

TOWN OF HOPE MILLS

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848 TELEPHONE (910) 426-4100 FAX (910) 429-3386

www.townofhopemills.com

APPLICATION FOR DEMOLITION PERMIT

| PROJECT LOCATION | [: | | | | |
|---|--------------------------|--|--------------------------------|---|--|
| STREET AND NUMBER | | NAME OF SUBDIVISION | LOT NO | PARCEL NUMBER | |
| Demolition Contractor: | | Telephone Nu | mber: | | |
| Address: | | | | | |
| NC State Contractors License Number: | | Classification: _ | fication:Limitation: | | |
| Type of Construction: | Residential: | Comm | ercial: | | |
| Property Owner: | | | Telephone Number: | | |
| | | | | | |
| | _ | RE A PERMIT WILL BE ISSUED: | | | |
| 1) Written clearance from | n: | | | | |
| UTILITIES | PRINT NAME | | SIGNATURE | DATE | |
| Electrical | | | | | |
| Water/Sewer | | | | | |
| Gas | | | | | |
| Telephone | | | | | |
| Health Department | | | | | |
| to be demolished (when a | applicable): | nspector that there is no asbestos or | | properly removed from structure | |
| 3) In the removal of the i | rubbish/demolition/wa | aste material, complete the following | g: | | |
| Method of transportation u | ısed: | | Disposal site & number | er: | |
| Route taken: | | | | | |
| Remarks: | | | | | |
| Any items not applicable, ple Inspections Director. | ase note in "Remarks". A | all demolitions must be completed within 3 | 00 days from date of permit is | suance, unless by prior approval of the | |
| Permit Fees: | | Permi | t #: | | |
| | and local laws, ordin | plication is correct and all work will ances and regulations. The Inspecti ected permitted herein. | | | |
| Signature of Owner/Agent | | | Date | | |
| Approved By | | | Date Approve | ed | |