

Lancaster County
8311 Mary Ball Rd.
Lancaster, VA 22503

Phone: 804-462-5480
Fax: 804-462-0031



DEMOLITION PERMIT APPLICATION

Date of Application: _____

**Both pages are to be completed.
Review period of all permit applications is a minimum of 3 business days.**

TYPE OF WORK (Check One)

- | | | | |
|--------------|--------------------------|--------------------|--------------------------|
| Commercial | <input type="checkbox"/> | Complete | <input type="checkbox"/> |
| Governmental | <input type="checkbox"/> | Partial/ Accessory | <input type="checkbox"/> |
| Residential | <input type="checkbox"/> | Interior Only | <input type="checkbox"/> |

SCOPE OF WORK

(Describe briefly, but thoroughly)

POST DEMOLITION USE AND GRADING

JOB SITE INFORMATION

911 Address	
City/State/ZIP	
Tax Map #	

PROPERTY OWNER INFORMATION

Name	
Mailing Address	
City/State/ZIP	
Phone #	Email

All Disconnect paperwork must accompany application

Power Disconnection	<input type="checkbox"/>	Date:	
Disconnect number:			
Water Disconnection	<input type="checkbox"/>		
Phone Company	<input type="checkbox"/>		
Sanitary Sewer Lateral and Water Line Capped on Private Property at the Right of Way Line	<input type="checkbox"/>		
Other Disconnection	<input type="checkbox"/>	Date:	
Septic Tank	<input type="checkbox"/>	Disconnect Date:	
Cable Company	<input type="checkbox"/>		
Asbestos Report (required for buildings built prior to 1985)	<input type="checkbox"/>		
If in a Historic District, attach the Certificate of Appropriateness	<input type="checkbox"/>		
Total Cost of Demolition \$	_____		
<small>(include cost of all labor & materials for the entire project)</small>			
Date:			
Owners Signature:			

I hereby certify that I have authority to make this application and to the truthfulness of the information in the application and that if any of the information provided is incorrect, the Building/Zoning Permit may be revoked. By signing this application I am hereby certifying that I am responsible for conveying all information relevant to this application including Building, Zoning, E&S Control Codes and all other applicable codes to the property owner and/or contractor.

Signature of Applicant
Owner Must Sign above if Contractor is Applicant

Printed Name of Applicant

Contact Phone #

Date

For Office Use Only

Tax Map# _____ Parcel ID: _____ Zone: _____ Acreage: _____

Zoning Statement: _____

Subdivision: _____ Lot#: _____ Section: _____

Front: _____ Rear: _____ Left: _____ Right: _____ Height: _____

Remarks: _____

Approved by: C.B.O. _____ C.Z.A. _____ Approval date: _____