



**BUILDING SAFETY
DEPARTMENT**

1221 Mitchell Street
PO Box 760
Clovis, New Mexico 88101
PHONE (575) 769-7829
FAX (575) 769-7829
EMAIL buildingsafety@cityofclovis.org
www.cityofclovis.org

APPLICATION FOR DEMOLITION

Required: Site plan

JOB LOCATION _____
RESIDENTIAL ___ **COMMERCIAL** ___

Contractor: _____ **Phone:** _____

Address: _____ **EMAIL** _____

City of Clovis Business License #: _____ **New Mexico Contractor's License #:** _____

Property Owner: _____ **Phone:** _____

I am the owner of record of the above property or I have entered into a contract with the owner of record to demolish the above building/s. I assume complete responsibility for any liability arising from the demolition of the above building/s and I understand that I, as the owner or their agent, must ensure the following is complete.

- Sewer and water line must be abandoned at the main and inspected prior to covering
- Electric and gas companies must be contacted and services must be disconnected before commencing any demolition work
- State and/or federal agencies must be contacted regarding any asbestos removal
- The property owner is responsible for providing a copy of an asbestos survey for commercial properties

I hereby certify that I have read and understood this application in its entirety and that all information provided is accurate.

Applicant Signature

Date

Inspector Signature

Date

FOR INTERNAL USE ONLY: FLOOD HAZARD ZONE YES ___ NO ___