



DEMOLITION PERMIT

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

Date Filed:

Application Number:

Fee Paid:

Fee: \$50

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
of Applicant:

Date:

Signature of
Zoning Official:

Date:

Approved

Denied