



**DEPARTMENT OF PLANNING AND NATURAL RESOURCES ENVIRONMENTAL PROTECTION**  
**CONSTRUCTION AND DEMOLITION DEBRIS WASTE MANAGEMENT PLAN**

**\*\* Required to submit for approval prior to the issuance of a demolition permit.**

**Project Site Address:** \_\_\_\_\_ **Demolition Organization:** \_\_\_\_\_

**Prepared by (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Identification of Waste Materials:**

**Lead /Asbestos:** \_\_\_\_\_ **Other Demolition Materials:** \_\_\_\_\_

**Identify diversion facilities where the construction and demolition waste material will be taken.**

Facility Reference	Name and Address of Facility
A	
B	
C	
D	

**Identify construction & demolition waste materials that will be diverted from the landfill by recycling, reuse on the project, or salvage for future use or sale.**

Material Type	Recycled(Tons)**	Reused(Tons)**	Salvaged(Tons)**	Salvage(Tons)**	Total Facility Used (A-D, etc.)
Asphalt					
Concrete					
Brick					
Tile					
Scrap Metal					
Building Materials (Windows, Doors, Fixtures, etc.)					
Corrugated Cardboard					
Dirt/Clean Fill					
Drywall					
Carpet Pad (Foam)					
Glass (Plate/No Container)					
Unpainted Wood/Pallets					
Yard Trimmings, Brush, Trees, Stumps, etc.					
Garbage (Solid Waste, Trash, Rubbish, Food Waste, etc.)					
Asphalt Shingle					
Concrete Tile					
Tar and Gravel					
Wood Shingle					
Other:					

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**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:  YES     NO

3. 1<sup>ST</sup> FLOOR AREA: \_\_\_\_\_                      8. SIZE OF LOT: \_\_\_\_\_

4. TYPE OF ROOFING: \_\_\_\_\_                      9. TYPE OF WALLS: \_\_\_\_\_

5. TYPE OF FLOOR: \_\_\_\_\_                      10. PHOTOS ATTACHED  YES     NO

DISTANCE FROM ADJACENT BUILDINGS: \_\_\_\_\_

DISTANCE FROM ADJACENT BOUNDARIES: \_\_\_\_\_

PARTIAL DEMOLITION                       TOTAL DEMOLITION (PHOTOS REQUIRED)

PERSON CONDUCTING DEMOLITION: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_