



*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 submitted 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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