

TOWN OF SPRING LAKE DEMOLITION PERMIT APPLICATION

Please submit your application to our new online portal, [click here](#).

Complete address where work will be performed: _____

Spring Lake, NC 28390

Permit to be issued to: (Contractor/Business Name) _____

Address: _____ Phone: _____

NC License Number: _____ Email: _____

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	

Description: _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT THE PROPER STAGE (S) OF WORK. CALL THE INSPECTIONS DEPARTMENT AT (910) 985-7265 TO SCHEDULE INSPECTION. This permit becomes null and void if authorized work is not commenced within six (6) months from the date of issue, or if construction is suspended or abandoned for a period of one (1) year, any time after work is commenced.

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 _____