



# DEMOLITION PERMIT APPLICATION

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

Division of Zoning & Development Services  
Fauquier County Department of Community Development  
29 Ashby Street, Suite 310, Warrenton, Virginia 20186

Building Phone: 540-422-8230  
Zoning Phone: 540-422-8220  
Facsimile: 540-422-8231

**Fill out all relevant sections COMPLETELY – Incomplete applications cannot be processed and will be returned**

### OWNER/PROPERTY INFORMATION:

Owner's Full Name: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_

Parcel Street Address: \_\_\_\_\_

Property Identification Number: \_\_\_\_\_ Email: \_\_\_\_\_

### UTILITY INFORMATION:

Water:  
 Private  Public \_\_\_\_\_  
Name of Provider

Septic/Sewer:  
 Private  Public \_\_\_\_\_  
Name of Provider

Electrical Service:  
\_\_\_\_\_ Amps \_\_\_\_\_ Name of Provider

Disconnect letter  No  Yes

Disconnect letter  No  Yes

Disconnect letter  No  Yes

Gas:  
 L.P.  Natural

Asbestos:  
letter  No  Yes

Disconnect letter  No  Yes

### Scope of Work:

- Demolition
  - Residential
  - Commercial

DESCRIBE IN DETAIL THE DEMOLITION OF STRUCTURE: [Note: Describe the location on the property and list on Plat. How many buildings remain on the property?]

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Construction Cost: \$\_\_\_\_\_ (Contract amount OR real estate value after completion)

### Type of Contractor:

- Building
- Electrical
- Plumbing
- Mechanical
- Gas Fitting
  - Outside Line
  - Inside Line
- Tank Installation

Name of Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

State Contractor's/Tradesman's License No: \_\_\_\_\_ Class: A B C

Classification: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ Fauquier County Business License # \_\_\_\_\_

Description of Work: \_\_\_\_\_

OK Per \_\_\_\_\_

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Description of Work: \_\_\_\_\_

OK Per \_\_\_\_\_

**APPLICANT INFORMATION AND CERTIFICATION:**

I hereby certify that:

- I have read and examined this application and know the information provided is true and correct.
- I acknowledge that the granting of a permit does not presume to give authority to violate or cancel the provisions of any local or state law regulating construction or the performance of construction, and by applying for this permit I hereby agree to adhere to all County and State laws.
- I acknowledge that an application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued.
- I acknowledge that the Building/Zoning Official shall be permitted to revoke a permit if work on the site authorized by the permit is not commenced within six months after issuance of the permit, or if the authorized work on the site is suspended or abandoned for a period of six months after the permit is issued. I acknowledge that the permit holder is responsible to call for an inspection within the 1<sup>st</sup> six months as proof work has commenced. Inspections will be required at six month intervals as proof of continuance of construction and shall extend the permit six months from that date. If no inspections are performed within the six month interval a request for an extension of the permits may be made, with additional fees charged.
- I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent. \_\_\_\_\_ *Agent's Initials*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Applicant: Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Information for Applicant: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is:  Owner  Lessee  Contractor  Agent  Other \_\_\_\_\_

**FOR OFFICIAL USE ONLY: ZONING**

Notes/Comments For Permit:	Fee Due: \$ <u>  0  </u>
_____ Signature: Zoning Administrator/Staff	_____ Date

**FOR OFFICIAL USE ONLY: BUILDING**

<b>FEES:</b>	Building: # <u>602</u> \$ _____ 2% Virginia Fee Levy # <u>800</u> \$ _____  <b>Total Fees Due:</b> \$ _____	<b>NOTES:</b>
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_____ Signature: Building Official/Staff	_____ Date	Issue Date: _____
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Application Previewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Re-Submittal Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_