



NEW HANOVER COUNTY
CODE ENFORCEMENT SERVICES

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: DEMOLITION

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

APPLICATION # _____
(For office use)

Project Responsibility

APPLICANT'S NAME _____ DATE _____

PROJECT ADDRESS _____ CITY _____ ST _____ ZIP _____

CONTRACTOR _____
ADDRESS _____ LICENSE # _____ ACCOUNT # _____
PHONE # _____ CITY _____ ST _____ ZIP _____

OWNER'S NAME _____
OWNER'S ADDRESS _____ CITY _____ PHONE _____
ST _____ ZIP _____

PROJECT CONTACT PERSON: _____ PHONE _____

DESCRIPTION OF WORK: _____
(WHAT TYPE OF BUILDING DO YOU WANT TO DEMOLISH?)

DISCLAIMER: 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 local laws and ordinances and regulations. The Inspections Dept. will be notified of any changes in the approved plans and specifications for the project permitted here

OWNER / AGENT: _____ SIGNATURE _____
(PRINT NAME)

IS YOUR PROJECT: RESIDENTIAL / COMMERCIAL
TOTAL PROJECT COST: \$ _____

DOES THIS STRUCTURE OR BUILDING CONTAIN ASBESTOS? YES / NO

IS THERE A NATURAL GAS LINE CONNECTED TO THIS BUILDING? YES / NO FIRE DISTRICT: YES / NO

IS THERE ELECTRICAL POWER ON THIS BUILDING? YES / NO

WATER: CITY / COUNTY / COMMUNITY SYSTEM / PRIVATE WELL

SEWER: CITY / COUNTY / CENTRAL SEPTIC / PRIVATE SEPTIC / COMMUNITY SYSTEM

PAYMENT METHOD: CASH / CHECK (PAYABLE TO NEW HANOVER COUNTY) / BILL ACCOUNT / MASTERCARD
VISA

(FOR OFFICE USE ONLY)

ZONE _____ OFFICER _____
Approval: City Date SETBACKS: F _____ LH _____ RH _____ B _____

FLD _____ BFE+2ft = _____
A V N

COMMENTS: _____