

DEMOLITION PERMIT APPLICATION

Information Below to be filled out by Project Manager

Application Date: _____ UNMC Project/Permit No: _____
NE Medicine Project/Permit No: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

SCOPE OF WORK: _____

Complete Building Demolition

Gross Sq. Ft: _____ Number of Floors/Levels: _____ Bldg. Height: _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

Partial Building Demolition

Area Sq. Ft: _____ Floor(s)/Level(s): _____ Fire Sprinklers? _____
Construction Type(s): _____ Occupancy Type(s): _____

ESTIMATED COST OF DEMOLITION: \$ _____

PROJECT TEAM MEMBERS:

Project Manager: _____ Cell Phone: _____
Project Planner: _____ Cell Phone: _____
Fire AHJ: _____ Cell Phone: _____

Coordinating Prof. Firm(s): _____

Coordinating Prof. Contact: _____ Cell Phone: _____

Contractor: _____

Contractor Contact: _____ Cell Phone: _____

REVIEW PHASE – Required Documents for Review

- Conceptual Scope of Work and Limits of Areas Affected Plan(s) – including temporary wall construction as required (fire wall materials), when walls will be up more than 3-weeks [NFPA 241].
- Interim Life Safety Measures (ILSM) Plan(s)
- Temporary and/or Provisional Electrical Power Plan(s)
- Temporary and/or Provisional HVAC System Plan(s)
- Temporary and/or Provisional Water and Waste System Plan(s)

Information Below to be completed by Office of the Building Official

Permit Approval Date: _____ Building Issued By: _____