



# DEMOLITION PERMIT APPLICATION

## CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

### A.) TYPE OF PERMIT:

- Residential     
  Commercial     
  Interior only     
  Underground storage tank

### B.) SITE INFORMATION:

Physical Address: \_\_\_\_\_  
(Printed)

Property Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Printed)

Owner's Mailing Address (if different): \_\_\_\_\_  
(Printed)

General description of work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the property located within a Special Flood Hazard Area according to FEMA Map?       Yes       No

### C.) UNDERGROUND TANK INFORMATION: (Please attach a site plan showing location of tanks)

Number of tank(s): \_\_\_\_\_ Tank(s) constructed of: \_\_\_\_\_ Size of tank(s): \_\_\_\_\_

Substance stored in tank(s): \_\_\_\_\_

Cost of work to be done: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

### D.) DESCRIPTION OF BUILDING: (Certificate of compliance with asbestos regulations form also required)

Current use of building: \_\_\_\_\_

Will site be redeveloped?     Yes     No    If yes, what is the proposed use? \_\_\_\_\_

Connected to city water?     Yes     No

Connected to city sewer?     Yes     No

Will water and sewer services be saved for future use:     Yes     No

Have all utility companies been notified of pending demolition?     Yes     No

\*Written verification from utility companies is required prior to permit issuance.

Cost of work to be done: \_\_\_\_\_

**E.) APPLICANT INFORMATION:**

**Applicant Name:** \_\_\_\_\_  
 (Printed)

Property Owner     \*Duly Authorized Tenant/Lessee     Contractor (please attach a copy of your VA Contractor's License)

State License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Tradesman License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Printed)

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\* Power of Attorney Form is required.

**F.) SIGNATURE:**

**AFFIDAVIT:** The undersigned  property owner  \*duly authorized tenant/lessee  contractor [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in the denial or revocation of this permit. I hereby authorize the City of Waynesboro to review this request and visit the site if necessary as a result of the review.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\* Power of Attorney Form is required.

**FOR OFFICE USE ONLY:**

Date Rec'd \_\_\_\_\_

Permit # \_\_\_\_\_

Receipt #: \_\_\_\_\_

Fee \$ \_\_\_\_\_

**Verification from utility companies:**

Water       Sewer       Electric       Gas       Telephone       Cable

Asbestos certification compliance received?     Yes       No

Not approved       Approved \_\_\_\_\_  
 Building & Zoning Department

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_