



CITY OF KANSAS CITY, MISSOURI
CITY PLANNING & DEVELOPMENT DEPARTMENT
 15th Floor, City Hall
 414 E. 12th Street
 Kansas City, Missouri 64106
 Phone (816) 513-2856 Fax (816) 513-2878 www.kcmo.org/planning

DEMOLITION LIEN WAIVER APPLICATION
SIDE LOT/VACANT LOT

1. Last Name _____ First Name _____ MI _____
2. Address (residence) _____ City _____ State _____ Zip _____
3. Address (mailing) _____ City _____ State _____ Zip _____
4. Telephone No. () ____ - ____ Fax No. () ____ - ____ Cell No. () ____ - ____
5. E-mail _____

FOR BUSINESS USE ONLY

6. Name of contact person _____
7. Name of Company/Organization _____
8. Is your Company/Organization a **Corporation**? Yes No **if yes, attach a Secretary of State Corporate Certificate of Good Standing to this application.**
9. Is your Company/Organization is a **LLC**? Yes No **if yes, comply with LLC affidavit filing requirement (file with City Clerk).**
10. If **Limited Partners**, attach a form disclosing general partners that includes names, addresses and phone numbers of all partners.
11. If **Sole Proprietor (DBA)**, attach a list of owners that includes names, addresses and phone numbers.

12. Address or location of proposed site, include County Parcel Number _____

13. Name and address of owner at the time of demolition _____

14. Provide a detailed description of the proposed use for this site. _____

15. Provide justification as to why you cannot pay the demolition lien against this property. _____

Finish Completing Application On Reverse Side

16. State your monthly income \$ _____

17. List all property you own within the City of Kansas City, Mo.

Address	County Parcel number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Attach paid tax statements, including assessments for all real property you own within the City of Kansas City, Mo.

19. List all property maintenance code or nuisance code violations under the Code of Ordinances of the City of Kansas City, Missouri, for the last two years, concerning each property you own or control in the City of Kansas City, Missouri.

Date	Property Address	Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

Please submit a cashier's check or money for \$110.00 payable to *City Treasurer* with this application.
Personal checks will not be accepted.
Fee is non-refundable.