



# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SC 29151

12 WEST LIBERTY STREET  
(803) 774-1600



## DEMOLITION PERMIT APPLICATION

**Permit Number** \_\_\_\_\_ **Jurisdiction**  City  County  Pinewood  Mayesville

**Applicant** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Owner's Address** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Contractor's Address** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor's License #** \_\_\_\_\_ **Demo Property Address** \_\_\_\_\_

**Tax Map #** \_\_\_\_\_ **Type of Building Use**  Residential  Commercial  Other

**# of Stories** \_\_\_\_\_ **Height** \_\_\_\_\_ **Area (Sq. Ft.)** \_\_\_\_\_ **Total Contract Price** \$ \_\_\_\_\_

**Construction Type**  Wood Frame  Steel Frame  Brick  Block  Other \_\_\_\_\_

**Exterior**  Brick Vener  Brick  Wood  Concrete Block  Stone  Other \_\_\_\_\_  
 Metal  Glass  Stucco

**Roofing**  Wood Shingle  Asphalt  Fiberglass  Roll  Slate  Other \_\_\_\_\_  
 Metal  Built-Up

**Utilities**  Well & Septic  Public Water  Public Sewer  Septic  Community Water  
 Community Sewer

**Hazardous Material**  None  Asbestos  Other \_\_\_\_\_

**Description of Building to be Demolished** \_\_\_\_\_

**Manner of Debris Disposal** \_\_\_\_\_

Application Completed by:  Agent **or**  Owner

**Note:** The Acceptance of this application for review and the payment of fees does **not** constitute the approval of this application. Approval is granted only upon the receipt of a permit. **THIS APPLICATION IS NOT A PERMIT.**

**The above statements and accompanying material are complete and accurate**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY:**

**Tax Map Number** \_\_\_\_\_ **Zoning District** \_\_\_\_\_

**Overlay District**     HP/CBD     APZ     DNL     NA (Noise Attenuation     None  
                           HCPD     RCD     Swan Lake

**Comments**    MUST COMPLY WITH SC HAZ MAT REMOVAL POLICY.

**Planning Official:** \_\_\_\_\_ **Building Official:** \_\_\_\_\_