

# TOWN OF ST. PAULS, NC

## DEMOLITION APPLICATION

**PERMIT FEE: \$150.00**

### PROJECT INFORMATION

**PROPERTY LOCATION:** \_\_\_\_\_

PARCEL REF NO. \_\_\_\_\_ PIN \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### CONTRACTOR INFORMATION

DEMOLITION CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

TYPE OF CONSTRUCTION: RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

*I certify the above information is true and accurate and all work will comply with the NC State Building Code and all other applicable state and local laws, ordinances, and regulations. **I understand it is my responsibility to contact Robeson County Inspections Department and NC DHHS, and other related agencies for their requirements regarding demolitions.** I certify that I have contacted the Electrical Company, Water/Sewer Company, Gas Company, Phone/Cable Company and locators to disconnect services to this structure prior to demolition. **Exterior property will be free of debris, etc. and debris will be legally disposed.***

**BY SIGNING THIS APPLICATION I AM CERTIFYING AN ASBESTOS PERMIT HAS OR WILL BE OBTAINED FROM THE STATE OF N.C. PRIOR TO DEMOLITION.**

**PERMITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

Printed Name of Owner/Agent/Contractor/Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_