



CITY OF
WINSTON-SALEM INSPECTIONS DIVISION
APPLICATION FOR DEMOLITION PERMIT

Office Use:

Date: _____ A.P. # _____ Dept of Commerce # _____ City _____ County _____
Map Page _____ CT # _____ Zoning _____ Block # _____ Lot # _____ ; _____ ; _____
Locator Street _____ between _____ and _____

Applicant Information: all related fields must be filled in

Address of Job: _____ Last Use or Occupancy: _____
Owner's Name: _____
Owner's Address: _____ State _____ Zip Code _____
Contractor's Name: _____
Contractor's Address: _____ State _____ Zip Code _____
Phone # (____) _____ Fax # (____) _____ Email: _____
Contractor I. D. _____ Contractor License # _____ Privilege License # _____

Description and cost of work:

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

_____ Number of Building(s) being demolished
_____ SF Square footage of Building(s) being demolished
_____ SF Total Square Footage of Ground Disturbance (includes building footprint(s), 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 Owner / Agent / Contractor: _____ Date: _____