EDGECOMBE COUNTY

DEMOLITION PERMIT APPLICATION
COMMERCIAL & RESIDENTIAL BUILDINGS

Application Date: ______________________________ Tax/Parcel ID #: ______________________________

Commercial: ☐ Residential: ☐

Applicant: ______________________________ Phone #: ______________________________

Current Resident: ______________________________ Phone #: ______________________________

Current Address: ______________________________ City: __________ State: ______ Zip: __________

Job Site Address: ______________________________ City: __________ State: ______ Zip: __________

Land Owner’s Name: ______________________________ Phone #: ______________________________

Building Contractor: ______________________________ License #: ______________________________

Telephone #: (office) ______________________________ (mobile) ______________________________

Type of Building: New House: ☐ Modular: ☐ Addition/Garage: ☐ Renovation: ☐

Building Use: Single Family: ☐ Storage: ☐ Accessory Building: ☐ Business: ☐

Contractor’s Total Estimated Cost: $_________________________

(BLDG. ONLY-Do not include other trades)

ATTACH ASBESTOS REPORT FOR ALL COMMERCIAL DEMOLITION APPLICATIONS

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws ordinances and regulations. I further understand that this is not an authorization to begin work. Work may only commence after approval and issuance of the permit.

Printed Name ______________________________ Signature of Applicant ______________________________ Date ________

Revised January 2016