



City Hall  
 PO Box 67  
 219 Jefferson  
 Pomona, KS 66076

Phone: 785-566-3522  
 Fax: 785-566-3851  
 Email: cityhall@pomonaks.org  
 Website: www.pomonaks.org



**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: \_\_\_\_\_

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 Payment Received Date: \_\_\_\_\_ Type: \_\_\_\_\_ Received by: \_\_\_\_\_

Permit Cost: **\$25** \_\_\_\_\_

Approved by: \_\_\_\_\_

Code Inspector

Date

