

Telephone (803) 416-9777

Fax (803) 416-9797

Demolition Application

Date: _____ Email Address: _____

Applicant Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Property Owner: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Structure being demolished _____

| | |
|-----------------------|------------|
| FOR OFFICE USE ONLY | |
| Tax Map Number: _____ | |
| Site Address _____ | |
| Zoning Official _____ | Date _____ |

The undersigned acknowledge any information given incorrectly, erroneous or incomplete shall render this document, and therefore, any permit issued null and void. I further understand that the Lancaster County Zoning Department can not intervene in contract and /or liability disputes.

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

Property Owner Signature

Print Name

Date

Applicant Signature

Print Name

Date