



PLANNING & COMMUNITY DEVELOPMENT



P.O. Box 905
1048 Carriage Oaks Drive
Carthage, NC 28327
Planning: 910.947.5010
Central Permitting: 910.947.2221
Fax: 910.947.1303
www.moorecountync.gov

EXTERNAL CHECKLIST FOR DEMOLITION PERMIT APPLICATION

- Completed Miscellaneous Permit Application. Applications are obtained within our department, Planning and Community Development located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at www.moorecountync.gov, Department, Planning and Zoning, Applications. If you would like to speak with someone concerning the demolition Permit our telephone number is 910-947- 5010 or 910-947-2221.
- An Asbestos Inspection must be performed by a NC accredited Asbestos Inspector. The Asbestos Inspection Report must be submitted with the Demolition Permit application. The inspection is to determine the presence, type, location and amount of asbestos that may be present, and what state and federal rules and regulations that apply to the project.
- If asbestos removal is required, a final abatement report will be required prior to issuing a building permit or finalizing the demolition permit.
- A notification of building demolition must be submitted to the North Carolina Health Hazards Control Unit, even if no asbestos is present in the building. They can be contacted at (919) 707-5950. For additional information go to <http://epi.publichealth.nc.gov/asbestos/healthaz.html>.
- A copy of recorded deed may be required to verify ownership. A survey may also be required if lot configuration does not reflect the current records of the county.
- A zoning permit may be required if the subject property is located within one of the following municipalities or their ETJ.
 - Cameron: 910-245-3212
 - Carthage: 910-947-2331
 - Foxfire: 910-295-5107
 - Robbins: 910-948-2431
 - Taylor Town: 910-295-4010
 - Vass: 910-245-4676
 - Whispering Pines: 910-949-3141



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Miscellaneous Permit Application			
Application Date: _____			
Location/Address of Property: _____			
Description of Proposed Work: _____ _____ _____			
Applicant: _____			Phone: _____
Owner: _____			Phone: _____
Owner Address: _____	City: _____	St: _____	Zip: _____
Type of Permit: <input type="checkbox"/> ATF <input type="checkbox"/> Day Care <input type="checkbox"/> Group/Therapeutic Home <input type="checkbox"/> Bulkhead/Dock <input type="checkbox"/> Sign(s) <input type="checkbox"/> ABC <input type="checkbox"/> Demolition <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other: _____			
If the project is a bulkhead or dock please list the estimated cost of the project		Total Estimated Cost \$ _____	
Please list the names of the contractors who will be performing the work for this project. If the work will be performed by the owner just write owner or self in the name field. Please put N/A in any fields that are not applicable to the project.			
General Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Electrical Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Design Professional:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
Pool Contractor:		Phone: _____	License: _____
Address: _____		City: _____	St: _____ Zip: _____
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, ordinances and regulations. The Inspection Department will be notified of any changes in the approval plans and specifications for the project permitted herein. I understand if this application is incomplete, no inspections will be performed on the project.			
Owner/Agent Signature: _____			Date: _____