

City of Andover
1609 E Central Ave
PO Box 295
Andover, KS 67002



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FEE: \$50.00

CITY OF ANDOVER WRECKING PERMIT APPLICATION

PROJECT ADDRESS _____

OWNER NAME & PHONE _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____ PHONE _____

E-MAIL _____

USE OF BUILDING _____ Residential / Commercial / Industrial

CLASS OF WORK: _____ New _____ Addition _____ Alteration _____ Major Repair

DESCRIPTION OF WORK _____

Upon approval of this application, it is the contractor's responsibility to call in a site-utility inspection prior to demolition.

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of 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.

The QUALIFIED PERSON must always sign.

(Print) Name of Contractor

Signature of Contractor Date

(Print) Name of Owner

Signature of Owner Date