

DEMOLITION PERMIT

Town of Leland, North Carolina



102 Town Hall Dr., Leland, NC 28451
www.townofleland.com

Economic & Community Development
Phone 910-371-3754 Fax 910-371-1158

FOR OFFICE USE ONLY

PERMIT #

Zoning Type: R-20 R-15 RMH C-1 C-2 C-3 O&I M-F PUD R-6 T-5

Location: Block # _____ Lot # _____ Section _____ Subdivision _____

Property Address: _____ Tax Parcel #: _____

Name of Owner.: _____ Phone Number _____

Name of Business _____

Address: _____ City/State/Zip: _____

E-Mail Address: _____

Phone No.: _____ Cell No.: _____ Fax No.: _____

Description of Work Applying For: _____

Initial by each of the following items:

- Electric Service has been removed from structure _____
- Asbestos Certification, if applicable, or Non Present _____
- Disconnection notice of all Utilities, including septic tanks and wells _____
- Adherence to State Statutes regarding lead _____

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. § 87-14

The undersigned applicant for Building Permit being the

Contractor Owner Officer/Agent of the Contractor or Owner

do hereby agree under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and has/have their own policy of workmen's compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought, it is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit. As well as at any time during the permitted work from any person, firm or corporation carrying out the work.

Date: _____ Firm Name: _____

Signature: _____ Printed Name _____

Title: _____