



# Mineral County Building Department Demolition Permit Application

Permit No. \_\_\_\_\_

Project/Site Address: \_\_\_\_\_

Assessor's Parcel No. : \_\_\_\_\_ Zone: \_\_\_\_\_ Project Cost: \_\_\_\_\_

Owner Information:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor Information:

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Nevada License No.: \_\_\_\_\_ County Business License No.: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compliance Requirements:

- Utilities are capped, shut off, and/or removed. (Letter required from local utility.)
- Electric shut down. (Meter removed by Power Company.)
- Asbestos present. (Asbestos abatement meets all Federal, State, and County requirements.)

Upon request of the building official a demolition plan and site safety plan must be supplied.

I agree that all information supplied in this application is correct, and complete to the best of my knowledge, and I agree to save, indemnify and hold harmless the County of Mineral and its officers, employees and agents against all liabilities, judgments, costs and expenses which accrue against the County in consequence of the granting of this authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Building Department Use Only**

Permit Fee: \_\_\_\_\_ Plan Check Fee: \_\_\_\_\_ Total Fees Due: \_\_\_\_\_

===== **Building Department Authorization** =====

Signature: \_\_\_\_\_ Date: \_\_\_\_\_