

Demolition Request Form

(Please fill out and email to building@draper.ut.us)

The completion of this form, along with the approval from the Historic Preservation Committee, is required prior to applying and acceptance of a Demolition Permit Application.

Date: _____

Contact Information:

Name: _____ Company: _____

Address: _____

Email: _____ Phone: _____

Project Address: _____

Please note: The Historic Preservation Committee may contact the applicant to look at the project or ask questions

Historic Preservation Notes:

Applicant Signature: _____ Date: _____

Historic Preservation Signature: _____ Date: _____

Permit No: _____



DRAPER CITY MISCELLANEOUS PERMIT APPLICATION

Date of Application: _____

Person to contact for corrections / questions: _____

Phone #: _____ Email: _____

Address of Project: _____

Lot No: _____ Subdivision Name: _____

Owner of Property: _____ Phone #: _____

Mailing Address: _____

Type of Application:

Electrical Mechanical Demolition Plumbing Other: _____

Work to be performed: _____

Electrical Contractor: _____

Address: _____

State License No: _____

General Contractor: _____

Address: _____

State License No: _____

Mechanical Contractor: _____

Address: _____

State License No: _____

Plumbing Contractor: _____

Address: _____

State License No: _____

Demolition Contractor: _____

Address: _____

State License No: _____