



Development Service Center

Hipolito Olmos C.B.O. Building Division
7351 Rosanna Street, Gilroy, CA 95020
Phone: 408 846-0451 Fax: 408 846-0429
Visit us: www.cityofgilroy.org

Demolition Application Form

Permit Number: _____

Project Information: (Please print clearly and check mark all that apply)

Project Address:	APN:
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Owner:	Phone:	Email:
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Mailing Address:	City/State/Zip:
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(Check The Appropriate Box) **Contractor** (Please Print Clearly) or **Owner-Builder** (Not Required to Fill This Section)

Name:	Company Name:	License Number:	License Type:
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Street Address:	City/State/Zip:
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Email:	Phone:	Business Lic. #
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Project Contact Person: (Please Print Clearly)

Name:	Phone:	Email:
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(Check Applicable) Owner Contractor Owner's Agent Contractor's Agent Architect Tenant

Description of Work: (Please Print Clearly) (Check All That Apply)

Residential Non-Residential Building/Structure Pool/Spa Basement Fire Damage

Occupancy:	Use:	Square Footage:	Stories:	Height:
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Number of Units:	Year Built:	Utilities: <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Well <input type="checkbox"/> Septic
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Bay Area Air Quality Management District - Asbestos Demolition/Renovation Job Number:
(If Asbestos Survey Reveals Asbestos Is Present. See Demolition Guidelines For More Information.)

Certification: (Please Read Carefully and Print Clearly)

By my signature below, I certify to each of the following: I am the owner, the contractor, or agent authorized to act on the owner's behalf. I have read this application and the information I provided is correct. I have read the attached *Demolition Guidelines and Procedures Handout*. I agree to comply with the adopted codes/standards, local ordinances, and applicable state/federal laws related to construction. I authorize representatives of the City of Gilroy Building Division to enter the above identified property for inspection purposes.

Signature:	Print:	Date:
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