

TOWN OF SPRING LAKE DEMOLITION PERMIT APPLICATION

PERMIT NO: D- _____

Complete address where work will be performed: _____
Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name) _____
 Address: _____, Phone: _____
 NC License Number: _____

Complete Name of Property Owner: _____
 Property Owner's Address: _____
 Property Owner's Phone Number: _____

Type of Demolition			
Electrical		Complete Building	
Insulation		Mobile Home	
Mechanical		Move of Mobile Home	
Plumbing		Other	

Permit Fee \$ _____

Technology Fee \$ 10.00

Total Permit Fees \$ _____

Comments: _____

**YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.
 CALL THE INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE AN INSPECTION.**

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Signature of Applicant _____ Date _____

Print Name _____

Approved by _____ Date _____

Disapproved by _____ Date _____