



City of Centerville, Iowa

Zoning Administrator

312 E. Maple, Centerville, IA 52544
Phone: (641)437-4339 Fax: (641)437-1498

DEMOLITION PERMIT APPLICATION

Demolition Information

Property Address: _____

Property Legal Description: _____

Current Zoning: _____

PLEASE NOTE: The demolition requirements form, checklist, and utility disconnect verifications must be completed and submitted with this application. The permit will not be approved until all required information has been received by the Building Official.

Structure Use Type: Non-Residential: (or) Residential:
 Assembly One-Family
 Commercial Duplex
 Industrial Multi-Family
 Institutional Garage
 Agricultural Other: _____
 Other: _____

Permit Fee Amount:
\$ _____

Contact Information:

City Administrator:

Jason Fraser
jfraser@centerville-ia.org

Building Official:

Justin Doll
jdoll@centerville-ia.org

Asbestos Present: Yes (or) No

Other Hazardous Materials Present: Yes (please list): _____ (or) No

Contact Information

Applicant/Owner: _____

Name _____ Phone _____

Address _____ Email _____

Contractor: _____

Name _____ Phone _____

Address _____ Email _____

Applicant/Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

OFFICE USE ONLY

Permit No. _____

Demolition Permit Fee: Residential (\$____) Commercial (\$____) Date Fee Paid: _____

Demolition Approved: _____
Building Official Signature _____ Date _____

Demolition Denied: _____
Reason(s) for denial of permit _____ Date _____

RASWC Grant Approved: _____
Building Official Signature _____ Date _____