

**City of Petersburg Zoning Office
Permit Application for Demolition**

Date: _____

Property Owner: _____
Address of Proposed Demolition: _____
Reason for Demolition: _____
Demolition Start: _____
Demolition End: _____

Contractor Performing Demolition: _____
Address: _____
Phone# _____
Onsite Contact Name: _____
Onsite Contact Cell#: _____

Water/Sewer Dept. Notified: _____ **Date:** _____

Gas/Electric Notified: _____ **Date:** _____

Zoning Administrator Approval: _____

Date Approved: _____

Permit #: _____

Permit Fee: \$150.00 **Date Paid:** _____

Date Permit Issued: _____