

Building, Planning & Zoning  
P.O. BOX 216  
WARM SPRINGS, VIRGINIA  
24484



65 Courthouse Hill  
PHONE: 540.839.7236  
FAX: 540.839.7222

**APPLICATION FOR DEMO**

Tax Map # \_\_\_\_\_  
Permit # \_\_\_\_\_

Fee \$ 25.00  
"Made out to "Bath County Treasurer"

Please contact the building office with any questions concerning this application. Approval of this application is based upon information submitted by the applicant and the following checklist is a useful tool.

**CHECK LIST (for office use)**

\_\_\_\_ Taxes Current (Yes or No)      \_\_\_\_ Contractor's License Checked  
\_\_\_\_ Zoning \_\_\_\_ Affidavits Signed \_\_\_\_ Tradesman's License Checked

**Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**\*DEMO – PROPERTY ADDRESS:** \_\_\_\_\_

**\*WHAT ARE YOU DEMOING?** \_\_\_\_\_

**Directions to Property, if no address (from the Courthouse in Warm Springs):**

**Property District:** \_\_\_\_\_

**Contractor (if applicable):**

\_\_\_\_\_ **Contractor's State License**

**#:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Tradesman's License:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Contractor's Address:**

**\*Signature of Owner, Contractor, or Agent doing work:**

\_\_\_\_\_ **Estimated Cost:** \_\_\_\_\_

**DEMOLITION PERMIT  
AFFIDAVIT**

I hereby certify that I am the owner of record of the named property, **or** that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and I agree to conform to all applicable laws of this jurisdiction.

Applicant Signature: \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_

Parcel of land is located at: \_\_\_\_\_ & I have applied for a permit at the Building, Planning, and Zoning Office, the Bath County Courthouse, Warm Springs, Virginia.

I affirm that the following actions have been completed.

- 1- The owner or the owner's agent has obtained a release from all utilities having service connections to the building or structure stating that all service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.

**Power Company** (if applicable) Have they been notified? \_\_\_\_\_

**Utility Company:**(if applicable) Water Sewage Have they been notified? \_\_\_\_\_

**Gas / Oil Tanks** (if applicable) **Tanks** - Above Ground or Below Ground?

**DEQ** - Have they been notified? \_\_\_\_\_ Please supply us with a copy of soil report.

- 2- Yes \_\_\_ No \_\_\_ The owner or owner's agent has given written notice to the owners of adjoining lots and to the owners of other lots **(IF)** affected by the temporary removal of utility wires or other facilities caused by demolition.

**Office personnel:**

**Signature of and acknowledged by:** \_\_\_\_\_

In the County of Bath, Virginia on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

In the presence of \_\_\_\_\_.

DEMO PERMIT APPLICATION

Detailed Job description on work to be done:

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**ASBESTOS AFFIDAVIT**  
**(Contractor's Use)**

**NAME OF OWNER (or AGENT)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SITE LOCATION:** \_\_\_\_\_

I certify that the affected portions of the building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to § 54.1-503 of the Code of Virginia and that no asbestos-containing materials were found or that appropriate response actions will be undertaken in accordance with the requirements of the Clean Air Act National Emission Standard for the Hazardous Air Pollutant (NESHAPS; 40 CFR Part 61, Subpart M), and the asbestos worker protection requirements established by the U. S. Occupational Safety and Health Administration for construction workers (29 CFR 1926.1101).

\_\_\_\_\_  
Owner or Agent Signature

\_\_\_\_\_  
Date



# Bath County, Virginia

## Zoning Permit Application

65 Courthouse Hill Road P. O. Box 216 Warm Springs, VA 24484-24484 (540) 839-7236 or toll free (888) 823-1710 Fax: (540) 839-7222	<b>Not all of the items listed below are required. But if known, please supply the information. Additional information may be required to complete your application. Application must be signed and dated. Attach a copy of the Plat or Survey OR draw a sketch on the reverse side. The plat can be obtained in the Clerk's office at the</b>
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Applicant Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Proposed Construction/Use (example: Residence; storage, e.g.) \_\_\_\_\_

Will this serve as a primary residence? Yes \_\_\_\_\_ or No \_\_\_\_\_

### ZONING USE ONLY

Permit# \_\_\_\_\_ Tax Map# \_\_\_\_\_

Acres		Public Sewer Approved	Yes, No or not needed	Principal Structure	Accessory Structure
Zoning District				Front _____	Principal Bldg _____
Building Height		Public Water Approved	Yes, No, or not needed	Sides _____	Sides _____
100 Year Flood Zone	Yes or No	Health Department Permit	Yes, No, or not needed	Rear _____	Rear _____
Interior Alterations	Yes or NA			Frontage _____	
Multiple Lots	Yes or No	Setbacks are to the edge of or from right of way line if right of way exceeds setback line. (i.e., if 50' ROW exists then setback would be 50' not 35') property line to the closest/perpendicular point of structure. This will include covered porches, but excludes decks, steps, and uncovered porches or patios. Setbacks shown on plat must be the same as those shown on the building permit application. If there is a discrepancy, the permit could be delayed.			
Approved _____		<b>ZONING ADMINISTRATOR COMMENTS:</b>			
Disapproved _____					

\_\_\_\_\_  
 ZONING ADMINISTRATOR/DATE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I (we), the undersigned, do hereby certify that the information contained herein is correct and true. Applicant's signature hereto signifies their review and understanding of the zoning permit. I (we) further understand that in granting approval of this application, the Zoning Administrator may require that I (we) comply with certain conditions and that such approval shall not be considered valid until these conditions are met.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_