



TOWN OF WAXHAW

DEMOLITION ONLY

Date: _____ PERMIT No: _____

Address of structure being demolished: _____

Parcel ID No: _____ Type of Structure: _____

CONTRACTOR:

Name: _____

Address: _____

Tel: _____

PROPERTY OWNER:

Name: _____

Address: _____

Tel: _____

TO BE COMPLETED BY THE CUSTOMER - PLEASE SPECIFY ALL SERVICES TO BE DISCONNECTED:

Gas Water Electric

DISCONNECT SERVICE DATE REQUIRED BY CUSTOMER: _____

DEMOLITION DATE REQUIRED BY CUSTOMER: _____

Is the structure in a local Historic District? No Yes
(If yes, an approved C.O.A. must be attached to this permit.)

Intended use of the property after demolition: _____

Location debris will be taken after demolition: _____

Town of Waxhaw
Development Services - Building Inspections Division
1150 N. Broome St. Waxhaw NC 28173 Tel: (704) 843-2195 Fax: (704) 243-3276
Inspections@waxhaw.com
www.Waxhaw.com

- Have you obtained an asbestos abatement permit from the Asbestos Hazard Management Branch of the N.C. Division of Epidemiology (919-733-0820)?

Yes No

If the structure you are demolishing is a non-residential structure, residential with more than 4 units, or if there is intent to replace a residential structure with a non-residential structure, you must attach a copy of the asbestos abatement report to your application.

I hereby certify that I have read and understood the foregoing statement.

I UNDERSTAND BY APPLYING FOR THIS PERMIT I MUST RECEIVE ALL REQUIRED APPROVALS PRIOR TO STARTING ANY DEMOLITION WORK.

I hereby certify that the information provided herein is, to the best of my knowledge, correct and complete. I will ensure that all adjacent and nearby public streets remain clear and free of dirt, mud, and debris resulting from my demolition activities, in compliance with. I understand that it is my responsibility to contact North Carolina ONE-CALL (at 1-800-632-4949) prior to demolition to ensure location of services. I further understand that I am responsible for any and all damage to Town property (not covered by ONE-CALL) resulting from the demolition, and that I must contact the Town at 704-843-2195 immediately if any such damage(s) occurs.

Signature Date

FOR OFFICIAL USE ONLY:

Approved By: _____ Denied By: _____ Date: _____

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