



For Permit Center Use Only
Submittal Date: _____
Permit #: _____

INTERIOR DEMOLITION PERMIT

Project Address: _____

Tax Id Parcel#: _____ Total Project Cost: \$ _____

Owner/Tenant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone No. _____

Proposed Use/ Business Name: _____

Description of Proposed Work: _____

Heated SQ FT: _____ **Unheated SQ FT:** _____

♦ 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.

CONTRACTOR(S):

Company Name: _____

Address: _____

City/St: _____ Zip: _____

Phone: _____ Email: _____

Contract Cost

\$ _____

NC License #:

ELECTRICAL: No Yes **MECHANICAL:** No Yes **PLUMBING:** No Yes

Sub contractors must complete their own application/subcontractor forms.

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. If permits are granted, 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. The Building Standards Department will be notified of any changes in the approved plans and specifications for the projects permitted herein. 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, you agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

PRINT APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **MOBILE:** _____ **EMAIL:** _____

Permit Center

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