

DEMOLITION PERMIT APPLICATION

115 Chatham St., Suite 1, 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#: _____

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.

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 NUMBER