

### City of Stratford

805 Shakespeare Avenue  
Stratford, Iowa 50249-0218  
Telephone: 515-838-2311 Fax: 515-838-2315  
cityofstratford@globalccs.net

#### DEMOLITION REGULATIONS-CHAPTER 145 COMPLIANCE PERMIT

I, the undersigned, hereby make application for a permit to demolish the following described real estate located within the corporate limits of the City of Stratford, Hamilton County or Webster County, Iowa:

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

Description of structure(s) to be demolished: \_\_\_\_\_

Applicant is:            Property Owner            Contractor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

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

If contractor, provide property owner name: \_\_\_\_\_

If contractor, provide State of Iowa Contractor Registration No.: \_\_\_\_\_

Insurance Agent and mailing address: \_\_\_\_\_

Amount of liability carried: \_\_\_\_\_ (Attach a copy of the certificate of insurance)

I acknowledge that I have contacted the Department of Natural Resources and comply with their regulations for asbestos removal.

Cost of demolition: \$\_\_\_\_\_ Note: The cost of demolition shall include all materials, labor and disposal costs associated with the demolition.

I will be doing digging (excavating) and understand my responsibility to call Iowa One Call (800-292-8989) at least two (2) full days in advance AND to obtain a digging permit from the City of Stratford.

I will not be doing any digging (excavating).

I have completed the Utility Abandonment Checklist.

I understand that demolition must begin within six months after permit is granted or this permit is voided. Demolition must be completed within **30 days of commencement of the demolition.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COUNCIL APPROVAL ON:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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#### DEMOLITION REGULATIONS-CHAPTER 145 COMPLIANCE PERMIT-continued:

#### UTILITY ABANDONMENT CHECKLIST:

- Electricity-City City signature/Date: \_\_\_\_\_/\_\_\_\_\_
- Water & Sanitary Sewer-City City signature/Date: \_\_\_\_\_/\_\_\_\_\_
- Natural Gas-Alliant Energy Alliant signature/Date: \_\_\_\_\_/\_\_\_\_\_
- Telephone and Cable TV-SMTC SMTC signature/Date: \_\_\_\_\_/\_\_\_\_\_
 

(Stratford Mutual Telephone Co)

#### General Information:

- ♦ This application form shall be used to notify the City of Stratford of a demolition operation only. Notification is required for every demolition. All areas must be completed. Appropriate fee will be collected upon City Council approval.
- ♦ Completed application needs to be presented to City Hall one week prior to the regular council meetings which occur on the 2<sup>nd</sup> Monday of each month.
- ♦ Liability Insurance is required
- ♦ Verify compliance with asbestos removal regulations for the DNR.  
 Contact: Tom Wuehr  
 Environmental Specialist, Air Quality Bureau  
 Department of Natural Resources  
 515-725-9576  
[tom.wuehr@dnr.iowa.gov](mailto:tom.wuehr@dnr.iowa.gov)
- ♦ Trucks hauling debris from the demolition site shall be covered to prevent loss of materials. **No debris may be buried on site. All debris must be hauled to a qualified landfill location and all foundations must be removed.**
- ♦ The demolition site shall be backfilled with dirt
- ♦ **Demolition shall not begin prior to the issuance of a demolition permit**

**\$50.00 PERMIT FEE PAID:** \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

City Maintenance Initial Inspection: \_\_\_\_\_ DATE: \_\_\_\_\_

City Maintenance Final Inspection: \_\_\_\_\_ DATE: \_\_\_\_\_

#### COMMENTS:

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