

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

DEMOLITION PERMIT

OWNER AND APPLICANT INFORMATION:

1) APPLICANT: _____ TELEPHONE #: _____

ADDRESS: _____

2) PROPERTY OWNER: _____ TELEPHONE #: _____

ADDRESS: _____

PROPERTY INFORMATION: JOB LOCATION

1) STREET ADDRESS (if issued): _____

2) DIRECTIONS TO THE PROPERTY (from Inspections office on Hwy 16):

PROJECT DETAILS: Please CHECK answers or fill in the blank where appropriate.

1) DESCRIPTION OF WORK: _____

2) ESTIMATED COST: _____

2) CONSTRUCTION TYPE: Commercial _____ Residential _____

3) RESIDENTIAL TYPE: Single Family _____ Multi-family _____ Other _____

4) COMMERCIAL USE: _____

5) ASBESTOS REPORT: REQUIRED _____ DONE BY: _____

Has remediation been completed? YES _____ NO _____ CERTIFIED BY: _____

6) SPOILS TRUCKED TO: _____

(office use only) Date Receipts Received for Completion _____

CONTRACTORS: List the contractors who will be working on your project and their license number.

GENERAL CONTRACTOR: _____ LICENSE #: _____

ASBESTOS REMOVAL CONT: _____ LICENSE #: _____

OTHER CONTRACTOR: _____ LICENSE #: _____

----- SECTION BELOW FOR OFFICE USE ONLY - PLEASE CONTINUE ON THE REVERSE-----

FEE: Residential: \$26/ Commercial: \$105

DATE PAID: _____

Fax to:

Permit #: _____

Fire Marshall 632-1707 _____

Cash _____ CK# _____

Solid Waste 632-0059 _____

SIGNATURE PAGE ON BACK

SIGNATURE PAGE

REQUIRED SIGNATURES:

I certify that I completely read the application and understand the guidelines as listed above. I, the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my knowledge. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request. I further understand that failure to abide by certain Stop Work Orders or other statutory requirements are punishable as a Misdemeanor.

All permits issued SHALL EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit SHALL EXPIRE. No work shall be performed until a new permit has been secured with applicable fees paid.

_____ (Applicant's Name-*please print*) _____ (Applicant's Signature) _____ (Date)

APPROVED BY: _____

TITLE: _____

DATE: _____