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CITY OF POMONA

Demolition Permit

Inspections: Please call for inspections 24 Hours in advance at 785-304-3150.

Owner's Information

Name: _____

Address: _____

Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-mail address: _____

Contractor's Information

Name: _____

Address: _____

Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-mail address: _____

Demolition of: House Garage Shed Commercial Industrial
 Interior Other:

Does structure have asbestos: Yes No Unsure

Plan to Rebuild: Yes No Unsure

The Contractor certifies that the proposed work is authorized by the owner and the contractor is authorized by the owner to make this application as his agent.

Signature of Owner/Contractor: _____

Print Name: _____

For Office Use Only

Does Structure have asbestos: If yes, has information for disposal been given: Yes or No

Historical District approval needed: Yes or No, If Yes, Historical Approval Received:

Gas Disconnected Date: _____ Electric Disconnected Date: _____

Water Disconnected Date: _____ Sewer Disconnected Date: _____

Permit Cost: **\$25**

Approved by: _____

Code Inspector

Date

