



Village of Greenwood
Planning & Zoning Department
619 Main Street
Greenwood, NE 68366

**Demolition Permit
Application**

☐ With-in Village ☐ One-Mile District

Permit No. DE _____ - _____ FEE \$ _____

Legal Owner _____

Lot _____ Block _____ Addition _____

Other Legal _____

Building Size _____ Basement Size _____ Height of Building _____

Number of Stories _____ Type of Construction _____

Disposal of Building Materials

☐ Landfill ☐ Alternate Location (address) _____
☐ Special Permit No. _____

Commercial

☐ More than one building on Site

☐ Multiple: Number of Units _____

Residential

☐ Single Family Residence

☐ Duplex

☐ Garage, Shed

Demo Contractor (Please Print)

Name: _____ Daytime Phone: _____ Cell: _____

Address _____

All work shall be done in accordance with Village of Greenwood Municipal Code. I am the owner of record of the above property, or have entered a contract with the owner of record, to demolish the above building(s). I assume complete responsibility for any liability arising from the demolition of the above building(s) and I understand that I, as the owner or his agent, must insure the following is complete.

- Sewer and water lines must be abandoned at the main and inspected before a demolition permit will be issued;
- All utilities must be contacted and services must be disconnected before commencing and demolition work;
- State and/or federal agencies must be contacted regarding any asbestos removal.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Applicant Information (Please Print or Type)

Name: _____

Day Phone: _____

Cell: _____

Applicant Address _____

Applicant Signature _____

Date _____

Village Zoning Administrator Approval

By: _____

Date: _____

Date

Initial

Sewer Abandonment	_____	_____
Water Abandonment	_____	_____
Historic Preservation	_____	_____
Ownership Verified	_____	_____
Insurance	_____	_____
Fence	_____	_____
Excavation Inspection	_____	_____
Final Inspection	_____	_____
Asbestos	_____	_____

Fees Received by Clerk:

By: _____

Date: _____