

DEMOLITION/RELOCATION PERMIT APPLICATION
RAY COUNTY, MISSOURI

Ray County Planning & Zoning
816-776-5398 / swolfe@raycocourthouse.com

Date Application Submitted: _____ Permit # _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

_____ Email: _____

Address of Project to be: Demolished ☐ or Relocated ☐ _____

Type of Structure: _____ Dimensions: _____

Parcel ID: _____ Zoning District: _____ Flood Zone: _____

Applicant must notify utility companies and confirm with attached letters or contacts as follows:

Telephone: _____	Email or Phone: _____
Gas Co: _____	Email or Phone: _____
Water Dist: _____	Email or Phone: _____
Sewer: _____	Email or Phone: _____
Pipe Line: _____	Email or Phone: _____

Contractor: _____ Phone: _____

Contractor Address: _____
_____ Email: _____

Contractor License: ☐ Yes ☐ No

Contact Name: _____ Phone: _____
(If different from above)

Contact Address: _____
_____ Email: _____

The applicant Hereby Agrees to Abide by and Comply with the Conditions of all Building and Health Laws of the Zoning Order of Ray County, Missouri. I hereby affirm that the above statements are true and correct.

Signature: _____ Date: _____

Permission is hereby granted to perform the work described in this application. This permit shall not be used to authorize any violation of any applicable laws and regulations.

Building Official: _____ Date: _____

Date Issued: _____ Expires: _____ Fee: **\$75.00 Non-Refundable**