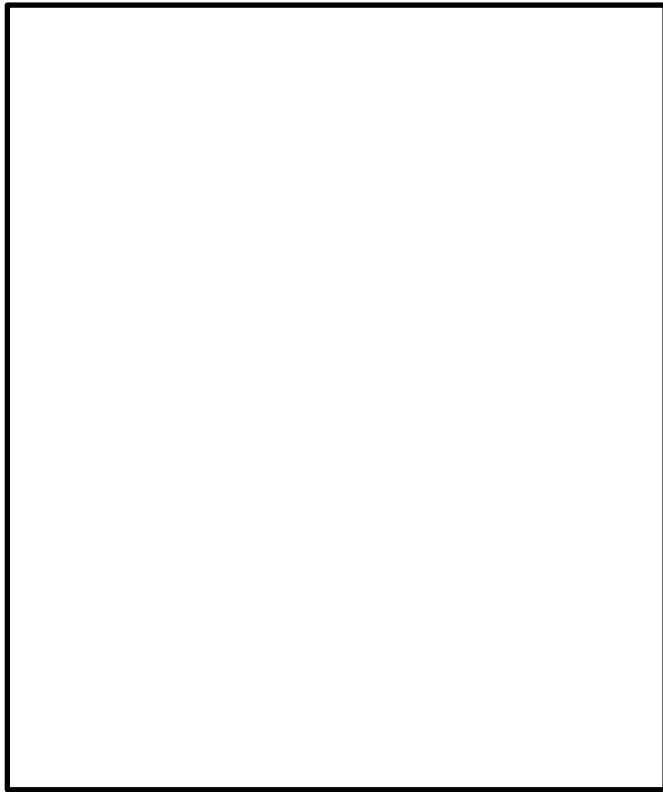


**ZONING PERMIT FOR DEMOLITION
SEWARD COUNTY**

Date: _____ Zoning Permit #: _____
Parcel ID #: _____ #Acres: _____ Precinct: _____ District: _____
Legal Description: Precinct: _____ Section: _____ Township: _____
Range: _____ Quarter: _____
OWNER: _____ Phone #: _____
ADDRESS: _____

Type of Demolition: _____
Description of Building to be demolished: _____
Use of building(s) now on parcel: _____
Start Date: _____ Completion Date: _____
Contractor for Demolition: _____

Location on Site (Show below)



ESTIMATED COST \$ _____

I hereby certify that the above statements are correct and that if a Zoning Permit is issued, all work will be done in accordance with all applicable Seward County Zoning Regulations.

Applicant Signature

Approval Date Project to be Completed by

Administrator Signature

PLEASE NOTE: I UNDERSTAND THE COUNTY ASSESSOR'S OFFICE WILL BE OUT FOR BUILDING ASSESSMENT AND PHOTOS. _____ Applicant initials