



**TOWN OF ATLANTIC BEACH
PLANNING & INSPECTIONS**

P. O. Box 10 - 125 WEST FORT MACON ROAD
ATLANTIC BEACH, NORTH CAROLINA
PHONE (252) 726-4456 FAX (252) 727-7043

For Office Use ONLY
Permit #: _____
Date _____
Received: _____

DEMOLITION PERMIT APPLICATION

Project Address:	
Property Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo <input type="checkbox"/> Modular <input type="checkbox"/> Mobile <input type="checkbox"/> Commercial	
Applicant Information	Name: _____
	Address: _____
	City, State, Zip: _____
	Email: _____
	Phone Number: _____
Owner Information	Name: _____
	Email: _____
	Phone Number: _____
Project Information	Structure Type: <input type="checkbox"/> Entire Principal Structure <input type="checkbox"/> Partial Principal Structure <input type="checkbox"/> Accessory Structure
	Project Cost: <i>(Labor and materials)</i> _____
	Project Description: <i>(Please include entire scope of project)</i> _____
	Project Characteristics: Square Footage of Disturbed Land: _____ NESHAP #: _____ Septic: <input type="checkbox"/> NEW / <input type="checkbox"/> EXISTING / <input type="checkbox"/> WWTP / <input type="checkbox"/> N/A CAMA: <input type="checkbox"/> YES / <input type="checkbox"/> NO Flood Zone: _____ Engineer's Site Plans Submitted: <input type="checkbox"/> Stormwater <input type="checkbox"/> Land Disturbance <input type="checkbox"/> Septic <input type="checkbox"/> Other: _____

Demolition Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Land Disturbance Contractor: _____ Phone: _____

License #: _____ Classification: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE COMPLETE ASBESTOS AFFIDAVIT ON BACK
(NOTARIES AVAILABLE AT TOWN HALL IF NECESSARY)

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 listed above.

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 the same signed free and voluntary act and deed, for the uses and purposes herein mentioned.

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

Notary Signature

My Commission expires: _____