



# City of Kinston Inspections and Code Enforcement

P. O. Box 339 / 207 E. King Street  
Kinston, North Carolina 28502  
Ph: (252) 939-3265 / Fax: (252) 939-3127



**Office Use:** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Natural Gas	Notified: _____	Released: _____
Electric	Notified: _____	Released: _____
Water	Notified: _____	Released: _____

## Demolition Permit Application

Date: \_\_\_\_\_

Address of property to be demolished: \_\_\_\_\_

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

Applicant Representing: ( ) Owner ( ) Contractor

Property owner: \_\_\_\_\_ Phone \_\_\_\_\_

Owner's address: \_\_\_\_\_

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Type of demolition ( ) Dwelling ( ) Commercial Bldg / ( ) Complete ( ) Partial

If demolition is partial, list areas of demolition: \_\_\_\_\_

\_\_\_\_\_

Building Size: Sq footage \_\_\_\_\_ Number of stories \_\_\_\_\_

Is the demolition pursuant to an order by a Code Enforcement Officer? ( ) Yes ( ) No

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### **Contractor:**

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

Address: \_\_\_\_\_ License # \_\_\_\_\_

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**Underground Fuel Tanks:**

Are underground fuel tanks on the property? ( ) Yes ( ) No

Are they to be removed? ( ) Yes ( ) No

**\*Note: A separate permit is required for fuel tank removal.**

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**Asbestos Regulations**

The NC Department of Health and Human Services (DHHS), Asbestos Hazard Management Division enforces many laws and regulations concerning the demolition of buildings. In most cases asbestos inspections, abatement and advance notification is required. Please contact the DHHS if you have questions. Acceptance of an application or issuance of a building permit by the City of Kinston does not satisfy DHHS notification requirements or imply you are in compliance with DHHS regulations.

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**Utility Release**

A written release is required from the gas and electric utilities before permits can be issued.

**\*Note: Contractor must call ULOCO @ 1-800-632-4949 prior to demolition or excavation to locate underground utilities.**

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**Permit Fee \$100.00**

As a condition of this permit, water and sewer connections must be discontinued, capped, inspected and approved.

I certify that all information in this application is correct and that all work will comply with the building code and all other laws, ordinances and regulations. I also certify that I am familiar with and agree to comply with all law regarding asbestos removal, agency notification, abatement and disposal of debris.

Contractor/Agent \_\_\_\_\_ Date: \_\_\_\_\_