



CITY OF WINSTON-SALEM
INSPECTIONS DIVISION
APPLICATION FOR DEMOLITION PERMIT



Excellence through Service

Office Use:

Date: _____ A/P # _____ DOC # _____ Zoning Jurisdiction: _____

Zoning _____ Block # _____ Lot # _____ ; _____ ; _____ PIN # _____

Applicant Information: all related fields must be filled in

Address of Job: _____ Last Use or Occupancy: _____

Property Owner's Name: _____

Property Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Contractor's Name: _____

Contractor's Address: _____ City: _____ State: _____ Zip Code: _____

Phone # (____) _____ Fax # (____) _____ Email: _____

City of WS Contractor I.D. # _____ Contractor's State License # _____

Description of work: _____

Will the work consist of removing asbestos? [] Yes [] No If yes, what is the value? _____

Contact Name: _____ Contact Number: _____

[] Commercial Demolition [] Residential Demolition [] Street Obstruction Bond Required (demolition may occur in or near street right-of-way)

_____ Number of buildings being demolished
_____ SF Square footage of buildings being demolished
_____ SF Square footage of interior space being demolished
_____ SF Total square footage of ground disturbance (includes building footprint, paving, walks, etc. and any other structures or areas of the site that will be disturbed)
\$ _____ TOTAL COST OF DEMOLITION JOB

The applicant hereby certifies and agrees as follows: 1) That he/she has read the above information and it is true and correct; 2) If any information supplied by applicant is incorrect or missing, permit issuance may be delayed; and 3) Applicant must also obtain a permit from the Forsyth County Environmental Affairs Department.

Signature of Applicant: _____ Date: _____