CITY OF ALEXANDRIA
DEPARTMENT OF CODE ADMINISTRATION
301 KING STREET, SUITE 4200
ALEXANDRIA, VIRGINIA 22314
703.746.4200 FAX 703 838.3880

DEMOLITION APPLICATION

IMPORTANT - Applicant to complete ALL applicable items. **Shaded boxes are FOR OFFICIAL USE ONLY**

Permit Number	1.Project Name	**Master Permit**
2.Project Address	Floor/Suite Number	3.Date Applied
4.Owner	5.Phone: Home - Work - E-Mail Address -	
6.Owner's Mailing Address (if different from project address)		

7.Work Done By (check one) ☐ Owner ☐ Contractor	
8.Contractor Name	9.Phone
10.Business Address	
11.State Contractor License Number _____ Class: ☐ A ☐ B ☐ C	12.Business License Number _____ Reciprocity? ☐ Yes ☐ No

13.Code Edition	14.Use Group	15.Type of Construction	16.Area Square Footage
17. ☐ Residential ($150) ☐ Residential Accessory Bldg ($85) ☐ Residential Detached Garage ($85) ☐ Non-Residential Structure ($230) ☐ Non-Residential Accessory Structure – including tanks ($150 each) ☐ Underground Tanks # _____ ☐ Above Ground Tanks # _____			**18.Estimated Job Cost** **$**
19.Number of Stories	20. Materials	21.Dwelling Units Demolished ☐ No ☐ Yes - # _____	
22.Project Description			

FOR BUILDINGS ONLY:	**Asbestos Affidavit ☐ Yes ☐ No**	**Plot Plans Attached ☐ Yes ☐ No**	**Certified Ltrs Rec'd ☐ Yes ☐ No**
Sewer Cap Permit #	**/ Date Passed**	**Utility Co. Verifications - Gas ☐ Y ☐ N / Elec. ☐ Y ☐ N / Water ☐ Y ☐ N**	
Required Bond - $1.00 per sq ft or $1,000 minimum ☐ Cashier/Certified Check #_____ ☐ Performance Bond			

AFFIDAVIT

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances.

_____
Signature of Owner or Authorized Agent

_____
Printed Name of Person Applying for Permit

_____ / _____
Phone / E-Mail Address

APPROVALS		**PERMIT FEES**
Engineer		**Total $**
Date Approved		**- FOR BUILDING –**
Date Issued		**Check/Bond $_____**
Engineer. Aide	**Rec'd By:**	**Deposit Date _____**
	Issued By:	

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