



Building Standards Department
DEMOLITION PERMIT

For Permit Center Use Only

Submittal Date: _____

Permit #: _____

ADDRESS OF STRUCTURE BEING DEMOLISHED: _____

TAX MAP # _____ - _____ - _____

TYPE OF STRUCTURE: _____

CONTRACTOR:

Name _____

Address _____

Telephone No. _____

PROPERTY OWNER:

Name _____

Address _____

Telephone No. _____

SPECIFY ALL SERVICES TO BE DISCONNECTED (New meters will require new fees for each meter):

City Provided Services:

() Gas Meter No(s). _____ () Water Meter No(s). _____

() Electric Meter No(s). _____ Please indicate with if water meter is to be removed

() Services not with the City Of Monroe Specify utilities: _____ () Remove () Leave water meter in place

Location ID No. _____ () Well () Septic Tank

DISCONNECT SERVICE DATE REQUESTED BY CUSTOMER: _____

DEMOLITION DATE REQUESTED BY CUSTOMER: _____

Is the structure in a Historic District () NO () YES (If yes, an approved COA **must** be attached to this permit.)

Intended use of the property after demolition: _____

Location debris will be taken after demolition: _____

♦ **Have you obtained an asbestos abatement permit from the Asbestos Hazard Management Branch of the N.C. Division of Epidemiology (919/707-5000)** () YES () NO

If the structure you are demolishing is a non-residential structure, residential with more than 4 units, or if there is intent to replace a residential structure with a non-residential structure, you must attach a copy of the asbestos abatement report to your application. **I hereby certify that I have read and understood the foregoing statement.**

Signature

Date

I will ensure that all adjacent and nearby public streets remain clear and free of dirt, mud, and debris resulting from my demolition activities, in compliance with City of Monroe's Standard Details. I understand that it is my responsibility to contact North Carolina ONE-CALL (811) prior to demolition to ensure location of services and that I am responsible for any and all damage to City property (not covered by ONE-CALL) resulting from the demolition, and that I must contact the City at 704-282-4600 immediately if any such damage occurs. I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Building Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted. By signing this application, I am certifying that I, the applicant, have full authority and license from the holder of the copyright to use the sealed plans, drawings, or diagrams submitted with this application, and I agree to indemnify and hold harmless the City of Monroe for any losses or claims incurred by the City arising from review and approval of such plans by the City of Monroe. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge. By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).

Signature

Date

Permit Center

P.O. Box 69 Monroe, NC 28111

300 W. Crowell Street, Monroe, NC 28110

Telephone: (704)282-4524

Fax: (704)282-4735

Email: PermitCenter@monroenc.org