

DEMOLITION PERMIT APPLICATION

115 Chatham Street, Sanford, NC 27330

Telephone (919) 718-4654

www.sanfordnc.net

Fax (919) 718-4636

APPLICATION DATE: _____ PARCEL ID NUMBER: _____

Address of Demolition: _____

Owner Name: _____ Telephone Number: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Is the structure to be demolished located in the Historic District? Yes No

If Yes, contact City of Sanford Community Development Department at (919) 775-8240.

DEMOLITION CONTRACTOR: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax#: _____

Demolition Permit Basic Fee: \$90.00

Plus

\$500.00 Demolition Bond, to be posted at time of permit issuance,
in the form of cash / certified check / money order.

TOTAL PERMIT FEE _____

An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's responsibility to properly notify the Department of Health and Human Services Division of Public Health - Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

****PLEASE NOTE**** Failure on the part of the property owner or his contractor (whomever applied for the permit) to completely demolish, remove, and clear the premises, within thirty (30) days of obtaining demolition permit shall be cause for forfeiture of the \$500.00 demolition bond. (AFFIDAVIT ON PAGE 2 MUST BE COMPLETED!)

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable City of Sanford, Lee County or Town of Broadway Ordinances. Call for inspection at proper stage of work.

CONTRACTOR/ APPLICANT

DATE

LICENSE NO.

City of Sanford / County of Lee / Town of Broadway
DEMOLITION PERMIT APPLICATION
900 Woodland Avenue, Sanford, NC 27330
Telephone (919) 718-4654 Fax (919) 718-4637
AFFIDAVIT

PLEASE BE ADVISED that the undersigned, _____ shall post a *Performance Bond*, in the sum of five hundred dollars (\$500), at the time of permit application in order to demolish any structure within the City of Sanford jurisdiction as required in Section 8-6 of the Sanford Code of Ordinances.

The undersigned shall also remove all rubble and debris on the lot prior to the Performance Bond being reinstated to the permit holder.

Be also advised that this serves as thirty (30) days required notice that if the permit holder does not complete the demolition and cleaning of the lot, within thirty (30) days, from the issue date of the permit, the Performance Bond shall be cause will then be forfeited to the City of Sanford.

I have read and understand the above requirements that must be met in order for my \$500 Performance Bond to be returned to me.

DATE

SIGNATURE

I, _____, a notary public of _____ County, North Carolina, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, _____

Notary Public

My Commission Expires _____

(Seal)