



160 South 3rd East, P.O. Box 10, Mountain Home, ID 83647 (208) 580-2091 Fax (208) 587-2171 www.mountain-home.us

# DEMOLITION PERMIT APPLICATION

You will need your permit number to order an inspection.

**Permit #** \_\_\_\_\_ **Fee:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any person demolishing any building shall submit the proper forms to the EPA 10 days prior to demolition.  
Approved EPA forms shall be submitted along with asbetos report when applying for a demolition permit.

## A DEMOLITION PLAN IS REQUIRED

1. **Property Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

2. **Contractor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

3. **Contractor Registration Number:** \_\_\_\_\_

4. **Address of property being Demolished:** \_\_\_\_\_

5. **Building Type being destroyed:** \_\_\_\_\_

6. **Description of planned demolition and procedures:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Asbestos Present:** Yes:  No:  **Asbestos Report:** Yes:  No:

**Asbestos NESHAP 10 Day Notification:** Yes:  No:

**Contractor certified in asbestos removal:** Yes:  No:

8. **Valuation of Project \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_