



City of McCook
505 West C Street * PO Box 1059
McCook, NE 69001
(308) 345-2022 * Fax (308) 345-1461
www.cityofmccook.com

Demolition Permit Application

Job Address: _____

Property Owner

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Owner signature: _____

Date: _____

Contractor

Business name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Authorized signature: _____

Date: _____

Is Contractor licensed? Yes No

Type of Work

House Garage Storage Other: _____

Square footage: _____

Description of Work

Total Cost: _____