



Bryce A. Stuart Municipal Building
Suite 328, 100 E. First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624
Fax: (336) 747-9428

APPLICATION FOR DEMOLITION PERMIT

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 _____

Contractor's Name _____

Contractor's Address _____

Contractor's Phone _____ Contractor's Fax _____

Contractor's Email _____

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

Description of sign 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.

Applicant's Signature _____ Date _____