



# City of Marion

## Demolition Permit Application

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Address of Proposed Demolition: \_\_\_\_\_

Applicant:     Contractor             Property Owner

Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Occupational Tax License: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Type of Structure to be Removed: \_\_\_\_\_

Utilities (Applicable agencies must be contacted):

- Sanitary/Sewer: City of Marion             Electric: \_\_\_\_\_  
 Water: City of Marion/CLWD             Gas: \_\_\_\_\_

EPA Clearance Documentation for Multiple Units or Commercial Structures contact:

KY Division for Air Quality Paducah Regional Office  
130 Eagle Nest Dr  
Paducah, KY 42003  
Phone: (270) 898-8468

**ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES:**

\_\_\_\_\_ I hereby certify that I am requesting this review on behalf of all owners of this property.

\_\_\_\_\_ As applicant, I assure by this affidavit that all contractors and subcontractors employed or that will be employed on activity covered by this permit shall be in compliance with all applicable laws and regulations set forth by the Commonwealth of Kentucky.

\_\_\_\_\_ As applicant, I assure by this affidavit that all utilities have been disconnected from the property, including sewer, electric, water, gas, and phone/cable.

\_\_\_\_\_ As applicant, I agree to comply with the following conditions of this permit:

- This permit is valid for 90 days after the date of issuance.
- Adequate barricades must be provided before demolition work is started, if necessary.
- Unsuitable fill material must be hauled to an approved landfill.
- Buildings must be completely vacated before any activity under this permit is commenced.
- Lot must be left in clean, smooth, and sanitary condition.
- Use of lot(s) after wrecking is completed must comply with all applicable codes and ordinances.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The foregoing Affidavit of Assurance was acknowledged and sworn to before me by:

\_\_\_\_\_, Applicant

on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary: \_\_\_\_\_

Notary ID: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

<p><i>Notary services are available at Marion City Hall 217 S. Main St. Marion KY 42064</i></p>
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Permit approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date approved: \_\_\_\_\_

Notes: