

**EDGECOMBE COUNTY**

**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: New 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)

**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.**

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

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

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