

CITY OF NEWBERRY

**P.O. Box 538
Newberry, SC 29108
803-321-1019
803-321-1003 Fax**

DEMOLITION PERMIT APPLICATION

DATE _____

Street Address: _____

Tax Map Number _____ Owner: _____

Cost of Job: \$ _____

REQUIRED INSPECTIONS: Call 321-1019 for inspection. Sewer must be capped and visually inspected. All debris must be removed from site. Call for inspection 24 hours in advance. Failure to obtain the required inspections shall deem the permit holder to be in violation of The City Code of Ordinances. Contractor is responsible for DHEC requirements including asbestos survey and notification. Contact DHEC directly for more information.

Contractor: _____ Phone: _____

Address: _____

South Carolina License Number: _____ SC License Classification: _____

SC License Limitation: _____

By signing this application, I certify that I am an authorized agent for this company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

Signed: _____

Print: _____