

# Town of Forest City

## Inspections and Zoning Department

P.O. Box 728, 128 North Powell Street

Forest City, North Carolina 28043

Phone: 828-248-5239

Fax: 828-245-6143

fcbuilding@townofforestcity.com

## DEMOLITION PERMIT APPLICATION

Date \_\_\_\_\_ Applicant Representing ( ) Owner ( ) Contractor

Job Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Type of Demolition ( ) Residential ( ) Commercial ( ) Interior Only

Contractor \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Other Contractor \_\_\_\_\_ License # \_\_\_\_\_

If limited demolition, list areas \_\_\_\_\_

Total Square Footage of Building \_\_\_\_\_ Number of Stories \_\_\_\_\_ Max. Height of Structure \_\_\_\_\_

Total Cost of Demolition \$ \_\_\_\_\_ Debris to be disposed of: ( ) Landfill ( ) Dumpster on Site

Additional Information \_\_\_\_\_

\_\_\_\_\_

For demolition of commercial, industrial, and/or residential dwelling units with more than 4 dwelling units, a copy of the asbestos assessment, which is required by the North Carolina Department of Health and Human Services Health Hazards Control Unit (HHCU), is required by the Town of Forest City Inspections Department, prior to the demolition. Provided? ( ) Yes ( ) No

Is this demolition pursuant to a demolition order issued by a Minimum Housing Code Enforcement Officer or a Building Inspector? ( ) Yes ( ) No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Contractor is responsible for release and removal of all utilities. If Town of Forest City Utilities are involved, ensure the notification of our Public Works Department at (828)245-0149\*\*

\*\*Before and after photographs are required and can be emailed to fcbuilding@townofforestcity.com\*\*