

DEMOLITION PERMIT APPLICATION

City of Waltherboro

9. CITY OF WALTERBORO
BUSINESS LICENSE NUMBER:

Applicant to complete numbered spaces only.

1. Job Address			
Legal Description	Lot No.	Block	2. Tax Map #
3. Owner		Mail Address	Phone
4. Contractor		Mail Address	Phone License No.
5. Use of Building was			
6. Class of Work: ___ REMOVE ___ OTHER			
7. Describe Work:			
(materials & labor)			
8. Valuation of work: \$			
Date: _____			
BUILDING OFFICIALS NOTES:			

SPECIAL CONDITIONS:					
PERSON SIGNING PERMIT IS RESPONSIBLE FOR			Types of Construction		Occupancy Group
REMOVAL OF ALL DEBRIS			Size of Bldg. (Total) Sq. Ft.		No. of Stories
Application Accepted By: _____			ZONING DISTRICT		
Plans Checked by: _____					
Approved for Issuance By: _____			No. of Dwelling Units		
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.					
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