

DEMOLITION APPLICATION

PERMIT
NUMBER



New Kent Building Development
P.O. Box 150 New Kent, VA 23124
Phone: 804-966-9680 Fax: 804-966-8510
www.co.new-kent.state.va.us

OWNER

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

CONTRACTOR

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
VA Contractor's No: _____ Class: _____
Expiration: _____ Email: _____

MECHANICS LIEN AGENT

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PROJECT

Cost: _____ Structure Height: _____
Site Address: _____ GPIN- _____
Type of Structure to be Demolished: _____
Square Footage of Foundations: _____
Demolition Debris will be: _____ Burned (Burn Permit must be obtained prior to demolition)
_____ Removed – Please state means of removal: _____

Section 110.3 of the Virginia Uniform Statewide Building Code requires an asbestos report be submitted on all commercial buildings.

Section 117.3 of the Virginia Uniform Statewide Building Code (2018 Edition) states: Demolition permits shall not be issued until the building official receives certification from the owner or the owner's agent that the following actions have been completed:

1. The owner or the owner's agent has obtained a release from all utilities having service connections to the building or structure stating that all service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.

2. The owner or owner's agent has given written notice to the owners of adjoining lots and to the owners of other lots affected by the temporary removal of utility wires or other facilities caused by the demolition.

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

Please attach a copy of such letter(s) from each applicable utility company with this application. **NO DEMOLITION PERMIT APPLICATIONS WILL BE ACCEPTED WITHOUT THE PROPER LETTER(S).**

The New Kent Fire Department may be interested in using the above mentioned property for training exercises. If you are interested in allowing the NKFD to demo your project, please inquire as to whether your property qualifies.

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS/REGULATIONS. I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____
Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____
Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____
District: _____ Subdivision: _____ Section: _____
Use Group: _____

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED