



APPLICANT INFORMATION

Applicant Name _____ Telephone _____
 Mailing Address (if different from property address) _____ E-Mail _____
 City _____ State _____ Zip _____

Applicant is the: Owner Contractor Lessee/Renter Other: _____
 Work performed by: Owner/Occupant Contractor NOTE: Contractors must present valid DPOR & Harrisonburg Business Licenses.
 An applicant acting as their own contractor assumes all liability, damages, and all other responsibilities of the work. The applicant is responsible for knowledge of the code requirements, corrections to plans resulting from the plan review process, corrections of violations found resulting from required inspections and obtention of certificate(s) of occupancy. It should also be understood that when an applicant constructs, or re-models their own residence, they are required to reside in that same structure for a period of not less than 24 months.

CONTRACTOR LICENSES

Contractor's DPOR Registration # _____ License Class: _____
 Harrisonburg Business License # _____

PROPERTY INFORMATION

Property Address _____ Residential: ___ Yes / ___ No

SCOPE OF WORK

Code cycle (year): _____

Building Use Group: _____ Existing Use: _____ # Structures to be Demolished: _____
 Secondary Use Group: _____ Fire Zone: _____ Total Value of the Demolition: _____
 Construction Type: _____ # Structures on the Property: _____ \$ _____

DEMOLITION CHECKLIST

- Written release from all utilities stating the utilities have been properly terminated has been obtained.
- Impervious Square Footage form completed.
- Is an Asbestos Inspection required? Yes No
- Certificate of Asbestos Inspection received? Yes No

STRUCTURES TO BE DEMOLISHED

(Detailed description identifying the structures to be demolished.)

SITE TO BE LEFT CLEAN AND SAFE FROM DEBRIS, ROUGH GRADED, AND SEEDED.

I hereby certify that this proposed work will be done with the owner's consent, and I acknowledge that I have read this application and the statements herein and agree that the work will be done as stated.

Applicant Signature: _____

OFFICE USE ONLY

Fee: \$ _____ State Levy: \$ _____ Total: \$ _____

Paid: Yes No

Received by: _____

PROJECT CONTACTS

Contact Type (Owner, Engineer, Contractor, MLA, Etc.)

Name

Company

Address

City State Zip

Telephone

E-Mail

Contact Type (Owner, Engineer, Contractor, MLA, Etc.)

Name

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Address

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