



DEMOLITION PERMIT APPLICATION

PROJECT ADDRESS:

Owners Name: Phone:
Address: Mobile:
City/State/Zip: Email:
Structure Classification: Single Family, Duplex, Triplex, Quadraplex, Manufactured / Mobile, Modular Home, Condominiums, Commercial, All Other =

Description of Work: Total (Including Material) Estimated Project Cost: \$

Is project exterior? Is project within 160 feet of ocean or 75 feet of water way?
Zoning Approval: Zoning Officer Signature Date
CAMA Approval: Local CAMA Permitting Officer Signature Date

Contractor Information (Exactly as listed on North Carolina Licensing Board for General Contractors)
Name of Business: Phone
Address: Mobile
City/State/Zip: Email
North Carolina General Contractors License # N/A Class:

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. When properly validated this is your permit.

Printed Full Name of Applicant Signature of Applicant Date

PERMIT INFORMATION
Demolition Permit No. [] Issue Date: []
Permit Fee [] Approved For Issuance - Building Inspector Date



TOWN OF ATLANTIC BEACH

Inspection Department

PO Box 10, Atlantic Beach, NC 28512

DEMOLITION PERMIT APPLICATION
ASBESTOS FORM

FORM D - 2(b)

OFFICE (252) 726-4456

FAX (252) 727-7043

PROJECT ADDRESS:

DEMOLITION PERMIT NO. _____

READ CAREFULLY BEFORE SIGNING

PERMITTEE:

As the holder of a Demolition Permit and/or Remodeling Permit, you are hereby notified of the possibility that asbestos may be present in the structure you are about to demolish and/or remodel.

ANY ASBESTOS FOUND IN THIS STRUCTURE MUST BE REMOVED AND DISPOSED OF AS PRESCRIBED BY STATE AND FEDERAL REGULATIONS.

Permits for asbestos removal must be obtained from the North Carolina Department of Health and Human Services, Division of Public Health Hazards Control Unit. The permittee is responsible for obtaining any necessary asbestos removal and/or repair permit. The Town of Atlantic Beach will not be responsible for any actions or fines levied by the federal, state or regional agencies. Any fines levied against the Town of Atlantic Beach must be paid by the permittee.

I have read and understand the statement above, and I will obtain all permits necessary or required for proper asbestos removal. I agree to pay any fine levied against the undersigned and/or the Town of Atlantic Beach relating to asbestos removal, repair and/or handling; and will defend, indemnify and hold the Town of Atlantic Beach harmless of any loss, including fines, fees or attorney's fees incurred by the Town of Atlantic Beach relating to asbestos removal, repair and/or handling and arising out of the activities carried on pursuant to the Demolition Permit Number above.

Dated at the Town of Atlantic Beach, North Carolina this _____ day of _____, _____.

Permittee

Permittee

State of North Carolina
County of Carteret

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for the State of North Carolina, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described herein and who executed the foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and official seal this _____ day of _____, 2 _____.

Notary Signature

My Commission expires: _____