* (100 * * EST. 1785	F	O BOX	COUNTY BUILDING COI 815, LAURENS, SC 2936 984-6659 FAX (864) 984	50 *
	DEM	OLITIO	N PERMIT APPLICA [.]	TION
* * * NOTICE: ALL DI	EMOLITIC	N PERM	ITS ARE TO BE COMPL	ETED WITHIN 6 MONTHS * *
	nould be co	ntacted wi tained and	ESIDENTIAL STRUCTUR hen demo residential structu presented before commerci TION INFORMATION:	
APPLICANT'S NAME:				
DEMO LOCATION ADD	RESS:			
CITY:			STATE:	ZIP:
		OWN	ER'S INFORMATION	
OWNER'S NAME:				
MAILING ADDRESS:				
CITY:			STATE:	ZIP:
DAYTIME PHONE:			EMAIL:	
	CONT	RACTOR	APPLICANT INFORM	ATION
CONTRACTOR'S NAM	E:			
DAYTIME PHONE:			LICENSE #(optional):	
INSIDE TOWNSHIP:	YES	NO N	IAME OF TOWNSHIP:	
FLOOD AREA:	YES	NO		

OFFICE USE ONLY				
TAX MAP #:	FIRE DISTRICT:	SCHOOL DISTRICT:		

It is the responsibility of the Property Owner or Contractor Applicant to contact all Utility Companies for removal of services prior to demolition. Sewer / Septic piping must be sealed, electric service, rubbish / debris, or trash must be removed from the site. All wells or holes must be filled.

ALL WORK SHALL COMPLY WITH ALL PROVISIONS OF COUNTY ORDINANCE AND CODES

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE:

DATE

DAYTIME PHONE:

URENS COUN

REV DATE: 1/14/2020