

119 North Hersey Avenue  
P O Box 567  
Beloit, Kansas 67420



Tel No (785) 738-3553  
Fax No (785) 738-2517  
Email [cjones@beloitks.org](mailto:cjones@beloitks.org)

## Commercial Building Demolition Permit

1. Prior to the demolition of **any** commercial building or structure, an application for a Demolition Permit shall be approved.
2. Application forms shall be provided by the City of Beloit and completed by the demolition contractor or property owner or his/her designated agent.
3. The applicant for demolition of commercial structures shall provide, at the time of application submittal, the following:
  - a. A copy of a certificate for Lead-based Paint Renovation, Repair and Painting (RRP) Certified Renovator or Licensed Renovation Firm.
  - b. Asbestos Inspection and Report form ET-ASB10 completed and sent to KDHE at least 10 days prior to the start of demolition.
4. No demolition permit shall be issued unless the required documents are submitted and approved.

*City of Beloit*  
**Commercial Building**  
**Demolition Permit**

Application Date: \_\_\_\_\_ Permit Number \_\_\_\_\_

1. Applicant/Owner Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Phone numbers: Day \_\_\_\_\_ Cell \_\_\_\_\_

4. Address of Demolition \_\_\_\_\_ **or**

4a. Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

5. Occupancy type \_\_\_\_\_ Description of structure \_\_\_\_\_

\_\_\_\_\_

6. Documents shall be attached to this application, identifying the following:

- a) Copy of License of Renovation Firm or Certified Renovator
- b) Approved ASB10 from KDHE
- c) Street Closure Form (as needed)

7. Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Demolition Contractor info:

\_\_\_\_\_  
Name Address Phone #

**9. Cost estimate of complete project: \$ \_\_\_\_\_**

✓ **Permit fee will be .25% of the estimated cost of the project. Minimum fee is \$25.00.**

All work shall be in accordance with the 2003 International Building Code, Chapter 33 concerning appropriate safeguards to persons and property.

The following conditions must be met for project completion:

1. Water lines must be terminated to free standing frost free spigot or removed back to the water main.
2. Sanitary sewer shall be capped with a concrete plug.
3. Basement hole or crawlspace depression shall be filled in and leveled to grade in accordance with the city's Zoning Regulations, Section 811, Excavation and Grading.

Free and unlimited access shall be allowed to your project site anytime during normal working hours to any Building & Zoning Officials who are investigating the project's construction, operation, or maintenance. You can expect that the Building & Zoning Official will visit the construction site frequently until the project is complete.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

---

---

**For Official Use Only:**

Date Application Received: \_\_\_\_\_

Demolition Fee: \$ \_\_\_\_\_ Fee Paid? \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Official

# INSPECTION RECORD

**CALL 785-3553 OR 738-7419 FOR INSPECTION OF  
SEWER CAP AND WATER LINE TERMINATION**

PERMIT NUMBER

PROJECT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

OCCUPANCY TYPE: \_\_\_\_\_ Start Date \_\_\_\_\_

DEMOLITION CONTRACTOR: \_\_\_\_\_

OTHER CONTRACTOR: \_\_\_\_\_

1. Water lines terminated to free standing frost free spigot \_\_\_\_\_

2. Sanitary sewer capped with a concrete plug \_\_\_\_\_

3. Basement or crawlspace hole filled in and leveled to grade \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A copy of this permit does not have to be posted on the job site but shall be available on the job site.

**PROCESSED BY:** \_\_\_\_\_

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