

Demolition Permit Application

Contractor Information

Company Name: _____

Representative Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____

Email: _____

Contractor's License#: _____

Type of License: Residential Commercial GC

License Expiration Date: _____

Total Cost of Project: _____

Travelers Rest City Business License #: _____

Location Information

Property Owners Name: _____

Demo Address: _____

City: _____ State: _____ Zip: _____

Subdivision: _____

Tax Map#: _____

Property Owners Phone#: _____

Signature: _____ Date: _____