

DEMOLITION PERMIT APPLICATION
(For removal or demolition of any building)

PROPERTY OWNER:

Name: _____
Mailing Address, City, State, Zip: _____
Home Phone: () _____
Work Phone: () _____
Cell Number: () _____

CONTRACTOR'S INFORMATION:

*All contractors must obtain a privilege license to perform work inside the Town limits.**

General Contractor's Name: _____
Mailing Address: _____
Phone Number: () _____

Point of contact (Name & Phone Number): _____

Town's Privilege License #: _____
State's Privilege License #: _____
Town of Beaufort Privilege License #: _____

PERMIT INFORMATION:

Demolition Site Address: _____
Site Parcel Number: _____

Last use of property:
_____ Residential
_____ Commercial
_____ Accessory

Total Estimated Value of Structure: \$ _____

Detailed Description of Work: _____

-PLEASE READ BEFORE SIGNING-

The applicant hereby certifies that the information as shown on this application, plans, and specifications that have been submitted, are correct and true to his or her knowledge. The applicant also agrees to comply with the said information as approved, with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. Misinformation, lack of information, or statements made in error or falsehood could result in the permit being revoked, and will subject the application to litigation in the process. Demolition must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.

Owner/Contractor

Date

Town of Beaufort
Planning and Inspections Department
215 Pollock Street
Beaufort, North Carolina 28516
Office: (252) 728-2141 Fax: (252) 728-3982

DEMOLITION PERMIT APPLICATION PROCEDURES/CHECKOFF LIST

(For residential structures, commercial buildings, sheds, and garages).

Please submit the following information in addition to a completed and signed application form:

- 1. A site plan or survey, drawn to scale, indicating the removal of the proposed construction and all other existing structures, located on the lot. Please indicate the distances of the structure from property lines.
- 2. **If the structure is non-residential HHCU (Health Hazards Control) must be contacted before work begins at (919) 707-5950.** An asbestos removal inspection and/or permit from the state may be required pursuant to G.S. 130-144. For more information on the management of the asbestos-containing materials, contact Health Hazards Control.
- 3. All required state permits, for example, a CAMA permit (if applicable).
- 4. Proof of utility cut off dates including: electric (Progress Energy), and water/sewer services (Town of Beaufort).
- 5. State the location of disposal for materials removed from the proposed site.
- 6. All contractors must obtain a privilege license to perform work inside the Town limits.

Failure to provide all of the above required information will result in the return of the application.

- Please submit the complete application to the Town Hall for review.
- All applicable fees must be paid at the time the permit is issued.
- Construction must begin within 6 months of the permit issue date unless other restrictions apply, or the permit becomes null and void.

