

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

DEMOLITION PERMIT

OWNER AND APPLICANT INFORMATION:

1) APPLICANT: _____ TELEPHONE #: _____

ADDRESS: _____

2) PROPERTY OWNER: _____ TELEPHONE #: _____

ADDRESS: _____

PROPERTY INFORMATION: JOB LOCATION

1) STREET ADDRESS (if issued): _____

2) DIRECTIONS TO THE PROPERTY (from Inspections office on Hwy 16):

PROJECT DETAILS: Please CHECK answers or fill in the blank where appropriate.

1) DESCRIPTION OF WORK: _____

2) ESTIMATED COST: _____

2) CONSTRUCTION TYPE: Commercial _____ Residential _____

3) RESIDENTIAL TYPE: Single Family _____ Multi-family _____ Other _____

4) COMMERCIAL USE: _____

5) ASBESTOS REPORT: REQUIRED DONE BY: _____

Has remediation been completed? YES _____ NO _____ CERTIFIED BY: _____

6) SPOILS TRUCKED TO: _____

(office use only) Date Receipts Received for Completion _____

CONTRACTORS: List the contractors who will be working on your project and their license number.

GENERAL CONTRACTOR: _____ LICENSE #: _____

ASBESTOS REMOVAL CONT: _____ LICENSE #: _____

OTHER CONTRACTOR: _____ LICENSE #: _____

----- SECTION BELOW FOR OFFICE USE ONLY - PLEASE CONTINUE ON THE REVERSE-----

FEE: Residential: \$26/ Commercial: \$105

DATE PAID: _____

Fax to:

Munis App. #: _____

Fire Marshall 632-1707 _____

Cash _____ CK# _____ CC _____

Solid Waste 632-0059 _____

PLEASE CONTINUE

