



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

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?]

Construction Cost: \$ _____

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 1st 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: \$ _____
_____/_____ Signature: Zoning Administrator/Staff _____ Date _____	

FOR OFFICIAL USE ONLY: BUILDING		
FEES:	Building: # <u>602</u> \$ _____ 2% Virginia Fee Levy # <u>800</u> \$ _____ <p style="text-align: center;">Total Fees Due: \$ _____</p>	NOTES:
_____/_____ Signature: Building Official/Staff _____ Date _____		Issue Date: _____
Application Reviewed By: _____ Date: _____ Application Received By: _____ Date: _____ Notes: _____ Re-Submittal Received By: _____ Date: _____ Notes: _____		