City of Gravette

DEMOLITION PERMIT APPLICATION

City of Gravette
604 First Ave SE
Gravette, AR 72736
P: 479-787-5757
F: 479-787-5018

Project address:	Property owner:
Property owner address:	Phone number:

Contractor:	Phone number:
Mailing address:	Email address:

PERMIT TYPE
☐ Demolition $100.00
☐ Asbestos Testing $100.00
FEES DUE:

PROJECT DETAILS

Project start date:	Project end date:	Total square feet:
Reason for demolition:	How will site debris be contained?	How will site debris be disposed of?

UTILITY DISCONNECTION CHECKLIST

Gas/Propane	Yes	No	Electricity	Yes	No
Telephone	Yes	No	Water	Yes	No
Sewer/Septic capped	Yes	No	Cable TV/Satellite	Yes	No

I agree to abide by all Arkansas Department of Environmental Quality guidelines regarding air, asbestos, and lead abatement.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT PRINT NAME DATE

This permit becomes null and void six-months from date of issuance.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied whether specified herein or not. Granting a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT PRINT NAME DATE

APPROVED BY_____DATE_____ PERMIT NUMBER _____
COMMENTS: