



**Building Inspection Division**  
100 Municipal Cir; Raymore, MO 64083  
816.331.7916 Fx: 816.331.8067

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## Demolition or Moved Building Application/ Permit

Applicant: \_\_\_\_\_ Permit # \_\_\_\_\_

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

**Fee \$500**  
**Bond \$5000**

City/State/ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Location of Project

Street Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### Required Information:

Is the building to be partially or completely demolished?  Partial  Completely

Use of the building:  1 or 2 Family Dwelling  Commercial Bldg.  Accessory Bldg.

Number of stories: \_\_\_\_\_ Total square foot of footprint of building: \_\_\_\_\_

Will Water and/or Sanitary service be removed? Yes  No

Will the Electrical service be removed? Yes  No

Description of building to be demolished: \_\_\_\_\_

Does the applicant own the structure to be demolished or moved? Yes  No

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and the permitted construction will conform to the regulations and Codes adopted by the City of Raymore and all applicable ordinances. I also certify I have and will provide a certificate of liability of insurance for personal and property damage exempting and saving harmless to the City of Raymore in the amount required by Code.

Signature of Owner or Authorized Agent: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_