



Planning and Development Department Demolition Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Directions to work address _____

Description of Work _____

Proposed Use _____

WORK DETAILS

RESIDENTIAL COMMERCIAL

Description of work _____

Onslow County Manufactured Home Demolition Assistance Program Yes No

Tax Lien, Court Seizure, Mortgage Yes No

(If yes, land owner must provide a letter of authorization and signed contract between demolition company and land owner)

Future use after demolition: Grading and seeding lot only Creating parking lot New Construction Other _____

Debris taken to Landfill Alternate location _____

Special Requirements

(Initial the below items which are applicable and place N/A for items not applicable. Initialed items will be performed prior commencing any demolition work)

_____ Sewer and water lines must be abandoned at the main

_____ Septic Tank and/or Drinking Water Well - if present, Onslow County Environmental Health shall be notified

_____ Electric Company must be contacted and services must be disconnected

_____ Gas Company must be contacted and services must be disconnected

_____ Underground utilities on property

_____ State and /or Federal agencies must be contacted regarding any asbestos removal

CONTRACTOR

1) Licensee Holder Name _____ DBA _____

2) License Number _____ Expiration Date _____ Phone _____

3) Address _____ City _____ State _____ ZIP _____

4) Email _____

5) Authorized Agent (print) _____ Signature _____ Date _____

APPLICANT STATEMENT

- Hazardous Materials will be disposed of per Local, State and Federal regulations. The Health Hazards Control Unit regulates the State and Federal Asbestos Regulations. Their web site is www.epi.state.nc.us/epi/asbestos/ahmp.html or call (919) 707-5950.
- I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) _____ Signature _____ Date _____