

CITY OF OAKES
DEMILITION OR REMOVAL OF BUILDINGS PERMIT

APPLICANT: _____

PROPERTY ADDRESS: _____

LEGAL ADDRESS: _____

(PLEASE SIGN AFTER EACH CORRECT STATEMENT)

I ATTEST THAT THERE ARE NO DELINQUENT TAXES OR ASSESSMENTS DUE ON THE PREMISES, INCLUDING FEES OWING TO THE CITY FOR UTILITIES AND/OR OTHER SERVICES _____

ALL NECESSARY ELECTRICAL, FUEL, PROPANE AND WATER CONNECTIONS WILL BE TERMINATED SO AS NOT TO PRESENT A THREAT TO THE PUBLIC HEALTH AND WELFARE

THE DEMOLITION OR REMOVAL WILL BE ADEQUATELY SUPERVISED _____

IT IS AGREED BY APPLICANT TO REMOVE THE CONCRETE, FOUNDATION, PIPES, WIRES AND OTHER FIXTURES _____

IT IS AGREED BY APPLICANT TO COMPLETELY FILL IN ANY EXCAVATION AND LEVEL OFF LOT _____

I HEREBY CERTIFY THAT THE INFORMATION HEREIN GIVEN AND ATTACHED HERETO, TO MY BEST BELIEF AND KNOWLEDGE IS CORRECT.

Signature of Applicant

Date Signed

Action Taken: APPROVED _____ DISAPPROVED _____

DATE APPROVED BY CITY COUNCIL _____

SIGNATURE OF AUDITOR _____