

# DEMOLITION PERMIT APPLICATION

TELLER COUNTY BUILDING DEPARTMENT

Email: [cdd@tellercounty.gov](mailto:cdd@tellercounty.gov) • P: 719-687-3048 • [www.tellercounty.gov/Building-Division](http://www.tellercounty.gov/Building-Division)

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Gate Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PERMIT HOLDER INFORMATION

Contractor Business Name: \_\_\_\_\_

(If Property Owner, please write Homeowner)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## PROJECT INFORMATION

Have you contacted the State Department of Health? ☐ Yes ☐ No

Type of Structure: \_\_\_\_\_

- \$50 Permit Fee
- Demolition plan must be provided.
- If demolition involves structural elements; a letter from a Colorado Registered Design Professional is required approving the demolition and must be provided.

Description of Project: \_\_\_\_\_

\_\_\_\_\_

Description of Debris: \_\_\_\_\_

\_\_\_\_\_

Disposition of Debris: \_\_\_\_\_

\_\_\_\_\_

Disposal of any Hazardous Materials must be completed  
in accordance with State Health Department Requirements.

**ALL PLANS TO BE SUBMITTED ELECTRONICALLY AND NOT PASSWORD PROTECTED.**  
INCOMPLETE SUBMITTALS WILL NOT BE TAKEN IN FOR REVIEW.

I certify all the above information is true and correct to the best of my knowledge.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_