

BLADEN COUNTY BUILDING INSPECTIONS DEPARTMENT
P O BOX 1076, 450 SMITH CIRCLE
ELIZABETHTOWN NC 28337
(910)862-6780

DEMOLITION PERMIT APPLICATION

APPLICATION DATE: _____
APPLICANT: _____ PHONE # _____
OWNER'S NAME: _____ PHONE # _____
OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(JOB SITE)
CONTRACTOR'S NAME: _____ LICENSE#: _____
CONTRACTOR'S ADDRESS: _____ CITY: _____ STATE: _____
CONTRACTOR'S PHONE#: _____ EMAIL: _____
COMMERCIAL: _____ RESIDENTIAL: _____
DESCRIPTION OF WORK: _____

TYPE OF BUILDING: HOUSE _____ MODULAR _____ ADDITION/GARAGE _____
STORAGE BLDG _____ BUSINESS _____ OTHER _____
FEES:
DEMOLITION FEE: \$50.00
CONTRACTOR'S TOTAL ESTIMATED COST: _____

ATTACH ASBESTOS REPORT FOR ALL COMMERCIAL DEMOLITION APPLICATIONS

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE STATE BUILDING CODE, AND OTHER APPLICABLE STATE AND LOCAL LAWS AND ORDINANCES AND REGULATIONS. I UNDERSTAND THAT THIS IS NOT AN AUTHORIZATION TO BEGIN WORK. WORK MAY ONLY COMMENCE AFTER APPROVAL AND ISSUANCE OF THE PERMIT. ALL PERMITS ARE SUBJECT TO DOUBLE FEES IF NOT PURCHASED BEFORE WORK BEGINS.

PRINTED NAME OF OWNER OR CONTRACTOR SIGNATURE OF OWNER OR CONTRACTOR DATE

State of North Carolina
County of _____

I, _____, Notary Public, do hereby certify that
_____ (name OWNER OR QUALIFIER(s) whose acknowledgment is
being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, 20____.

Signature of Notary

Notary's Name printed

My commission expires: _____