

CITY OF GRAND ISLAND

UTILITIES CLEARANCE CERTIFICATE
FOR MOVING AND DEMOLITION

ADDRESS OF STRUCTURE _____

LEGAL DESCRIPTION _____

TYPE OF STRUCTURE: _____ MOVE _____ WRECK _____ OTHER _____

SIZE OF STRUCTURE: _____ **JOB COST:** _____

OWNER _____ ADDRESS _____

PHONE _____

CONTRACTOR _____ ADDRESS _____

PHONE _____

DISPOSITION OF SALVAGE MATERIAL _____

DISPOSITION OF DEBRIS _____

CERTIFICATION ON ASBESTOS INSPECTION _____

THE UTILITIES TO THE ABOVE DESCRIBED STRUCTURE HAVE BEEN
PROPERLY DISCONNECTED PER CITY CODE AS FOLLOWS:

DATE	SIGNATURE
Gas Shut Off – N.W.P.S. 515 W. 3 rd St., 800-245-6977	
Electricity Shut Off City Line Department 1116 W. North Front St., 385-5472	
Water Shut Off City Water Shop 370 N. Pine St., 385-5435	
Sewer Capped Off City Engineering Dept 100 E. 1 st St., 385-5460	

Person responsible for the placing of barricades _____

OWNERS SIGNATURE _____

DATE FILED _____