

Town of Dublin
 101 Dublin Park Rd.
 Dublin VA 24084

Phone: 540-674-4798
 Fax: 540-674-4803



DEMOLITION PERMIT APPLICATION

Date of Application: _____

**Both pages are to be completed.
 Review period of all permit applications is a minimum of 3 business days.**

TYPE OF WORK (Check One)			
Commercial	<input type="checkbox"/>	Complete	<input type="checkbox"/>
Governmental	<input type="checkbox"/>	Partial/ Accessory	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Interior Only	<input type="checkbox"/>

SCOPE OF WORK
 (Describe briefly, but thoroughly)

POST DEMOLITION USE AND GRADING

JOB SITE INFORMATION

911 Address	_____
City/State/ZIP	_____
Lot or Apt #	_____

PROPERTY OWNER INFORMATION

Name	_____
Mailing Address	_____
City/State/ZIP	_____
Phone #	_____
	Cell # _____

All Disconnect paperwork must accompany application

AEP Power Disconnection <input type="checkbox"/>	Date: _____
Disconnect number: _____	
Water Disconnection <input type="checkbox"/>	
Phone Company <input type="checkbox"/>	
Sanitary Sewer Lateral and Water Line Capped on Private Property at the Right of Way Line <input type="checkbox"/>	
ATMOS Disconnection <input type="checkbox"/>	Date: _____
Septic Tank <input type="checkbox"/>	Disconnect Date: _____
Cable Company <input type="checkbox"/>	
Asbestos Report (required for buildings built prior to 1985) <input type="checkbox"/>	
If in a Historic District, attach the Certificate of Appropriateness <input type="checkbox"/>	
Total Cost of Demolition \$ _____	
<small>(include cost of all labor & materials for the entire project)</small>	

Obtain a Bond in the same amount as the estimate cost of the demolition (minimum \$400).	
Type of Bond (see instruction sheet for accepted Bonds): _____	
Bond Amount: _____	
Bond Release Date: _____	

I hereby certify that I have authority to make this application and to the truthfulness of the information in the application and that if any of the information provided is incorrect, the Building/Zoning Permit may be revoked. I certify that I understand the terms and conditions of the associated Bond in accordance with the Town of Dublin to assure projects are completed in a timely manner and I am responsible for any and all complacency. If the permit is issued wrongfully, whether based on misinformation or an improper application of the Code, the Building/Zoning Permit may be revoked. By signing this application I am hereby certifying that I am re-sponsible for conveying all information relevant to this application including Building, Zoning, E&S Control Codes and all other applicable codes to the property owner and/or contractor.

 Signature of Applicant

 Printed Name of Applicant

 Contact Phone #

 Date

For Office Use Only	
Tax Map# _____	Parcel ID: _____ Zone: _____ Acreage: _____
Zoning Statement: _____	
Subdivision: _____	Lot#: _____ Section: _____
Front: _____ Rear: _____	Left: _____ Right: _____ Height: _____
Remarks: _____	

Approved by: C.B.O. _____	C.Z.A. _____ Approval date: _____