



Louisville Forward

# Develop Louisville

Web: [www.Louisvilleky.Gov/government/construction-review](http://www.Louisvilleky.Gov/government/construction-review) Phone: 574-3321

## Wrecking Supervisor Employment Record

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Employment Record**

*Each employer is required to submit an affidavit*

***LMCO 150.094 (J) "The wrecking licensee must submit a duly notarized application wherein all pertinent information and experience shall be included, and satisfactory proof that the applicant has been engaged in the business of wrecking buildings or structures for a period of one year in a supervisory capacity.***

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Type of Work: \_\_\_\_\_

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## Wrecking Supervisor Affidavit

Applicant's Name: \_\_\_\_\_

The undersigned, desiring to apply for a license as required by the wrecking ordinance of Louisville Metro Government, being first duly sworn states as follows:

LMCO 150.094 (J):

*The Wrecking licensee must submit a duly notarized application wherein all pertinent information and experience shall be included, and satisfactory proof that the applicant has been engaged in the business of wrecking building or structures for a period of one year in a supervisory capacity.*

Affiant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_

20\_\_ By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_