



**CAMDEN
COUNTY**
NORTH CAROLINA • USA
Boundless Opportunities.

Department of Inspections Demolition Permit Application

Office Use Only - Do Not Write In This Area. Owner Verification: DB: _____ PG: _____

UDO# _____ PIN# _____

Permit# _____ Workers Comp Number: _____

Permit Fees: \$ _____ WC Expiration: _____

Zoning District: _____ Flood Zone: _____ Watershed? _____ CAMA District? _____

Instructions:

Please fill out application completely.

GENERAL INFORMATION

Project Description: _____

Have all Utilities been disconnected (Power/Gas/ Water, etc.)? (Yes / No / NA): _____

Demolition Cost (REQUIRED): \$ _____

1) PROJECT INFORMATION

Project Address:

City: _____ **State:** *North Carolina* **Zip Code:** _____

Township: _____

2) RESPONSIBLE PARTY: _____ Property Owner or _____ General Contractor

Property Owner continue to #3

Contractor Company Name: _____ **Email:** _____

Contact Name: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

General Contracting License #: _____ **Expiration Date:** _____

3) OWNER INFORMATION

Property Owner: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

4) Has Property been inspected for Asbestos? _____

Has a PROPERTY OWNER NOTARIZED statement of intent included? _____

Have all TAXES been PAID? _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

I do certify I have download & read memos A & B on the Camden County Planning, Zoning, & Flood Department Website related to the building process.

Owner/Applicant Signature: _____ Date: _____



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Department of Inspections Owners Intent Of Demolition Form

I, _____, as property owner of property located at:
(Print Name)

(Print Address, City, State, and Zip Code)

hereby certify my intent to demolish structure(s) located at above said property.

(Signature)

(Date)

CAMDEN COUNTY
NORTH CAROLINA

Sworn to and subscribed before me this day by _____

Date

Official Notary Signature

(SEAL)

Official Notary Printed Name

My Commission Expires: _____