

TOWN OF FOUR OAKS INSPECTIONS DEPARTMENT
304 N. MAIN ST. FOUR OAKS, NC 27524~ PHONE 919-963-3112

carol.allen@fouroaks-nc.com

DEMOLITION PERMIT APPLICATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email Address: _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____

PROJECT INFORMATION: _____ COMMERCIAL _____ RESIDENTIAL

Location Address: _____

Number of structures to be demolished: _____

Type of structure to be demolished: _____

Contractor Name/Phone Number: _____

Job Cost: \$ _____ Asbestos Report Included: _____

Owner/Contractor/Agent Signature: _____

Print Name: _____ Date: _____

OFFICE USE ONLY* Approved by: _____ Date: _____