



Building Inspection Division
 409 South Main Street
 Harrisonburg VA 22801-7531
 Telephone: 432-7700
 Fax: 540-432-7777

DEMOLITION PERMIT APPLICATION

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No : _____

Work: Contracted By _____ Performed By _____ Supervised By _____

Workers Name: _____

Workers Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Location of Work:

 (House No. and Street Name)
 Sheet _____ Block _____ Lot(s) _____

Present Use: _____

Use Group: _____ Construction Class: _____

Fire Zone: _____ No. of stories: _____

- Frame Masonry Steel Frame Concrete
- Pre-Engineered Metal Clad Combination Other
- Interior Only

Date Application Received _____ By: _____

Date Building _____ Approved _____ Denied _____

Building Division _____

Demolition Permit No: _____

Master Building Permit No: _____

Contractor's DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

Brief Description and Remarks:

Below not applicable for this application

Has the owner or owner's agent obtained a written release from all utilities stating the utilities have been properly terminated to the building? Yes No

Is an Asbestos Inspection required? Yes No

Has a Certificate of Asbestos Inspection been received? Yes No

Has an Impervious Area Form for Stormwater Utility Form been completed? Yes No

Estimated Total Value of Construction (including materials and labor):

\$ _____

Fee: \$ _____ State Levy: \$ _____

Total Fee: \$ _____

NOTE: 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 heron and agree that the work will be done as stated.

Applicant Signature: _____