



P.O. Box 2475, Surf City, NC 28445
Phone (910) 328-4131 Fax (910) 328-4132
www.townofsurfcity.com comdev@townofsurfcity.com

PERMIT # _____

DATE: _____

FEE: _____

DEMOLITION PERMIT

PROJECT LOCATION: _____

PROPERTY OWNER: _____ PHONE# _____

MAILING ADDRESS: _____

CONTRACTOR: _____ PHONE# _____

MAILING ADDRESS: _____

IS THERE A SEPTIC TANK ON PROPERTY? YES NO

IF YES, LIST METHOD OF DISPOSAL: _____

I UNDERSTAND THAT A \$500 GUARANTEE IS REQUIRED AND WILL BE DEPOSITED INTO THE TOWN'S ACCOUNT TO ASSURE THAT THE LOT IS CLEARED OF ALL DEBRIS AND WATER/SEWER CONNECTIONS ARE PROPERLY CAPPED OFF AT THE RIGHT OF WAY. (WATER/SEWER LINES TO BE CHECKED BY THE PUBLIC WORKS DEPARTMENT.) THE GUARANTEE WILL BE REFUNDED, LESS ANY COSTS INCURRED BY THE TOWN TO OBTAIN COMPLIANCE AND LESS ANY OUTSTANDING TAXES AND/OR WATER AND SEWER BILLS, WITHIN 30 DAYS AFTER FINAL INSPECTION.

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____ DATE: _____

Staff Use Only

APPROVED BY: _____ DATE: _____

Method of Payment: Personal Check # _____ Cash Cashier's Check # _____

FINAL INSPECTION

PUBLIC WORKS: _____ DATE: _____

COMMUNITY DEVELOPMENT: _____ DATE: _____

DATE SENT TO FINANCE DEPARTMENT FOR REFUND: _____

PLEASE MAKE SURE ALL TAXES ARE PAID BEFORE STRUCTURE IS REMOVED FROM PROPERTY.