



111 West Franklin Street  
Bloomfield, Iowa 52537  
Phone: (641)664-2260  
Fax: (641)664-2445

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### City of Bloomfield Demolition Permit Application

Address/Location of Structure to be Demolished:

\_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_\_

Proposed Date of Demolition: \_\_\_\_\_

Type of Building/Structure to be Demolished: \_\_\_\_\_

Name, Address, and Phone Number of Company Performing Demolition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affidavit of Insurance Liability on File with City of Bloomfield (for Demolition Contractor)

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, submit Affidavit of Insurance Liability to City of Bloomfield prior to starting demolition)

Site of Debris Deposit Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Phone Number of Property Owner: \_\_\_\_\_

Zone Location: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

I hereby certify that all utility services for the structure located at the above address have been properly disconnected and meters and/or service removed for the purpose of demolition of stated building.

Owner's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

**Approved    Denied**

\_\_\_\_\_  
Director of Public Works

**Utility Sign-Off**

\_\_\_\_\_  
Authorized Signature: City of Bloomfield Electrical Division      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: City of Bloomfield Gas Division      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: City of Bloomfield Sewer Division      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: City of Bloomfield Water Division      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: Mediacom Cable Television      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature: Citizens Mutual Telephone      \_\_\_\_\_  
Date