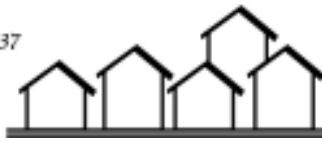


CITY of ROSSVILLE

founded in 1871

"Come Grow With Us!"

City Hall
438 Main • P.O. Box 337
Rossville, KS 66533
785-584-6155
785-584-6667, fax



DEMOLITION PERMIT

Date _____

Name of Landowner _____

Name of Applicant _____ Phone # _____

Address of Applicant _____

Address of Job _____ or

Legal Description Lot(s) _____ Block _____ Subdivision _____

For Demolition of

Residential Commercial Industrial Government Other _____

<input type="checkbox"/>	Single Family	<input type="checkbox"/>	Carport	<input type="checkbox"/>	Solar
<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Pool-In or Above Ground	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	Deck	<input type="checkbox"/>	
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Covered Patio/Porch/Pergola	<input type="checkbox"/>	
<input type="checkbox"/>	Fence	<input type="checkbox"/>	Accessory Structure	<input type="checkbox"/>	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Concrete Slab	<input type="checkbox"/>	

Starting Date _____

Estimated Completion Date (Not to exceed 90 days from starting date) _____

I hereby make application for a demolition permit and acknowledge that all information presented is correct.

(Signature of applicant)

The City of Rossville hereby issues this demolition permit on the _____ day of _____,
_____ by approval of the governing body.

City Clerk