



DEMOLITION PERMIT APPLICATION

Date: _____

OWNER	
Name: _____	Telephone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Email: _____	Fax No.: _____
CONTRACTOR	
Name: _____	Telephone: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Email: _____	Fax No.: _____
VA Contractor No.: _____	Class: _____ Expiration: _____
PROJECT <i>(The attached exhibits are provided for illustration purposes only to assist the applicant in sketching the footprint of the project)</i>	
Site Address: _____	LRSN: _____
Type of Structure to be Demolished: _____	Structure Height: _____
Total Area of Structure:* _____	Total Area of Land Disturbance:* _____ Total Area of Land:* _____
Identify Right-of-Way Access to Site: _____	Public: _____ Private: _____
Date of Demolition: _____	
ACCOMPANYING DOCUMENTS	
All disconnect paperwork must accompany application:	
<input type="checkbox"/> Virginia Power Disconnect	<input type="checkbox"/> Sanitary Sewer Disconnect
<input type="checkbox"/> Newport News Waterworks Disconnect	<input type="checkbox"/> Site Diagram
<input type="checkbox"/> Virginia Natural Gas Disconnect	<input type="checkbox"/> Private Utilities
If Applicable:	
<input type="checkbox"/> Elevator	<input type="checkbox"/> UST/AST
<input type="checkbox"/> Asbestos Report <i>(required for certain structures built prior to 1985)</i>	
ADDITIONAL PERMITS	
<input type="checkbox"/> Right of Way	<input type="checkbox"/> Land Disturbing
<input type="checkbox"/> VSMP	<input type="checkbox"/> Other _____
FEES & COSTS	
Permit Fee: \$ _____	Amount of Bond or Insurance: \$ _____
Name of Surety or Insurance Carrier: _____	
APPLICANT CERTIFICATION	
I hereby assume full responsibility for completion of the proposed work in accordance with all applicable provisions of the Virginia Uniform Statewide Building Code, City of Hampton ordinances and regulations, and regulations of the Health Department of the City of Hampton. I acknowledge I may have to provide additional plans and information to comply with City ordinances and regulations and obtain additional permits. All information provided for this application is true and correct to the best of my knowledge, information, and belief. If approved, the demolition permit is granted only for the work shown and described in this application and becomes invalid if authorized work is not commenced within six (6) months after issuance. Any falsification, misrepresentation, or misleading information provided herein VOIDS the permit.	
_____ <i>Signature of Applicant/Agent/Owner</i>	_____ <i>Date</i>

* Calculate to the nearest one-tenth of an acre