

Town of Forest City

Inspections and Zoning Department

P.O. Box 728, 128 North Powell Street

Forest City, North Carolina 28043

Phone: 828-248-5239

Fax: 828-245-6143

fcbuilding@townofforestcity.com

DEMOLITION PERMIT APPLICATION

Date _____ Applicant Representing () Owner () Contractor

Job Address _____

Property Owner _____

Property Owner's Address _____

Type of Demolition () Residential () Commercial () Interior Only

Contractor _____ License # _____

Address _____ City/State/Zip _____

Email Address _____

Contact Person _____ Phone # _____

Other Contractor _____ License # _____

If limited demolition, list areas _____

Total Square Footage of Building _____ Number of Stories _____ Max. Height of Structure _____

Total Cost of Demolition \$ _____ Debris to be disposed of: () Landfill () Dumpster on Site

Additional Information _____

A copy of the asbestos assessment, which is required by the North Carolina Department of Health and Human Services Health Hazards Control Unit (HHCUC), is required by the Town of Forest City Inspections Department, prior to the demolition. Provided? () Yes () No

Is this demolition pursuant to a demolition order issued by a Minimum Housing Code Enforcement Officer or a Building Inspector? () Yes () No

Applicant Signature _____ Date _____

Contractor is responsible for release and removal of all utilities. If Town of Forest City Utilities are involved, ensure the notification of our Public Works Department at (828)245-0149

Before and after photographs are required and can be emailed to fcbuilding@townofforestcity.com