

of Applicant:

Signature of Zoning Official:

DEMOLITION PERMIT

315 Stallings Road Stallings, NC 28104 704-821-8557 Fax 704-821-6841

Date:

Date:

Date Filed: Application Number: Fee Paid: *Please reference the Fee Schedule for cost. **Property Information** Property Owner Name: Address or Location: Parcel ID #: Applicant Name (if different from Property Owner): Phone: Email: The owner / applicant acknowledges the following: All debris on the site will be removed by the owner / applicant at no expense to the Town of Stallings All power lines are turned off and disconnected from the structure Water / Sewer service has been discontinued and disconnected from the structure All other utility lines have been disconnected from the structure Disruption of utility service of any type will not occur on adjacent or nearby properties Owner / Applicant Statement: I certify that I am the property owner or truly represent the property owner(s). I certify the foregoing statements are accurate and correct to the best of my understanding and knowledge. I understand that the Town of Stallings is not bound by oral or written assertions or representations of its staff members. I agree to conform to all Town of Stallings Ordinances and Laws of the State of North Carolina regulation such work and any plans or specifications submitted. Any violation of the Zoning Ordinance will be grounds for revoking this permit and any other permits issued in reliance upon the same. Signature of Owner: Date: Signature

Approved Denied