



Town of Summerton

Post Office Box 217
 10 Main Street
 Summerton, SC 29148
 PH: 803-485-2525
 FX: 803-485-2914

APPLICATION FOR DEMOLITION PERMIT

DATE:	ESTIMATED COMPLETION DATE:	PERMIT NO.:
-------------	----------------------------------	-------------------

APPLICANT NAME:		E-MAIL:	
MAILING ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE:	CELL:	FAX:	
APPLICANT IS PROPERTY OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER:			

PROPERTY OWNER NAME:		E-MAIL:	
MAILING ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE:	CELL:	FAX:	

DEMOLITION CONTRACTOR

NAME:		COMPANY NAME:	
MAILING ADDRESS:		CITY:	STATE: ZIP:
TELEPHONE:	CELL:	FAX:	
LICENSE #:	E-MAIL:		

LOCATION OF STRUCTURE

STREET ADDRESS:	CITY:	ZIP:
SUBDIVISION:	TMS#:	

TYPE STRUCTURE: HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> MANUF. HOME <input type="checkbox"/> STORAGE <input type="checkbox"/> OTHER:
TYPE FRAME: WOOD <input type="checkbox"/> METAL <input type="checkbox"/> MASONRY <input type="checkbox"/> OTHER:
EXTERIOR WALLS: BRICK <input type="checkbox"/> WOOD <input type="checkbox"/> VINYL <input type="checkbox"/> METAL <input type="checkbox"/> OTHER:
HEIGHT: ONE STORY <input type="checkbox"/> TWO STORY <input type="checkbox"/> 1½ STORY <input type="checkbox"/> BASEMENT <input type="checkbox"/> OTHER:

The undersigned has read and agreed to the following:

The scope of work shall include:

1. Arrangement for the disconnection of all utilities
2. The capping of sewer or septic lines.
3. The complete demolition and/or removal of all structures and piles of debris to include all foundations.
4. Proper disposal of all debris at SCDHEC permitted solid waste processing and disposal facilities.
5. All rank vegetation shall be removed and grass and weeds cut.
6. All large trees (at least 10 inches diameter at breast height) shall be saved and protected from damage during demolition and removal.
7. Grade lot to prevent low areas and to promote proper drainage.

SIGNATURE: _____

DATE: _____