



# County of Moore

## Planning and Inspections

Inspections/Permitting: (910) 947-2221  
Planning: (910) 947-5010  
Fax: (910) 947-1303

### EXTERNAL CHECKLIST FOR DEMOLITION PERMIT APPLICATION

- Completed Miscellaneous Permit Application. Applications are obtained within our department, Planning and Inspections located at 1048 Carriage Oaks Drive, Carthage, NC 28327, or online at [www.moorecountync.gov](http://www.moorecountync.gov), Department, Planning and Inspections Applications. If you would like to speak with someone concerning the demolition Permit our telephone number is 910-947- 5010 or 910-947-2221.
- The following shall be verified as applicable:
  - Removal of water meter and water and sewer connections, Septic tank / well disconnection, Removal of electrical connections, Removal of gas line connections, Removal of Underground Storage tanks, and Asbestos Removal.
  - 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>.
  - North Carolina Department of Environmental Quality is required for the removal of Underground Storage Tanks. Phone (910) 433-3300
  - US Fish and Wildlife is required if located in a designated active or inactive Red Cockaded Woodpecker area. Phone (919) 856-4520
  - 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	Taylor Town: 910-295-4010
Carthage: 910-947-2331	Vass: 910-245-4676
Foxfire: 910-295-5107	Whispering Pines: 910-949-3141
Robbins: 910-948-2431	



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Miscellaneous Permit Application			
Application Date:		Email Address:	
Location/Address of Property:			
Description of Proposed Work: _____ _____ _____			
Applicant:		Phone:	
Owner:		Phone:	
Owner Address:		City	St:      Zip:
<b>Type of Permit:</b> <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: _____			
<b>Demolition Checklist (check all that are present on your property):</b>  <input type="checkbox"/> Water/ Sewer Connection <input type="checkbox"/> Electrical (power line) Connection <input type="checkbox"/> Underground Storage Tanks  <input type="checkbox"/> Well / Septic Connection <input type="checkbox"/> Gas Line Connection <input type="checkbox"/> Asbestos			
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:	
Address:		City	St      Zip
Electrical Contractor:		Phone:	
Address:		City	St      Zip
Design Professional:		Phone:	
Address:		City	St      Zip
Pool Contractor:		Phone:	
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: _____