

# Montgomery County Government

## Building and Codes Department

350 Pageant Lane, Suite 309  
Clarksville, TN 37040

**Rod Streeter**  
Building Commissioner

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### APPLICATION FOR DEMOLITION PERMIT

Complete the top portion of this form. The property owner must sign this form. Then get all the utility offices serving this property to sign this application. This form must be completely filled out and signed by the property owner in order to process a Demolition Permit.

Property Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

TAX MAP # \_\_\_\_\_ GROUP \_\_\_\_\_ PARCEL # \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

This is to verify that I/We give permission for demolition work to be completed at the above address and I/We the property owners grant this permission.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Signature

#### Attention: Utility offices

In order to process this application and issue a demolition permit, this office needs verification that the utilities have been disconnected for the property listed above. Thank you for your assistance in this matter.

ELECTRIC: \_\_\_\_\_ Phone: \_\_\_\_\_ Disconnected: \_\_\_\_\_

Name of Employee Verifying: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

WATER: \_\_\_\_\_ Phone: \_\_\_\_\_ Disconnected: \_\_\_\_\_

Name of Employee Verifying: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the following if the property has gas service.

GAS: \_\_\_\_\_ Phone: \_\_\_\_\_ Disconnected: \_\_\_\_\_

Name of Employee Verifying: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_