



**PASQUOTANK COUNTY PLANNING &
INSPECTIONS**

206 E. Main Street / P.O. Box 39
Elizabeth City, NC 27909
252-335-1891

PERMIT # _____

DEMOLITION PERMIT APPLICATION

ATTENTION: BEFORE A DEMOLITION PERMIT IS ISSUED, A LETTER FROM THE HEALTH HAZARD CONTROL UNIT MAY BE REQUIRED. (SEE NOTES BELOW.)

APPLICANT/RESPONSIBLE PARTY'S NAME: _____ **DATE:** _____
APPLICANT'S ADDRESS: _____ **PHONE:** _____
CITY / STATE/ ZIP CODE: _____
EMAIL ADDRESS: _____

DEMOLITION CONTRACTOR'S NAME: _____ **LICENSE #:** _____
DEMOLITION CONTRACTOR'S ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **PHONE #:** _____
EMAIL ADDRESS: _____

PARCEL TAX IDENTIFICATION NUMBER: _____
PROJECT SITE ADDRESS: _____
PROPERTY OWNER'S NAME: _____
PROPERTY OWNER'S ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIPCODE:** _____
TOTAL ESTIMATED ABATEMENT COST \$: _____
TYPE OF DEMOLITION: RESIDENTIAL ___ COMMERCIAL ___ OTHER ___ (SPECIFY USE): _____

HAS THE STRUCTURE OR BUILDING BEEN INSPECTED FOR ASBESTOS? YES _____ NO _____
ASBESTOS INSPECTOR: NAME _____ LIC. # _____ TEL. # _____

NOTE: The National Emission Standards for Hazardous Air Pollutants (NESHAP) regulations require that you contact THE HEALTH HAZARD CONTROL UNIT at (919) 707-5950 at least 10-days prior to the demolition of any structure, whether the structure was found to contain asbestos or not. Any asbestos found in a building must be removed by an NC licensed asbestos contractor prior to any demolition.

NOTE: The undersigned applicant/responsible party shall hereby ensure that all applicable utilities will be properly disconnected and removed from the structure(s) to be demolished, prior to the start of demolition.

Applicant/ Responsible Party Signature: _____ Date: _____