



TOWN OF HOPE MILLS

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848

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APPLICATION FOR DEMOLITION PERMIT

PROJECT LOCATION:

STREET AND NUMBER	NAME OF SUBDIVISION OR BUSINESS	PARCEL NUMBER
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Demolition Contractor: _____ Telephone Number: _____

Address: _____

NC State Contractors License Number: _____ Classification: _____ Limitation: _____

Type of Construction: Residential: _____ Commercial: _____

Property Owner: _____ Telephone Number: _____

Address: _____

ITEMS LISTED BELOW ARE REQUIRED BEFORE A PERMIT WILL BE ISSUED:

1) Written clearance from:

UTILITIES	PRINT NAME	SIGNATURE	DATE
Electrical			
Water/Sewer			
Gas			
Telephone			
Health Department			

2) A statement by a state accredited asbestos inspector that there is no asbestos or that asbestos has been properly removed from structure to be demolished (when applicable):

3) In the removal of the rubbish/demolition/waste material, complete the following:

Method of transportation used: _____ Disposal site & number: _____

Route taken: _____

Remarks: _____

Any items not applicable, please note in "Remarks". All demolitions must be completed within 30 days from date of permit issuance, unless by prior approval of the Inspections Director.

Permit Fees: _____

Permit #: _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the projected permitted herein.

Signature of Owner/Agent

Date

Approved By

Date Approved