

**County of Lee
Department of Building Inspection**

Application for Demolition Permit

Owner's Name: _____

Mailing Address: _____

Phone # _____

Address of Project: _____

Location of Project: _____

Contractor: _____

Contractor's Address: _____

Contractor's License # _____

Work Performed: _____

Residential or Commercial _____

Estimated Cost: _____

Application is hereby made for a Demolition permit in accordance with the description and for the purpose herein set forth. This application is made subject to all County and/or Town, State Laws, Ordinance, Rules and Regulations now in force, affecting or relating thereto and which shall be agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of the permit.

**PROPER DISPOSAL OF CONSTRUCTION MATERIALS
CONTACT LITTER CONTROL AT 276-346-7702**

Applicant's Signature _____
Date _____