



TOWN OF WELDON

P. O. BOX 551
WELDON, NC 27890

(252) 536-4836

Notification Form

DEMOLITION PERMIT APPLICATION

For Office Use Only

J# _____

L# _____

Site of Demolition

Site Address: _____ Cross Street: _____
City: _____ Zip: _____
Owner/Operator _____ Phone: () _____
Specific Location of Project within Building/Address: _____

Check One: Single Family Dwelling Commercial Multifamily Dwelling Gov't Bldg School

Contractor/Individual Performing Demolition

Name: Company/Individual _____ Contact: _____
Mailing Address: _____
City: _____ State _____ Zip: _____ Phone: () _____

Have you previously submitted notifications for other sites? Yes No

Description of Demolition

Is this Demolition by Fire for Fire Training Purposes? Yes No

Is this Demolition ordered by a Government Agency? Yes No
(Emergency only – attach copy of order)

If not Demolition for Fire Training, check applicable method:

Heavy Equipment Implosion By Hand Other _____

Dates of Demolition: (*Actual* dates must be entered, "ASAP" or "SOON" will be rejected.)

Start _____ Completion: _____ Weekend Work? Night Work (After 5 PM)?

Asbestos Survey Report

Name of Company that conducted survey: _____
Address: _____
City: _____ State _____ Zip _____ Phone: () _____
Name of person who completed the survey: _____ CAC/SST # _____

Is/was asbestos present? Yes No

If yes, who will remove/has removed prior to demo? _____

Form Preparation Information

This form prepared by: _____
Name: Company/Individual _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____