



SURRY AND SUSSEX COUNTIES



DEMOLITION PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone #: _____

Owner of Real Property: _____

Address of Property: _____

Owner's Telephone #: _____

Tax District: _____ Property Tax ID Number: _____

Method of Demolition: _____ Description of Structure: _____

How will you discard the debris: _____

Is An Asbestos Inspection Required? Yes or No

WATER SERVICE _____
Utilities Division Signature

ELECTRIC SERVICE _____
Electric Company Signature

GAS SERVICE _____
Gas Company Signature

UNDERGROUND STORAGE TANKS _____
Fuel/Gas Company Signature

SEWER OUTLET will be capped by _____

TELEPHONE SERVICE _____
Telephone Company Signature

Signature of Owner or Agent

Date

CONTRACT/JOB AMOUNT \$ _____

Asbestos Certification

I, _____, owner/contractor, do hereby certify in accordance with Chapter 1, Section 110.3 of the current edition of the Virginia Construction Code, the building or portions thereof to be demolished or renovated have been inspected for the presence of asbestos by an individual or firm licensed to perform such inspections pursuant to Section 54.1-500 et seq. of the Code of Virginia (1950, as amended) and no asbestos containing material was found or appropriate response action will be undertaken as a component of the renovation or demolition of the structure in accordance with the requirements of the Clean Air Act National Emission Standard for the Hazardous Air Pollutant (NESHAPS) (40 CFR Part 61, Subpart M) and the asbestos worker protection requirement established by the U.S. Occupational Safety and Health Administration for construction workers (29 CFR 1926.1101).

Certified this _____ day of _____, 20_____

Signature of Owner or Contractor