

DEMOLITION PERMIT APPLICATION

City of Waltherboro

Applicant to complete numbered spaces only.

1. Job Address				OWNER	JOB ADDRESS
Legal Description	Lot No.	Block	2. Tax Map #		
3. Owner		Mail Address	Phone		
4. Contractor		Mail Address	Phone License No.		
5. Architect or Designer		Mail Address	Phone License No.		
6. Engineer		Mail Address	Phone License No.		
7. Use of Building was					
8. Class of Work: ___ REMOVE ___ OTHER					
9. Describe Work:					
Change of use from					
Change of use to					
10. Valuation of work: \$ (Materials & Labor)					
SPECIAL CONDITIONS:			Types of Construction	Occupancy Group	
PERSON SIGNING PERMIT IS RESPONSIBLE FOR REMOVAL OF ALL DEBRIS			Size of Bldg. (Total) Sq. Ft.	No. of Stories	
Application Accepted By:	Plans Checked by:	Approved for Issuance By:	ZONING DISTRICT		
NOTICE SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS , OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.			No. of Dwelling Units		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.					
Signature of Contractor or Authorized Agent		Date			
Signature of Owner (If Owner Builder)		Date	Permit Fee	\$50.00	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK MO CASH PERMIT VALIDATION CK CASH