



COUNTY of SUSSEX

DEMOLITION PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone #: _____

Owner of Real Property: _____

Address of Property: _____

Owner's Telephone #: _____

Tax District: _____ Property Tax ID Number: _____

Method of Demolition: _____ Description of Structure: _____

How will you discard the debris: _____

Is An Asbestos Inspection Required? Yes or No

WATER SERVICE _____
Utilities Division Signature

ELECTRIC SERVICE _____
Electric Company Signature

GAS SERVICE _____
Gas Company Signature

UNDERGROUND STORAGE TANKS _____
Fuel/Gas Company Signature

SEWER OUTLET will be capped by _____

TELEPHONE SERVICE _____
Telephone Company Signature

Signature of Owner or Agent

Date

CONTRACT/JOB AMOUNT \$ _____