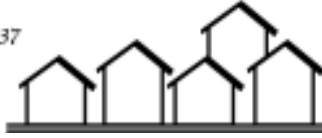


# CITY of ROSSVILLE

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**

- Single Family
- Duplex
- Multi Family
- Other \_\_\_\_\_

**ACCESSORY USES**

- Garage
- Carport
- Shed
- Concrete Slab
- Fence
- Swimming Pool
- Other \_\_\_\_\_

**OTHER STRUCTURES**

- Commercial Structure
- Industrial Structure
- Government Structure
- Farm Structure
- Other \_\_\_\_\_

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