



Demolition Permit Application

CITY OF LOWELL
 216 NORTH LINCOLN STREET
 LOWELL, AR 72745
 (479)770-2185
 Email: risk.reduction@lowellarkansas.gov

FOR OFFICIAL USE ONLY Review Routing & Approval

Division	Sig. = OK	Date
Site Inspection By:		
Application Approved By:		

Applied Date: _____ Phone: _____

Responsible Party/Applicant/Contractor Name: _____

Applicant's Address: _____

Address of Property to be Demolished: _____

What was building's last use? _____

Will a new building be constructed on this site? Yes () No ()

If "Yes", what will be new building's use: _____

Owner of Property to be Demolished: _____
 Owner's Address: _____
 Owner's Phone Number: _____
 Owner's Approval: _____ Date _____

Air, Asbestos, Lead Abatement per ADEQ (Regulation 21): Copy of N.O.I. Required
 (For information go to www.adeq.state.ar.us/air/asb_lead/asbestos.htm)
 Provide proof, please attach.
 How will site debris be disposed of? _____

 Where will site debris be disposed of? _____

Utilities Disconnected	Yes	No
Gas/Propane		
Electricity		
Telephone		
Water		
Sewer/Septic Capped		
Cable TV		

(Signature of Contractor or Authorized Agent) (Please Print Applicant Name) (Date)

NOTE: TO SCHEDULE INSPECTIONS CALL 479-770-2185 CONSTRUCTION SERVICES