



**City of Harrisburg  
Building Services**

301 E Willow St. Harrisburg, SD 57032  
Phone: 743-5872 x12 Fax: 743-2831

**DEMOLITION  
PERMIT  
APPLICATION**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal description of the property: \_\_\_\_\_

Address of the property: \_\_\_\_\_

Description of structure to be demolished: \_\_\_\_\_

I hereby certify that the information I have provided is accurate and correct.

\_\_\_\_\_  
Applicant's signature

You may e-mail completed & signed form to [michael.mcmahon@harrisburgsd.gov](mailto:michael.mcmahon@harrisburgsd.gov)

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**FOR CITY USE ONLY**

Date received: \_\_\_\_\_