



114 West Wood Ave
Monticello, AR 71655
Phone: 870-367-4402
monticellofiremarshal@yahoo.com



Demolition Permit Application

DATE OF APPLICATION _____ PERMIT # _____ PAID _____ RECEIPT # _____

Project Address _____

Owner/Tenant name _____ Phone _____

Current address _____

Contractor _____ Phone _____

Address _____ License # _____

Class of building to be demolished

RESIDENTIAL \$35.00 _____

COMMERICAL \$50.00 _____

I hereby certify that the date submitted on this application is true. Any deviation from information obtained hereto, unless approved by the building official, will render this permit null and void.

Date demolition will begin _____

Signature of Applicant: _____ Date: _____

Plumbing Inspector: _____ Date: _____

Fire Marshal: _____ Date: _____