

PHONE: 304-636-1414

FAX: 304-636-7866

APPLICATION DATE: \_\_\_\_\_

**CITY OF ELKINS, WV**

**401 Davis Avenue**

**Elkins, WV 26241**

PERMIT NUMBER
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**RESIDENTIAL DEMOLITION PERMIT APPLICATION**

PROPERTY OWNER INFORMATION	
OWNER'S NAME	
ADDRESS	
PHONE NUMBER	
NOTE: <i>Property owners may only do the work on their own residence. Any work done on other property must be done by a contractor.</i>	

JOB SITE INFORMATION	
ADDRESS	
NEW DWELLING AREA <small>SQUARE FEET</small>	FINISHED ATTIC AREA <small>SQUARE FEET</small>
GARAGE AREA <small>SQUARE FEET</small>	BASEMENT AREA <small>SQUARE FEET</small>
ACCESSORY BUILDING <small>SQUARE FEET</small>	OTHER AREA <small>SQUARE FEET</small>

CONTRACTOR		
NAME		
ADDRESS		
PHONE	WV LICENSE #	CITY LICENSE
NOTE: <i>Contractors are required by City Ordinance to be registered to work in the City and to file Business and Occupation Taxes on the work done.</i>		

COST OF WORK (MATERIALS AND LABOR)

ASBESTOS ABATEMENT	
STATE CERTIFIED ASBESTOS INSPECTOR'S NAME	ASBESTOS INSPECTION RESULTS: <input type="checkbox"/> ASBESTOS FOUND <input type="checkbox"/> ASBESTOS FREE
STATE CERTIFIED ASBESTOS INSPECTOR'S LICENSE #	STATE CERTIFIED ASBESTOS CONTRACTOR'S LICENSE #

**NO WORK TO BEGIN UNTIL  
THIS PERMIT IS APPROVED**

**ALL WORK MUST BE COMPLETED WITHIN 30 CALENDAR DAYS**

1. THE APPROVED DEMOLITION PERMIT MUST BE POSTED ON THE CONSTRUCTION SITE **BEFORE** ANY WORK IS BEGUN AND UNTIL COMPLETION OF WORK COVERED BY SAID PERMIT. THE PERMIT EXPIRES SIX MONTHS AFTER THE DATE OF ISSUE.
2. OWNER AND/OR CONTRACTOR HEREBY AGREE TO INDEMNIFY AND HOLD THE CITY OF ELKINS AND ITS OFFICIALS AND REPRESENTATIVES HARMLESS AGAINST ALL CLAIMS, WARRANTS, DEMANDS, CAUSE OF ACTION OR SUITS FROM OR OCCASIONED BY THE WORK WHICH SHALL BE SUBJECT TO THIS PERMIT.
3. AT LEAST 48 HOURS BEFORE DIGGING, WEST VIRGINIA LAW REQUIRES CONTRACTING MISS UTILITY OF WEST VIRGINIA, INC. AT 1-800-245-4848 (TOLL FREE).

PERMIT FEE -- \$50.00	
AMOUNT PAID	RECEIPT #

I UNDERSTAND AND WILL ADHERE TO FOREGOING REQUIREMENTS.
SIGNATURE OF OWNER
SIGNATURE OF APPLICANT

APPROVED BY BUILDING INSPECTOR:
DATE
SIGNATURE OF BUILDING INSPECTOR
PERMIT GRANTED BY ELKINS LANDMARKS COMMISSION
SIGNATURE

APPROVED BY UTILITY DEPARTMENTS:
SIGNATURE FOR SEWER DEPARTMENT
SIGNATURE FOR WATER DEPARTMENT
APPROVED BY FIRE CHIEF:
SIGNATURE OF FIRE CHIEF

THE ABOVE DEMOLITION APPLICATION HAS BEEN APPROVED AND GRANTED BY THE APPROPRIATE PARTIES OF THE CITY OF ELKINS. YOU ARE HEREBY AUTHORIZED TO PROCEED ACCORDING TO THE SPECIFICATIONS AS SET FORTH IN YOUR APPLICATION.