



**City of McCook**  
**Building & Zoning Department**  
505 West C Street \* PO Box 1059  
McCook, NE 69001  
(308) 345-2022 \* Fax (308) 345-1461  
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[www.cityofmccook.com](http://www.cityofmccook.com)

## Demolition Permit Application

**Job Address:** \_\_\_\_\_

### Property Owner Information

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

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

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

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

Email address: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Contractor Information

Business name: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Is Contractor licensed?**    Yes    No

### **Type of Work**

House    Garage    Storage    Other: \_\_\_\_\_

### **Description of Work**

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**Total Project Cost:** \_\_\_\_\_

\*\* Attach Certificate of Asbestos Inspection.