Demolition Permit Application

All Applicable Information Must Be Completed

This application must be submitted at least two (2) weeks prior to demolition.

The demolition permit will not be issued until all utilities have been disconnected. After all utilities have been disconnected and before any demolition activity occurs, you must return to the Town Hall to pick up the permit.

Project Location:

<table>
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<tr>
<th>Street Address</th>
<th>Tax I.D. #</th>
<th>City I.D. #</th>
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Ownership: (Check one)

Private Ownership (Individual or Corporation)

Public Ownership (Federal, State or Local Government)

Current Use: (Check one)

Residential

Commercial

Industrial

Vacant Lot

Zoning (Check One)

R-1  C-1  M-1

R-2  C-2  M-2

R-3  C-3

R-4

Type of Demolition Permit: (Check all that apply)

Demolition-Existing Structure

Moving/Relocation of existing structure out of Town limits

Description of demolition work to be performed: ________________________________

____________________________________________________________________________

________________________________________

Site Plan or Site Survey: (This is required for all permits. The Site Plan or Survey must show all Existing Structures to be removed and Existing Structures to remain. IT MUST BE TO SCALE.) Attached

Existing Plumbing Fixtures: (Check one, this will serve as a record for future EDU impact fee calculations.)

Not applicable

Yes (List all): ____________________________________________________________

________________________________________

Below is a list of agency approvals which may be required prior to permit issuance.

STATE OF DELAWARE:

Department of Natural Resources & Environmental Control (DNREC)

Division of Air & Waste Mgmt.-Air Quality Mgmt. Section-Asbestos Mgmt. & Control Program

302-739-9402

Not applicable (All new construction, No Demolition Activities)

DNREC/U.S. EPA Notification Form Required (All Renovation Activities)
I ____________________, the Owner or Owner’s Authorized Agent (attach letter from owner),

agree to the following items (initial each item below):

- ________ I hereby grant the Town of Blades, and its agents, permission to enter the above referenced property and after permit issuance to perform inspections at any reasonable time.
- ________ I understand that all debris must be removed from the site and disposed of in a lawful manner.
- ________ I understand that a permit may be denied if the property listed on this application has outstanding Code Violations.
- ________ I will contact Miss Utility at (811) to locate all existing utilities on site prior to the commencement of work.
- ________ I understand that the Town of Blades will disconnect any existing Water service to this site at the street. All other utility disconnects are my responsibility. I understand that all disconnects must occur prior to any demolition activities.
- ________ I understand that properly disconnecting and capping the sewer service to this site, at the edge of the property, is my responsibility. I will contact Sussex County of an inspection of this sewer disconnect upon completion.
- ________ I will contact the Delaware Department of Natural Resources and Environmental Control (DNREC) 7 to 10 days in advance of any demolition work taking place. I understand that DNREC, under the direction of the U.S. Environmental Protection Agency (EPA), requires an inspection of all materials being demolished for the purpose of identifying any hazardous materials. (302) 739-9402.
- ________ I will obtain a SUSSEX COUNTY PERMIT (302) 855-7824 prior to the start of demolition.
- ________ I understand that any deviation from the information provided on this application, or any documents submitted, may be grounds for the Building Official to revoke any permit that may be issued.
- ________ I understand that the demolition permit will not be issued until all utilities have been disconnected. After all utilities have been disconnected and before any demolition activity occurs, I must return to the Town Hall to pick up the permit.

Signature: _______________________________                    Date: ____________________