



DEMOLITION PERMIT

Required with demolition permits where water and/or sewer is supplied to the property

Property Owner Name: _____ Date: MM / DD / YYYY
Last Name, First Name

Property Address: _____
Street City State Zip Code

Contact Name: _____ Contact Phone: _____
Last Name, First Name

Demolition Scheduled Date: MM / DD / YYYY

Section A: Services Currently Available at the Property		
Are services currently active at this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check what services are provided	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
Provide the name on the Account with active services (if this isn't the same as the Property Owner listed above, JWSC will have to verify who has authority to authorize demolition activities)		
Last Name: _____		First Name: _____
Section B: Complete if the property has service which will be required after the demolition		
Will the existing meter(s) be used during/after the demolition? <input type="checkbox"/> I understand that if the meter remains on property during demolition and receives any damage, is lost, stolen or the like, the property owner is responsible for full costs associated with the replacement, repair or locating the meter and lines.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AUTHORIZED SIGNATURE: _____	DATE: _____	
Do you need to locate and turn off water service to this property prior to demolition?	<input type="checkbox"/> Yes \$50 Locate Fee	<input type="checkbox"/> No
Will this demolition create a lot split?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many lots/addresses will be served in total?	# _____	<input type="checkbox"/> Unknown
Section C: Complete if there is no use for the existing water meter		
<input type="checkbox"/> I wish to discontinue water and/or sewer service at the named property and authorize Brunswick-Glynn County Joint Water & Sewer Commission to pull the meter as of this date: MM / DD / YYYY		
AUTHORIZED SIGNATURE: _____		DATE: _____
Section D: Sewer Lateral Cap		
<input type="checkbox"/> I understand it is my responsibility to cap the sewer lateral and notify JWSC to inspect the cap before demolition and that there is a \$165 fee for the inspection.		
AUTHORIZED SIGNATURE: _____		DATE: _____

For Internal Use Only			
Account #	_____		
Notification Date: MM / DD / YYYY	<input type="checkbox"/> Locate Meter	<input type="checkbox"/> Remove Meter	<input type="checkbox"/> Discontinue Service
JWSC Representative: _____	Date: _____		