

DEMOLITION APPLICATION

*****CALL 811 BEFORE YOU DIG*****



City of Roxboro
105 Lamar Street
Roxboro, NC 27573
(336) 322-6018

Date Received

Permit Fee

Permit Number

APPLICANT INFORMATION

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Fax: _____

Property Owner Name: _____ Telephone: _____

Property Owner mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Fax: _____

PROPERTY INFORMATION

Tax Map & Lot #: _____ Lot Size: _____ Zoning: _____ Township: _____

Address: _____ City _____ State _____ Zip: _____

Watershed: _____ Flood Plain: YES NO Subdivision: _____ Lot #: _____

PROPOSED LAND USE

Description of proposed demolition: _____

UTILITIES (PLEASE INITIAL NEXT TO EACH, VERIFYING EACH HAS BEEN NOTIFIED OF DEMOLITION AND DISCONNECTED)

_____ Public Water and Sewer (required)

_____ Gas (required)

_____ Power (required)

_____ Asbestos Inspection (please provide copy of report **if completed**)

SIGNATURES

OWNER OR OWNER'S AGENT

DATE

CITY OFFICIAL

DATE

APPROVED DENIED Comments: _____

It is the owner/applicant's responsibility to provide the City of Roxboro Planning & Development Department with any applicable information about the subject property. The City of Roxboro nor its employees are responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued.