



**City of Twin Falls
Building Department**
324 Hansen Street East
P.O. Box 1907
Twin Falls, ID 83303-1907

Fire Department: 208-735-7290
Planning & Zoning: 208-735-7267
Building Department: 208-735-7238
Fax: 208-736-2256
www.tfid.org

Demolition Permit

Commercial Residential

PROJECT INFORMATION	
Project Address: _____	
Project Value: \$ _____	
PROPERTY OWNER INFORMATION	CONTRACTOR INFORMATION
Name: _____	Business Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
	State Registration # & Expiration Date: _____

Complete and Answer All Questions

1. What is the structure being removed? _____
2. An asbestos certificate is required for structures older than 1975. Is asbestos present? Yes No (if yes, provide certificate)
3. Is the building being partially demolished? Yes No Does it have a basement? Yes No
4. What are the future plans for the site? _____
5. How will the site be protected for safety? _____
6. The City requires a pre-approved Traffic Control Plan for any work being done within or impacting the City Right-of-Way. Contact City Traffic technician Mike Sullivan at 735-7254 or 308-7254
7. Have the following been disconnected or abandoned? How?
Gas/Propane _____ Electrical _____
Electrical _____ City Water/Well _____
8. Is structure in the city's Warehouse Historic Overlay District or a historical site? Yes No
9. Have you received a copy of Twin Falls County Chapter 2 Solid Waste Ordinance? Yes No
10. Have you received a copy of the EPA Asbestos Information? Yes No

Notes

- * All concrete is to be removed unless structurally sound and planned to be re-used.
- * Soil may need a compaction test if a new structure isn't built upon native soil.
- * Please consult the Solid Waste Ordinance in Twin Falls County Code (4-2) for disposal of solid waste.
- * Please review and complete the EPA's asbestos Notification of Demolition and Renovation form (to be submitted to EPA)

As the Owner/ Applicant/ Contractor I hereby certify that I have read and examined the above application and checklist, and that all of the information provided and items checked are included as part of the initial permit application submittal and are true to the best of my knowledge.

Signature _____

Date _____