



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES

DIVISION OF PERMITS

STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320

APPLICATION for DEMOLITION PERMIT

Submit a Site Location Map and Site Plan of building(s) or structure(s) to be demolished, proof of ownership, and photos (if required).

PARCEL IDENTIFICATION NUMBER (PIN) _____

A. LEGAL INFORMATION

OWNER OF BUILDING/STRUCTURE: _____

TELEPHONE NUMBERS: _____

PROOF OF OWNERSHIP: DEED LEASES OTHER

LOCATION OF WORK: _____

PLOT NO.: _____

ORIGINAL USE OF BUILDING: RES COM IND OTHER

NUMBER OF STRUCTURES ON PARCEL TO BE DEMOLISHED: _____

PLANS REQUIRED: YES NO ESTIMATED COST OF DEMOLITION: \$ _____

B. DESCRIPTION OF BUILDING

- | | |
|--------------------------------------|--|
| 1. OVERALL DIMENSIONS: _____ | 6. NO. OF STORIES: _____ |
| 2. APPROX. AGE OF BUILDING: _____ | 7. ABATEMENT REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. 1 ST FLOOR AREA: _____ | 8. SIZE OF LOT: _____ |
| 4. TYPE OF ROOFING: _____ | 9. TYPE OF WALLS: _____ |
| 5. TYPE OF FLOOR: _____ | 10. PHOTOS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |

DISTANCE FROM ADJACENT BUILDINGS: _____

DISTANCE FROM ADJACENT BOUNDARIES: _____

PARTIAL DEMOLITION TOTAL DEMOLITION (PHOTOS REQUIRED)

PERSON CONDUCTING DEMOLITION: _____

REMARKS: _____

SIGNATURE OF OWNER: _____ DATE: _____

DEPARTMENTAL USE ONLY

Date Issued: _____	<input type="checkbox"/> Permit approved <input type="checkbox"/> Permit disapproved
	_____ Commissioner or Designee, DPNR
	_____ Demolition Permit No.
	_____ Fee