

## **City of Troy Building Department**

800 Cap-au-Gris  
Troy, Missouri 63379  
[www.cityoftroymissouri.com](http://www.cityoftroymissouri.com)  
636-528-1254  
636-462-1613

### **Demolition Permit Application Procedure**

City staff will perform a comprehensive review of the applicant's submission and provide a listing of any items that will need to be corrected, modified, or amended in order to meet City of Troy Standards.

#### ***Application Form***

All forms (original only) must be completed in full, including signature of property owners. An incomplete application will NOT be accepted. All designated spaces on the form must be appropriately filled in prior to the filing of the application.

#### ***Application Fee***

A \$50.00 permit fee must be submitted with each application. A non-refundable check in the amount of \$50.00 shall be made payable to the "City of Troy". Cash will not be accepted.

#### ***Issuance of a permit requires that the following be complied with:***

1. No burning of any materials.
2. City of Troy, Missouri Ordinances, Section 220.080: Bonfires and rubbish.
  - A. It shall be unlawful for any person, firm or corporation to burn refuse or rubbish within the fire limits as herein described.
  - B. It shall be unlawful for any person, firm or corporation to pile refuse, rubbish or material of any kind or character that may create bad odors, unsanitary conditions or fire fighting hazards or hindrances within the fire limits as herein described.
3. Demolition permit shall be issued when the structure is to be removed completely. This removal shall include the foundation. The property must be graded and seeded after removal unless new construction will take place within (90) days on the location. **Attached to this application is a utility disconnect form that must be verified by the utility companies indicating that utilities are no longer connected. Provide a utility disconnect receipt from each provider.**
4. Work shall start immediately and must be completed thirty (30) days from issuance of permit.
5. The progress of the work shall be executed so as not to create a danger to the occupancy or the public.
6. Meet all requirements of the codes and ordinances applicable to work.
7. All rubble and debris from demolition to be removed from parcel of land and taken to a certified landfill and lot filled and leveled to surrounding grade elevations. Any commercial dumpsters must be kept on the lot.

## Procedure & Checklist for Demolition

### **RESPONSIBILITY OF THE APPLICANT:**

#### **1. Complete Demolition Application which includes the following information:**

- A. The site address
- B. The legal description of the property.
- C. The name and contact information of the licensed contractor.
- D. The name and contact information of the property owner.
- E. Plot plan showing all existing and proposed structures on subject property.

#### **2. Notify all utility companies to request termination:**

- A. Ameren UE
- B. Cuivre River Electric
- C. CenturyTel Phone Company
- D. Charter Communications
- E. City of Troy Water & Sewer Department

#### **3. Sewer Cap:**

The applicant or owner is responsible for obtaining a certified plumbing contractor to cap the sewer at the main. Call the City of Troy Building Dept. at 636-528-1254, 24 hours in advance to schedule an inspection **before** filling in excavation.

#### **4. Asbestos Inspection:**

The general contractor is responsible for contacting DNR for a list of registered asbestos inspectors. An application must be received by DNR 10 business days prior to scheduled demolition. A copy of the DNR demolition permit must be received by the City of Troy Building Department. If there is more than 160 square feet of asbestos, removal must be completed by a Missouri Certified Abatement Contractor registered with DNR. Registered Contractors and Inspectors are listed on the DNR website, [www.dnr.mo.gov/env/apcp/asbestos.htm](http://www.dnr.mo.gov/env/apcp/asbestos.htm).

#### **5. Driveway and Sidewalk:**

Any damage made to a sidewalk or driveway during demolition must be restored to the line and grade of the adjoining sidewalk, curb, gutter, and parkway if applicable.

### **RESPONSIBILITY OF THE CITY:**

#### **1. Check Historical Site District**

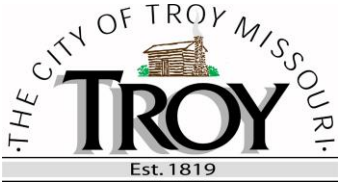
Each structure will be checked for historical significance before issuance of a demolition permit. If the structure is found to be in the Historic District or a Registered Landmark, then the application must be reviewed by the Historic Preservation Commission. If approved by this Commission, the application process may proceed.

#### **2. Utility Termination Verification:**

Utility company release form must be completed by the general contractor or owner and submitted to the Building Department before a permit can be released.

#### **3. Sewer Cap Inspection:**

An Inspector from the Building Department must approve the sewer cap/water disconnect prior to the demolition permit being issued. All inspections require 24 hours notice and must be called in at 636-528-1254.



**DEMOLITION PERMIT APPLICATION**

Contractor License # \_\_\_\_\_

Application Date \_\_\_\_\_

Permit # \_\_\_\_\_

**PROPERTY INFORMATION**

Property Address \_\_\_\_\_ Zoning \_\_\_\_\_

Subdivision \_\_\_\_\_ Current Use \_\_\_\_\_

**OWNER INFORMATION**

Name \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

CONTRACTORS	NAME	ADDRESS	PHONE
General Contractor			
Asbestos Removal			

**Project Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ESTIMATED COST OF PROJECT: \$** \_\_\_\_\_

**I hereby certify that I am the owner or duly authorized agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined hereon. I also certify that the plot plan submitted is a complete and accurate plan showing any and all existing and proposed structures on the subject property.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PROOF OF UTILITY TERMINATION**

**Utility disconnection must be verified by the utility companies indicating that utilities are no longer connected. Provide a utility disconnect receipt from each provider.**

**UTILITY COMPANY**

**DATE TERMINATED**

Ameren UE

\_\_\_\_\_

Cuivre River Electric

\_\_\_\_\_

CenturyTel (Phone Company)

\_\_\_\_\_

Charter Communication (Cable)

\_\_\_\_\_

City of Troy Water/Sewer Department

\_\_\_\_\_