OF ACCORDANCE OF

COUNTY OF ACCOMACK BUILDING, PLANNING & ECONOMIC DEVELOPMENT

23296 Courthouse Ave – Room 105 | P.O. Box 93 | Accomac, Virginia 23301 (757) 787-5726 | planning@co.accomack.va.us (757) 787-5721 | building@co.accomack.va.us

www.co.accomack.va.us

Building & Code Enforcement Planning & Zoning Geographic Information & Mapping Floodplain Management Economic Development Wallops Research Park

DEMOLITION APPLICATION

Name of Owner:		
Name of Contractor/Applicant:		
Phone Number:		
Street Address of Project:		
Tax Map #:		
Type of building/structure to be	demolished:	
*If commercial, an asbestos rep	ort is required from this Depar	tment prior
to a demolit	ion permit being issued	_
Number of stories:	_	
Mobile Home: Make	Model	Year
Will the entire structure or only	a portion be demolished?	
*If a portion, please atta	ch a diagram of the section to b	e demolished
Have all utilities been disconnect	ted?	
If not, which are connected:		
Do you intend to rebuild any str	ucture on this lot within the nex	xt (12) months?
If yes, what type of structure wil	l be rebuilt?	
If no, may we remove the 911 ad	dress be removed?	
Value of the Demolition:		
Demolition method:		
Anticipated date to begin the dea	molition:	
Anticipated date to complete the	demolition (materials removed	l):
*If the demolition is to be comple	eted by a fire department, pleas	se complete the
following lines in addition to Pag	ge 2 of this application:	
Name of fire department:		
Has the local Fire Company been	n properly notified?	

*A copy of the Property Assessment Card from the County Assessor's Office must be attached to this application.



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TO BE COMPLETED BY FIRE DEPARTMENT OFFICIAL:

Name of fire department:	
Chief of fire department:	
Fire department contact person for demolitions:	
Phone number:	
Email address:	
Name of property owner or applicant requesting demolition:	
Street Address of property in which the fire department will demolish:	
Method of demolition:	
Demolition date:	
Name of applicant:	
Signature of applicant:	
Date:	
Name of fire department official:	
Signature of fire department official:	
Date:	