



# Application for DEMOLITION PERMIT

P.O. Drawer 357  
201 South Main Street  
Graham, NC 27253  
(336) 570-6705  
Fax (336) 570-6703  
www.cityofgraham.com

## Site and Building or Structure

Street Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Building Dimensions: \_\_\_\_\_ # Stories: \_\_\_\_\_

Total Cost of Demolition: \_\_\_\_\_

## Applicant and Project Contact

Name: \_\_\_\_\_

Property Owner  Contractor

Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

I hereby make application to demolish a building or structure as described in this application.

I agree to conform to all applicable laws and ordinances of the City of Graham and the State of North Carolina and further state that all statements made herein are true.

Signature of Applicant

Date

## Proposed Demolition

Desired Demolition Date: \_\_\_\_\_

Services to be Disconnected:  Gas  Water  Electric

Date Services to be Disconnected: \_\_\_\_\_

Location for disposal of demolition debris: \_\_\_\_\_

If the structure is located in the Historic District, a **Certificate of Appropriateness** must be attached.

If the structure is non-residential, residential with more than four units, or if there is intent to replace a residential structure with a non-residential structure, a copy of an **Asbestos Abatement Permit** must be attached.

## Demolition Contractor

Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Lic. # \_\_\_\_\_

Address: \_\_\_\_\_

### FOR OFFICE USE ONLY

Tax Map#	Remarks:
GPIN:	
City Limits / ETJ Taxable	
Census #	

## Affidavit of Workers' Compensation Coverage

NCGS 87-14

The undersigned applicant for a building permit, being the

Contractor    Owner    Officer/Agent of contractor or owner

do hereby aver under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

has/have three (3) or more employees and have obtained workers' compensation insurance to cover them, or

has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them, or

has/have one (1) or more subcontractor(s) who has/have their own policy of workers' compensation insurance covering themselves, or

has/have not more than two (2) employees and no subcontractors

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Name and Title of Applicant: \_\_\_\_\_

Firm Name, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date