

CITY OF MAXWELL, IOWA

DEMOLITION PERMIT

Date:

Location:

Contractor:

Insurance Carrier:

Completion Date of Demolition:

Demolition Completed: _____ **Contractor:** _____
Date Signature

The above listed contractor has been _____ for demolition
Approved/Denied

of a building within the city limits of Maxwell, IA., in a safe, legal manner, and
within a reasonable time period provided by said contractor.

No debris from the demolition shall be left on site unless otherwise specified for
special circumstances and with full approval by the City Council or Mayor.

Comments:

Special Circumstances:

Approved this _____ day of _____, 20____.

Signed: _____
Mayor or City Council