

**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: \_\_\_\_\_

<b>Type of Demolition</b>			
Electrical		Complete Building	
Insulation		Mobile Home	
Mechanical		Move of Mobile Home	
Plumbing		Other	

**Permit Fee \$** \_\_\_\_\_

**Technology Fee \$** 5.00

**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 \_\_\_\_\_