



# City of Williams

FOR OFFICE USE ONLY

113 S. 1st Street, Williams, Arizona 86046 Phone 928-635-4451 Fax 928-635-4495  
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## DEMOLITION PERMIT

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                        |                                      |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|--------------------------------------|------------------------------|
| Permit No.                                                                                                                                                                                                                                                                                                                                                                                                                  | Business License No. | Cost of Project                        | Parcel No.                           | Permit Fee<br><b>\$ 0.00</b> |
| Job Address:                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                        |                                      |                              |
| Owner                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | Mailing Address                        |                                      | Phone No.                    |
| Contractor                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | Mailing Address                        |                                      | Phone No.<br>License No.     |
| Structure to be Demolished                                                                                                                                                                                                                                                                                                                                                                                                  |                      | Starting Date                          |                                      | Completion Date              |
| SITE PLAN / UTILITY CONNECTIONS                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                        |                                      |                              |
| CONTRACTOR MUST CONTACT 2 DAYS BEFORE DIG.<br>1-800-STAKE-IT.                                                                                                                                                                                                                                                                                                                                                               |                      |                                        | BLUE STAKE TICKET NUMBER             |                              |
| NOTES & SPECIAL CONDITION.                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                        |                                      |                              |
| E P A NESHAPS<br>NOTIFICATION OF DEMOLITION<br>AND RENOVATIONS                                                                                                                                                                                                                                                                                                                                                              |                      | PUBLIC WORKS DIRECTOR _____ DATE _____ |                                      |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | BUILDING INSPECTOR _____ DATE _____    |                                      |                              |
| THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS.                                                                                                                                                                                                                                        |                      |                                        |                                      |                              |
| I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL. THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PROFORMANCE OF CONSTRUCTION. |                      |                                        |                                      |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                        | OWNER OR CONTRACTOR _____ DATE _____ |                              |