



**CITY OF KNOXVILLE CONTRACTORS APPLICATION  
DEMOLITION PERMIT**

<b>LOCATION</b>	Street Address _____	<b>OWNER</b>	Name _____
	Ward/Block/Lot _____		Street Address _____
	Subdivision/Shopping Ctr. _____		City, State, Zip _____
	CLT _____ Zoning _____		Area Code/Telephone Number _____
<b>CONTRACTOR</b>	Name _____	<b>APPLICANT</b>	Name _____
	Street Address _____		Street Address _____
	City, State, Zip _____		City, State, Zip _____
	Area Code/Telephone Number _____		Area Code/Telephone Number _____
	License No. _____ Exp. Date _____		

**WORK DESCRIPTION:**

\_\_\_\_\_

**VALUATION OF WORK \$** \_\_\_\_\_

\_\_\_\_\_

# Buildings _____	Built over 50 years ago?
# Stories _____	Yes _____ No _____
Located along a Scenic Highway?	Located On National Register?
Yes _____ No _____	Yes _____ No _____
In CBID?	
Yes _____ No _____	

The applicant of this permit does hereby covenant and agree to demolish said building or structure in accordance with the ordinances of this jurisdiction pertaining to said building and site, and certify that the information and statement given on this application are to be the best of their knowledge, true and correct. It is understood and agreed by the applicant that any error, misstatement, or misrepresentation of fact, either with or without intention on his part, such as might, if known cause a refusal of this application and shall constitute sufficient grounds for revocation of such permit.

**THIS APPLICATION EXPIRES 6 MONTHS FROM DATE OF SUBMITTAL**

**AN AFFIDAVIT MUST ACCOMPANY ALL APPLICATIONS**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF KNOXVILLE  
DEMOLITION PERMIT APPLICATION  
PROPERTY OWNER'S AFFIDAVIT**

I certify that I am the legal owner of record as recorded in the Knox County Register of Deeds Office, of the property listed below which is the subject of this application.

**Property Address**

\_\_\_\_\_ Street \_\_\_\_\_ Zip Code

Property CLT Number \_\_\_\_\_ Zoning \_\_\_\_\_

**Owner's Information**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial

**Owner's Principal Place of Residence**

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Owner's Home Phone Number**

( ) \_\_\_\_\_

As the owner, I certify that any structure currently located on the property listed above

\_\_\_\_\_ IS more than fifty (50) years old \_\_\_\_\_ (owner's initials)

\_\_\_\_\_ IS NOT more than fifty (50) years old \_\_\_\_\_ (owner's initials)

As the owner, I certify that \_\_\_\_\_,

employed by \_\_\_\_\_ is authorized to submit

this affidavit on my behalf and pay the appropriate fees.

\_\_\_\_\_ Owner's Legal Signature \_\_\_\_\_ Date

Sworn to and scribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Notary

My Commission Expires \_\_\_\_\_