

DEMOLITION ADDENDUM

Payson City
Development Services
801-465-5204

| | | | BP | | | |
|---|--------------|---------------------|----------------------------|-----------|-------------------------------|--|
| TO BE FILLED IN BY APPLICANT - | | | Please print or type | | | |
| Address: | | | | Troube pr | | |
| Commencement Date: | | | Estimated Completion Date: | | | |
| | WOR | K DESC | CRIPTIO | N | | |
| Describe Project: | | | | • | | |
| | | | | | | |
| | | | | | | |
| | | # of Dwelling Units | | | | |
| Building Floor Area (sq. ft.) | # of Stories | Total | Vacant | Occupied | Type of Building Construction | |
| | | | | | | |
| indicate the method and location of demolished material disposal. | | | | | | |
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| | | | | | | |
| Indicate if fences, barricades, scaffolds, or other protection are required and the proposed location and compliance. | | | | | | |
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| | | | | | | |
| Will fill material be required to restore the site to level grade following demolition? | | | | Yes | □ No | |
| ff yes, indicate the approximate amount of fill material. | | | | | | |
| | | | | | | |