



16 West Church Street
Bowling Green, MO 63334
573-324-5451 Phone
573-324-2644 Fax
www.bowlinggreen-mo.gov

DEMOLITION PERMIT APPLICATION

Property Owner Information

Building Site Address _____

Property Owner Name _____

Property Owner Address _____

Contact Name _____ Phone _____

Contractor Information

Contractor Name _____

Contractor Address _____

Contact Name _____ Phone _____

Utility Information

Gas Shut Off Date _____ Electric Disconnect Date _____

Water/Sewer Disconnect Date _____

Demolition of Commercial Property

I hereby certify that an Asbestos test has been done in accordance with Missouri Department of Natural Resources.

Owner/Contractor _____

Applicant Signature _____

Water & Sewer Cap

Water and sewer lines must be capped and approved by Public Works.

Public Works Signature _____

Date Approved _____ Permit # _____

Inspector Signature _____