



Demolition of Structures Utility Disconnect Form

Please attach completed form and all supporting documentation to the permit.

Project Address: _____

Permit Number: _____

Utility Services to Disconnect

Utility	Service Provider	Disconnect Date	Disconnect Confirmed*
Electricity	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**To be filled out by City of Littleton Inspection Team*

Contractor Information

Company Name: _____

Contact: _____

Phone: _____

Email: _____

Property Owner Information

Name: _____

Phone: _____

Email: _____