



# City of Follansbee

## Demolition Permit Application

### Applicant Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Owner Information: (If different from Applicant Information)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Property Information:

Address: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Is there another structure to be built on this site: Yes No

\*\*\*Please provide a map if there are multiple structures on one parcel.

### Contractor Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

WV Contractors License # \_\_\_\_\_

City License #: \_\_\_\_\_

### Land Fill Information:

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**I certify that all information contained in this application is true and correct and I have completed all required asbestos inspections and any required remediation based on said inspections.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Sanitary Department: Approved Denied

Water Department: Approved Denied

Public Works: Approved Denied

### Permit Approval

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date