



**TOWN OF PEMBROKE**

**PO BOX 866 / 98 Union Chapel Rd. Pembroke, NC 28372**

**DM06 \_\_\_\_\_ Application for Demolition Permit**

- 1.0) **Parcel ID #** \_\_\_\_\_
- 1.1) Project Address: \_\_\_\_\_
- 1.2) Project Name: \_\_\_\_\_
- 1.3) Reason for Demolition: \_\_\_\_\_
- 1.4) Property was being used for \_\_\_ Residential \_\_\_ Apartment \_\_\_ Commercial  
Property zoning: \_\_\_\_\_
- 1.5) Lot Size: \_\_\_\_\_ Street Width \_\_\_\_\_ Rear Width \_\_\_\_\_ Left Depth \_\_\_\_\_  
Right Depth \_\_\_\_\_ Total Square Footage \_\_\_\_\_
- 1.6) Total Square Footage/Acreage to be disturbed: \_\_\_\_\_ Square Footage of Building \_\_\_\_\_
- 1.7) Demolition Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_
- 1.8) After Demolition I am going to improve the lot by ... (*check one*)  
\_\_\_\_ Grade and Seed Lot \_\_\_ Build a new building \_\_\_ Install a parking lot \_\_\_ Other \_\_\_\_\_

- 2.0) **Applicant** Name: \_\_\_\_\_
- 2.1) Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_ Contact# \_\_\_\_\_
- 2.2) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2.3) Check all that apply to Applicant's Roll...  
\_\_\_\_ Property Owner \_\_\_\_\_ Contractor

***If Contractor or Property Owner are different from Applicant then fill-in***

- 2.4) **Property Owner** Name: \_\_\_\_\_
- 2.5) Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_ Contact# \_\_\_\_\_
- 2.6) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2.7) **Contractor** Name: \_\_\_\_\_
- 2.8) Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_ Contact# \_\_\_\_\_
- 2.9) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Skip this line, Office Use Only) This permit will be issued on \_\_\_\_\_**

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3.0) I, the Applicant of this Permit, do hereby understand the following:

BEFORE demolition work begins, I must provide the Town of Pembroke with signatures from all electrical, water, sewer, gas, phone and cable utility providers. These signatures must be in the form of a letter from each individual utility company that acknowledges the dates for demolition and confirms that the utilities on the property have been properly disconnected and removed or secured or that there are no utility connections on the property. In lieu of a letter, the signature of a responsible representative may be obtained on this form in the following provided space.

ELECTRIC UTILITIES

Company: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Representative Name (Print and Sign): \_\_\_\_\_
Representative Title: \_\_\_\_\_ Comments: \_\_\_\_\_

GAS UTILITIES

Company: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Representative Name (Print and Sign): \_\_\_\_\_
Representative Title: \_\_\_\_\_ Comments: \_\_\_\_\_

PHONE UTILITIES

Company: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Representative Name (Print and Sign): \_\_\_\_\_
Representative Title: \_\_\_\_\_ Comments: \_\_\_\_\_

CABLE UTILITIES

Company: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Representative Name (Print and Sign): \_\_\_\_\_
Representative Title: \_\_\_\_\_ Comments: \_\_\_\_\_

PUBLIC WORKS-WATER/SEWER SERVICE

Company: \_\_\_\_\_
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Representative Name (Print and Sign): \_\_\_\_\_
Representative Title: \_\_\_\_\_ Comments: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Amendments needed: \_\_\_\_\_

*Zoning Administrator's Signature:* \_\_\_\_\_