



**CITY OF KNOXVILLE CONTRACTORS APPLICATION
DEMOLITION PERMIT**

LOCATION	Street Address _____	OWNER	Name _____
	Ward/Block/Lot _____		Street Address _____
CONTRACTOR	Subdivision/Shopping Ctr. _____	APPLICANT	City, State, Zip _____
	CLT _____ Zoning _____		Area Code/Telephone Number _____
CONTRACTOR	Name _____	APPLICANT	Name _____
	Street Address _____		Street Address _____
CONTRACTOR	City, State, Zip _____	APPLICANT	City, State, Zip _____
	Area Code/Telephone Number _____		Area Code/Telephone Number _____
CONTRACTOR	License No. _____ Exp. Date _____	APPLICANT	

WORK DESCRIPTION:

VALUATION OF WORK \$ _____

Buildings _____

Stories _____

Located along a Scenic Highway?

Yes _____ No _____

In CBID?

Yes _____ No _____

Built over 50 years ago?

Yes _____ No _____

Located On National Register?

Yes _____ No _____

The applicant of this permit does hereby covenant and agree to demolish said building or structure in accordance with the ordinances of this jurisdiction pertaining to said building and site, and certify that the information and statement given on this application are to be the best of their knowledge, true and correct. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of fact, either with or without intention on his part, such as might, if known cause a refusal of this application and shall constitute sufficient grounds for revocation of such permit.

THIS APPLICATION EXPIRES 6 MONTHS FROM DATE OF SUBMITTAL

AN AFFIDAVIT MUST ACCOMPANY ALL APPLICATIONS

SIGNATURE _____ DATE _____

**CITY OF KNOXVILLE
DEMOLITION PERMIT APPLICATION
PROPERTY OWNER'S AFFIDAVIT**

I certify that I am the legal owner of record as recorded in the Knox County Register of Deeds Office, of the property listed below which is the subject of this application.

Property Address

_____ Street _____ Zip Code

Property CLT Number _____ Zoning _____

Owner's Information

_____ Last Name _____ First Name _____ Middle Initial

Owner's Principal Place of Residence

_____ Street Address _____ City _____ State _____ Zip Code

Owner's Home Phone Number

() _____

As the owner, I certify that any structure currently located on the property listed above

_____ IS more than fifty (50) years old _____ (owner's initials)

_____ IS NOT more than fifty (50) years old _____ (owner's initials)

As the owner, I certify that _____,
employed by _____ is authorized to submit
this affidavit on my behalf, pay the appropriate fees and if approved, obtain the demolition permit for this address.

_____ Owner's Legal Signature _____ Date

Sworn to and scribed before me this _____ day of _____, 20____

_____ Notary

My Commission Expires _____