

CITY OF MARION
 Planning & Development Services
 194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752
 Phone 828-652-3551/Fax 828-652-1983
DEMOLITION PERMIT APPLICATION

OFFICE USE:
PERMIT #: _____
PERMIT FEE: _____
PAYMENT TYPE: _____

ALL INFORMATION MUST BE COMPLETE AND ACCURATE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PLEASE PRINT CLEARLY OR TYPE	PROPERTY INFORMATION		
	911 ADDRESS	PARCEL IDENTIFICATION NUMBER (PIN)	
	BLDG SIZE (SQ. FT.)	UNDER DEMOLITION (SQ.FT.)	ASBESTOS REMOVAL (Indicate whether LN. FT., SQ. FT., or CU. FT.)
APPLICANT	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	NUMBER
	FIRST		PHONE NUMBER
	LAST		EMAIL
PROPERTY OWNER	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	NUMBER
	FIRST		PHONE NUMBER
	LAST		EMAIL

CONTRACTOR INFORMATION			
	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	NUMBER
GENERAL CONTRACTOR	FIRST		PHONE NUMBER
	LAST		LICENSE NUMBER
ASBESTOS CONTRACTOR	FIRST		PHONE NUMBER
	LAST		ACCREDITATION NUMBER
OTHER CONTRACTOR	FIRST		PHONE NUMBER
	LAST		LICENSE NUMBER

WASTE DISPOSAL			
	NAME	MAILING ADDRESS- NUMBER, STREET, CITY, STATE ZIP CODE	PHONE NUMBER
WASTE TRANSPORTER			
WASTE DISPOSAL SITE			

DESCRIPTION OF WORK	
TYPE OF WORK	<input type="radio"/> Total Demolition <input type="radio"/> Partial Demolition <input type="radio"/> Asbestos Removal <input type="radio"/> Other (Describe) _____
PUBLIC UTILITY DISCONNECTION	<input type="radio"/> Electric <input type="radio"/> Water and/or Sewer <input type="radio"/> Gas <input type="radio"/> Other (Describe) _____
WAS AN ASBESTOS INSPECTION PERFORMED ON THE BUILDING AND/OR STRUCTURE?	<input type="radio"/> Yes <input type="radio"/> No
IS A COPY OF THE ASBESTOS REPORT ATTACHED?	<input type="radio"/> Yes <input type="radio"/> No
IS A COPY OF THE NC HEALTH HAZARDS CONTROL UNIT, DHHS FORM AND/OR PERMIT ATTACHED?	<input type="radio"/> Yes <input type="radio"/> No
SCHEDULED DATES FOR ASBESTOS REMOVAL (MM/DD/YY)	START _____ COMPLETE _____
SCHEDULED DATES FOR DEMOLITION (MM/DD/YY)	START _____ COMPLETE _____
Total Project Cost	\$ _____
DESCRIPTION OF WORK: _____ _____	

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for permit and inspection of work described and agrees to comply with all applicable local, State, and Federal laws regulating the work. Further that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

DOUBLE FEE CHARGED FOR WORK STARTED PRIOR TO OBTAINING PERMIT.

X _____ PRINT NAME: _____
 Signature of landowner or person authorized to act as his/her agent DATE: _____