



**CITY OF UNDERWOOD**  
**BUILDING AND SAFETY DEPARTMENT**  
 INSPECTION LINE 712.256.6493  
 City Hall 712.566.2373  
 Fax 712.566.2083  
 P.O. Box 40  
 218 Second Street  
 Underwood, Iowa 51576

## DEMOLITION PERMIT APPLICATION

|                                |                |               |               |
|--------------------------------|----------------|---------------|---------------|
|                                | Receipt Number | Amount        | Permit Number |
| JOB ADDRESS                    |                | PARCEL NUMBER |               |
| PROPERTY OWNER                 |                | PHONE         |               |
| PROPERTY OWNER MAILING ADDRESS |                |               |               |
| CONTRACTOR                     |                | PHONE         |               |
| CONTRACTOR MAILING ADDRESS     |                |               |               |

**Building Type/Use:**  
 Commercial  
 Residential  
 Multi-Family  
 Other \_\_\_\_\_

| INFORMATION  |   |             |                 |
|--|---|-------------|-----------------|
| General Description of Structure(s) to be Demolished   |   |             |                 |
| Estimated Square Footage of Existing Structure(s) (Sq. Ft )  |   |             |                 |
| Location or Property Where Removed Demolition Materials will be Disposed   |   |             |                 |
| Demolition Disposal Site Owner   |   |             | Phone           |
| Address  |   |             |                 |
| QUANTITY   | PERMIT FEES                             | COST        | AMOUNT          |
|  | Demolition of Structures, Per Structure | \$75.00     |                 |
| Issued By: _____   |   | Date: _____ | TOTAL AMOUNT \$ |
| I will save, indemnify, and keep harmless the City of Underwood, Iowa its officers, employees, and agents against all liabilities, judgments cost, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on -site or off - site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinance, and laws Signature constitutes an attestation by the applicant that application complies with all covenants, conditions, and restrictions. |   |             |                 |
| Applicant Signature: _____   |   |             | Date: _____     |

**AN INSPECTION IS REQUIRED BEFORE COVER-UP AND AT COMPLETION**

- Inspections should be scheduled and recorded before 5:00 p.m. the day before the inspection is requested.
- After Hours, Weekend and Holiday Inspections should be scheduled and the appropriate fee must be paid at least two-days before the required inspection date.
- All inspections should be called in and recorded using the **CITY INSPECTION REQUEST MESSAGE SYSTEM (CIRMS) AT (712) 256-6493.**
- AM scheduled inspections will be performed from 8:00 a.m. to 12:00 noon.
- PM scheduled inspections will be performed from 12:00 noon to 4:00 p.m.
- Any special requested inspection time will need to be pre-approved by your scheduled Inspector, the day before.

**CONTACT INFORMATION**  
 Building & Safety Department  
 Office Hours: 8:00 a.m. to 4:30 p.m.  
**INSPECTION REQUEST LINE: (712) 256-6493**  
 City Hall: (712) 566-2373  
 Fax: (712) 566-2083