



CHEROKEE COUNTY Building Safety



110 Railroad Ave
Gaffney, SC 29340

Office # 864-487- 2561 Fax # 864-902-1100

DEMOLITION PERMIT APPLICATION

Permit Number _____

Owner of Property _____

Address _____

Tax Map Number _____

Email: _____

Phone _____ Tax Map # _____

DESCRIPTION OF WORK

COMMERCIAL _____ RESIDENTIAL _____ MANUFACTURED HOME _____
CUBIC FEET _____

If the structure is a manufactured home, a Manufactured Home Moving Permit and a copy of the SC Title in the Owners Name will be needed.

HAS THIS PROPERTY EVER BEEN COMMERCIAL? YES ___ NO ___

If the structure is or ever has been commercial, a copy of the Asbestos Survey, and an Asbestos Permit will be needed.

ASBESTOS SURVEY YES ___ NO ___ ASBESTOS PERMIT # _____

Permit Cost _____ Check _____ Cash _____ CC _____

The undersigned hereby certifies that the above information is true and correct. The permit holder is to comply with all County, State, and Federal laws and Ordinances.

Once the demolition is complete, the area shall be cleaned, seeded and strawed. It is the applicants' responsibility to contact 811 to locate utilities and notify all utility companies prior to demolition.

Owners Signature _____ Date _____

Owners Representative Signature _____ Date _____