



DEMOLITION PERMIT APPLICATION

Street Address of Job Site _____ APN# _____

Property Owner _____ Phone Number () _____

Property Owner's Address _____

Contractor _____ Phone Number () _____

Subdivision/Plaza _____ Lot # _____

Total Sq. Ft. _____ Construction Type _____

Clark County Approvals Dust Control Permit Asbestos Approval

Description of Work _____

Permittee must demolish according to the above description and to the approved plans and specifications according to the Building Code.

Contractor/Applicant Signature _____ Date _____

I hereby certify that the information provided on this application form and any plans submitted are complete and correct and request the issuance of a permit with the City of Mesquite. I also certify that all Subcontractors working on this permit are licensed within the City of Mesquite and the State of Nevada.

This permit is being issued subject to the following _____

Internal Use Area			
Bin No. _____	Permit No. _____	Date Received _____	Submittal Amount _____
			Check No. _____