

# 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: \_\_\_\_\_  
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 (2012 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