



**DEMOLITION PERMIT APPLICATION**  
**Planning & Building Department**  
**Building Division**

150 East Pearl Ave. | ph: (307) 733-0440  
P.O. Box 1687  
Jackson, WY 83001 | [www.townofjackson.com](http://www.townofjackson.com)

**For Office Use Only**

Permit No.		Permit Fee:		Date Received:		Date Due:	
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**APPLICABILITY.** The purpose of the Demolition Permit is to review and permit demolition of structures and utilities in accordance with Town of Jackson Municipal Code Section 15.38. Submit completed application package to [townbuilding@jacksonwy.gov](mailto:townbuilding@jacksonwy.gov)

**When is a Demolition Permit Required?**

Demolition includes the act of demolishing or removing (including removals without destruction of the component elements of the structure):

- Fifty percent or more of the exterior walls of a building as measured continuously around the building coverage; or
- Fifty percent or more of the roof area as measured in plan view (defined as the view of a building from directly above which reveals the outer perimeter of building roof areas to be measured across a horizontal plane); or
- Any exterior wall facing a public street or right of way.

**PROJECT INFORMATION.**

Physical Address: \_\_\_\_\_

PIDN: \_\_\_\_\_ Original Year Built: \_\_\_\_\_

Please answer the following questions to the best of your ability if unknown please write UNKNOWN.

Years and Description of any Additions: \_\_\_\_\_

Years and Description of any Remodels: \_\_\_\_\_

Years and Description of any other Demolitions: \_\_\_\_\_

**PROJECT DESCRIPTION.** Describe the precise nature of the proposed activity.

**APPLICANT/AGENT.** This is the responsible party for the permit, bonding, inspections, and execution of the work.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\*If applicant is other than owner, a notarized Town of Jackson Letter of Authorization must accompany this application. Only the Owner or their authorized agent may sign the application.*

**PROPERTY OWNER.** If other than APPLICANT

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CONTRACTOR.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ License: \_\_\_\_\_

<b>NOTICES.</b> <i>The following information should be considered with any demolition permit application.</i>	
A bond for the cost to abandon the water and sewer services as determined by Town Engineering is due at permit issuance.	
An Encroachment (Public Right-of-Way Permit) must be submitted prior to any work within the right-of-way.	
All work to be completed in accordance with the IBC Section 3303.	
All public and commercial / multifamily facilities must be inspected by a trained professional for the presence of asbestos prior to demolition. For more information contact Linda Dewitt the Asbestos Coordinator with the Wyoming DEQ Air Quality Division 307-777-7394.	
A notification of Demolition form is required to be sent to <a href="mailto:Asbestos.notice@wyo.gov">Asbestos.notice@wyo.gov</a> 10-working days before the start of any demolition whether asbestos is present or not.	
Performing demolition work without a permit may result in higher permit fees, fines, and/or loss of business license.	
After Issuance permit is valid for 180 days.	
Permit Fee of \$259.00 is due at time of permit issuance.	
A 48-hour advanced notice is required to deliver demolition material to the County transfer station. Please call 307-733-7172.	
<b>DEMOLITION PERMIT SUBMITTAL REQUIREMENTS.</b> <i>In order to be considered complete the following elements must be supplied with this application (Please contact the Engineering Division at 733-3079 with any questions regarding this permit):</i>	
<b>APPLICANT INITIALS</b>	Application shall include the following items or acknowledgments:
	Notarized Town of Jackson Letter off Authorization, if applicant is other than the owner.
	Copy or receipt of written notification to the Wyoming DEQ Asbestos program. <i>See attached form for submittal to DEQ.</i>
	Demolition Plans showing: <ul style="list-style-type: none"> <li>• Extent of the demolition work</li> <li>• Existing utilities to be abandoned and patching in the right-of way.</li> <li>• Finished Conditions Plan or Statement: the vacant lot shall be backfilled and maintained to the existing grade or without slopes steeper than 2:1.</li> <li>• Construction access point and access stabilization methods</li> <li>• Equipment parking areas</li> <li>• Location of construction and silt fencing</li> </ul>
	Photographs of existing exterior conditions: <ul style="list-style-type: none"> <li>• elevation photos (front, back, sides) of each building or structure intended for removal.</li> </ul> If multiple structures or features are proposed for demolition, overall site photographs should be provided for context.

#### APPLICANT'S SIGNATURE, CERTIFICATION, AND AUTHORIZATION

Under penalty of perjury I hereby certify that I have read this application and state that, to the best of my knowledge, all of the information herein is true and correct and I swear that any information which may be hereafter given by me in hearing before the Planning Commission of Town of Jackson or the Town Council of the Town of Jackson shall be truthful and correct. I agree to comply with all Town, State, and Federal laws relating to the subject matter of this application and hereby authorize representatives of the Town of Jackson to enter the property described herein during normal business hours, after making a reasonable effort to contact the owner/applicant prior to entering the property.

In signing this application, I acknowledge that the Town's acceptance of this application does not constitute approval of a permit. I agree not to commence any work for which this application is being made prior to approval of this application by the appropriate Town agencies and payment of any fees due.

\_\_\_\_\_  
Signature of Owner or Authorized Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title