ownership of demolished property
5. Please include permission to demolish property from owner if a contractor.
6. Please include demolition plan

PERMIT WILL NOT BE ISSUED IS ALL REQUIRED INFORMATION IF NOT SUBMITTED
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Applicants Certification/Signature Application must be signed to receive permit

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of a permit dies not presume to give authority to violate or cancel the provisions of any other State of local law regulating construction or the performance of demolition. I also hereby authorize access to property and/or structures for the purpose of inspections and verification of information provided herein.

Applicants Signature_____**Date**_____