

For Permit Center Use Only

Submittal Date:_____

Permit #:_____

INTERIOR DEMOLITION PERMIT

Project Address:				
Tax Id Parcel#:	Total Pro	oject Cost: <u>\$</u>		
Owner/Tenant:				
Address:		City:		
State:	Zip Code:	Phone No		
Proposed Use/ Rusiness Name				
				-
Description of Proposed work	:			_
Heated SQ FT:	Unheat	ed SQ FT:		_
PLEASE SUB	MIT APPLICATION ALONG WITH:			
	• A WATER RESOURCES CERTIFIC	CATION FORM ACTLY WHAT WILL BE DEMOLISH	IED)	
	CONTRACTO	PR(S):		
BUILDING:			BUILDING	G
NC Lic #	Priv. Lic #:		\$	
Address:				
City/St:	Zip			
Phone:	Email:		-	
	Yes <u>MECHANICAL:</u> D No ab contractors must complete their own ap		<u>NG:</u> □ <i>No</i>	□ Yes
	G FOR THIS PERMIT THAT I MUS N WORK. (ALLOW FIVE 10-14 BUSI			R TO
PRINT APPLICANT'S NAME:				
APPLICANT'S SIGNATURE:		DATE:		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	MOBILE:	FAX:		
EMAIL:	ME	THOD OF PAYMENT: Cash	Check Cr	edit
<u>Telephone:</u> (704)2	Permit Cent P.O. Box 69 Monroe, 300 W. Crowell Street, Mo 82-4524 <u>Fax:</u> (704)282-4735	, NC 28111 pnroe, NC 28110	nonroenc.org	