



City of Marsing

425 Main St.,

PO Box 125

Marsing, ID 83639

Email: deputyclerk@marsingcity.com

Demolition Permit

Property Address: _____

Applicant (Owner): _____ Phone: _____

Person or Persons doing Demolition: _____

Phone: _____ Email: _____

Start and end date of Demolition: _____

You have 30 days from start to finish, if additional time is needed, approval from the City Hall is required.

Reason for Demolition:

By signing this form, I agree to comply per City of Marsing Ordinance A-167 & Resolution R-134 & IBC code 3303.1 for the Demolition of property:

Approved BY: _____ Date: _____

Signature of Application: _____ Date: _____