

**DEMOLITION PERMIT APPLICATION  
CITY OF MADISONVILLE**

P.O. Box 705 67 North Main Street, Madisonville, KY 2431

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Permit No. \_\_\_\_\_

**DEMOLITION APPLICATION**

*All three pages must be completed.* The undersigned hereby makes application for permission to demolish a structure within the city limits of Madisonville, at the location described below and as shown on the attached drawing hereby made part of this application. **Demolition Permit valid for 60 days of its issuance.**

Demolition Address \_\_\_\_\_ Date of Demolition \_\_\_\_\_

Applicants' Name \_\_\_\_\_

How will debris be disposed (landfill, commercial dumpster, etc.) \_\_\_\_\_

Current use of structure \_\_\_\_\_ Number of Stories \_\_\_\_\_

Proposed use of Property \_\_\_\_\_  
*Any redevelopment of the lot (including a parking lot) must meet current minimum development and zoning standards and a permit must be issued by the Zoning & Permits Office prior to the start of any work.*

Owner's Name<sup>e</sup> \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner's Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractor's City of Madisonville Business License No. \_\_\_\_\_

Contractor's Workers Comp/Liab. Ins. \_\_\_\_\_  
*(List carrier, expiration date and attach a current certificate of insurance with this application.)*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant must attach a drawing showing property boundaries, location of all existing structures along with structure to be demolished. Show distances from structure to be demolished from all other structures as well as the distance from the right-of-way/property line. If applicable, submit a copy of the Certificate of Asbestos Inspection.

The accompanying affidavit must be completed agreeing that all non-City utilities (i.e., gas, cable, telephone, etc.) will be disconnected & removed; sewer tap capped & inspected, all prior to start of work. *If the horizontal distance of the structure to be demolished is equal to or exceeds the vertical distance from any other structures (on same lot or otherwise) or from a street right-of-way, and/or due to the complexity of the demolition, an engineered demolition plan may be required.*

**FOR OFFICIAL USE ONLY**

Fee Paid \_\_\_\_\_ (Residential \$10.00; All Others - \$25.00) Demolition Permit Issued \_\_\_\_\_

Zoning Classification \_\_\_\_\_ Flood Zone \_\_\_\_\_ PVA Map # \_\_\_\_\_

Comments/Conditions \_\_\_\_\_

Signed \_\_\_\_\_

Debbie Todd, Zoning Administrative Official

**AFFIDAVIT  
DEMOLITION PERMIT**

I, by my signature below, do state that I am either the owner of said property in fee, or I am authorized by the owner in fee to make this application for a demolition permit.

I certify that the demolition of this project will be conducted in a manner to provide reasonable safety to all persons and property.

I further certify that all non-City provided utilities, i.e., gas, cable, telephone, electric, etc., have been either abandoned or removed and pose no danger during this demolition project.

I am and will be responsible for the transportation and/or disposal of all demolition debris generated by this project.

I hereby grant permission for any City of Madisonville employee, or those contracted by the City, to enter upon said property whereupon a demolition permit is pending for any inspection(s) deemed necessary in association with said demolition permit.

Applicant's Name (Print)

Applicant's Address

City, State, Zip

Daytime Phone

Signature

**FOR OFFICIAL USE ONLY**

Subscribed and sworn to before me by \_\_\_\_\_, applicant, on this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State at Large

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

Notary ID Number \_\_\_\_\_



# CITY OF MADISONVILLE

Raymond Sanders  
Wastewater Collection/Superintendent

David W. Jackson, Mayor

## DEMOLITION PERMIT SUPPLEMENT

Owner \_\_\_\_\_ Address \_\_\_\_\_

The service lateral for the property to be demolished shall be made watertight and gas tight in accordance with the Ordinance listed below by using a cap or plug. The Owner of the property or their representative shall contact the Wastewater Collection Department during regular working hours for an inspection of completed work.

### 52.05 BUILDING SEWERS AND CONNECTIONS

(H) No person shall make connections of roof downspouts, exterior foundation drains, areaway drains, or other sources of surface runoff or groundwater, to a building sewer or building drain, which in turn is connected directly or indirectly to a public sanitary sewer.

(I) The connection of the building sewer into the public sewer shall conform to the requirements of the building and plumbing code or other applicable rules and regulations of the city, or the procedures set forth in appropriate specifications of the A.S.T.M. and the W.P.C.F. Manual of Practice NO. 9. All such connections shall be made gastight and watertight. Any deviation from the prescribed procedures and materials must be approved by the Mayor before installation.

### 52.99 PENALTY

(A) Any person except an industrial user who shall violate any provision of this chapter shall be guilty of a misdemeanor, and on conviction thereof shall be fined in an amount of not less than one hundred dollars (\$100.00) and not more than five hundred dollars (\$500.00) for each violation. Each day in which any such violation shall continue shall be deemed a separate offense. Any industrial user who shall violate any provision of this chapter shall be fined in the amount of at least one thousand dollars (\$1000.00) for each violation. Each day in which such violation shall continue shall be deemed a separate offense.

Capping the unused Sanitary Sewer is part of the Cities ongoing efforts to reduce the amount of inflow and infiltration of ground water into the sanitary system. Failure to submit for inspection within thirty days (30) from the start date will be sufficient cause to initiate the penalty phase in the City of Madisonville, Code of Ordinances. The property owner or representative agrees to pay all cost associated with non-compliance.

Owner/Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_