



Demolition Permit Application
Planning & Inspections Department
115 West Main Street, Lincolnton, NC 28092
(704) 736-8724 clovelace@lincolncounty.org

Parcel Id #:

Permit #:

APPLICANT INFORMATION

Applicant Name: _____ Phone #: _____
Applicant Email: _____ Phone #: _____
Owner's Name: _____ Phone #: _____
Occupant's Name: _____ Phone #: _____

SITE INFORMATION

Address where work is being done: _____

UTILITIES

Utilities Already Disconnected Year Built: _____ Abatement Required:
 Electrical **Utility Co:** Duke Crescent Rutherford City **Service Size:** _____ amps
 Plumbing **Water Source:** Well County City **Sewer:** Septic County City Package
 Mechanical **HVAC Fuel Type:** Electric Natural Gas LP

Nature of Work: Residential Commercial **Type of Structure:** _____

of Structures demolished: _____ Project Cost: _____ Project Sq. Ft.: _____

DISPOSAL

Describe the nature of the debris (i.e. asphalt shingles, asbestos, etc.) _____

Natural Resources

- I will not disturb over 1,000 square feet of land during this construction project
- I will disturb over 1,000 square feet of land during this construction project and I have a Soil & Erosion Application attached

CONTRACTOR INFORMATION

Contractor: _____ NC Lic #: _____

Mailing Address: _____

Phone #: _____ Email: _____

By signing this application below, I certify that I am authorized to apply for permits on this job, that the information given is true and correct to the best of my knowledge and that all work will comply with NC State Building Codes and local ordinances concerning the proposed use. **I am aware that this permit will become void after six (6) months from the date of issuance if no inspections have been scheduled and completed to verify work on the project has commenced.** I further understand that any violations of the aforementioned regulations and/or ordinances will be grounds for revocation of any & all permits issued by Lincoln County.

Signature

Print name

Date

- Owner General Contractor