



APPLICATION FOR COMMERCIAL DEMOLITION PERMIT

PROJECT NAME: _____

PROJECT ADDRESS: _____

OWNER'S NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

GENERAL CONTRACTOR _____ STATE LICENSE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

OFFICE PHONE _____

CONTACT PERSON _____ PHONE _____ CELL PHONE _____

DESCRIPTION OF STRUCTURE:

BUILDING HEIGHT: Stories _____ Feet _____ BUILDING AREA _____ SQ. FT.

Asbestos Abatement Certification

The person signing this application certifies that the property at the project address will be in compliance with all applicable North Carolina and Federal statutes regarding asbestos abatement for buildings. It is the responsibility of the applicant to contact the Health Hazards Control Unit, NC DHHS/Division of Public Health to obtain any permits required specifically for asbestos removal or abatement. A copy of a completed Asbestos Survey for the structure(s) to be demolished shall be attached to this application.

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within six (6) months or if construction or work is suspended, or abandoned for a period of twelve (12) months at any time after work is started. Inspections are required to confirm work in progress. A Temporary Power Pole or Erosion Control Inspection is not considered a start.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

DATE: _____

SIGNATURE OF PROPERTY OWNER.

MAY BE SIGNED BY CONTRACTOR ACTING AS AUTHORIZED AGENT OF PROPERTY OWNER.

ATTACH SCOPE OF WORK