



The City of Jacksonville

Demolition Permit

NAME OF OWNER: _____ DATE: _____

STREET: _____ BLOCK: _____ LOT: _____

CLASS OF BUILDING

- One Family Dwelling
- Two Family Dwelling
- Apartment
- No. of Apartments _____
- Local Retail
- Commercial
- Central Business
- Wholesale
- Warehouse
- Industrial
- Light Manufacturing
- Heavy Manufacturing
- Repair to Building
- Addition to building
- Private Garage
- Outhouse

CLASS OF ROOF

- Comp. Shingle
- Wood Shingle
- Built up Roof
- Roofing Paper
- Metal
- Tile
- No. Flues to Ground _____
- No. Bracket Flues _____
- No. Chimneys _____

FOUNDATION

- Stone Brick
- Concrete
- Wood
- Piers

TYPE OF CONSTRUCTION

- Frame Concrete
- Brick Iron Clad
- Stucco Hollow Tile
- Brick Ven

THICKNESS OF WALLS IN THE FIRE LIMITS _____

ELECTRICAL WIRING to be with ONCOR

PLUMBING CONNECTIONS to be coordinated with THE CITY OF JACKSONVILLE

NUMBER OF ROOMS: _____ TOTAL SQ. FT.: _____ NO. OF PORCHES: _____

ESTIMATED TIME FOR COMPLETION, (IN DAYS): _____ COST: _____

NAME OF CONTRACTOR: _____ PHONE NUMBER: _____

**** ALL DUMPSTERS MUST BE REPUBLIC ISSUED ****

DO NOT USE THIS SPACE

I hereby certify that the information on this application is true and correct.

Date received: _____

Inspector's estimate: _____

Approved: _____

Rejected: _____

Reason for rejection: _____

Signature of applicant

Mailing Address

City

State