

DEMOLITION PERMIT APPLICATION



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

Planning and Inspections Department
Phone 910-371-3754 Fax 910-371-1158

Applicant Information

Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____

Property Information

Property Owner's Name: _____

Property Address: _____ City/State/Zip: _____

Parcel #: _____

Description of proposed demolition work: _____

Certification

I certify that all of the information presented in this application and other required documents are accurate to the best of my knowledge. By initialing next to each item below, I hereby certify each of the following:

_____ Electrical service has been removed from the structure

_____ Possession of Asbestos Certification, if applicable, or none is present

_____ All utilities have been disconnected, including septic tanks and wells

_____ All regulations regarding lead shall be adhered to

_____ All debris will be safely removed from the property and properly disposed of

_____ Within 48 hours of the completion of the demolition, an inspection will be requested

Applicant's Signature _____ Date _____

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

does 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 Planning and 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: _____