

**EDGECOMBE COUNTY**

P.O. BOX 10, 201 St. Andrew Street

Tarboro, NC 27886

Phone: 252-641-7802 Email: permit@edgecombeco.com

**DEMOLITION PERMIT APPLICATION  
COMMERCIAL & RESIDENTIAL BUILDINGS**

Application Date: \_\_\_\_\_ Tax/Parcel ID #: \_\_\_\_\_

Commercial:  Residential:

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Resident: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Building Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Telephone #: (office) \_\_\_\_\_ (mobile) \_\_\_\_\_

Type of Building: House:  Modular:  Addition/Garage:  Renovation:

Building Use: Single Family:  Storage:  Accessory Building:  Business:

Contractor's Total Estimated Cost: \$ \_\_\_\_\_  
(BLDG. ONLY-Do not include other trades)

Fees: Commercial - \$200.00/building  
Residential - \$60.00/building

**ATTACH ASBESTOS REPORT FOR ALL COMMERCIAL DEMOLITION APPLICATIONS**

**I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws ordinances and regulations. I further understand that this is not an authorization to begin work. Work may only commence after approval and issuance of the permit. \*\*Must be completed 180 days from date of permit issuance.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**