



Development & Facilities Services

298 E. Depot Street, Ste 100 | Mocksville, NC 27028 | 336.753.6050 | f 336.751.7689

DavieCountyNC.gov



DEMOLITION PERMIT APPLICATION

Application is for the following jurisdiction:		
<input type="checkbox"/> Davie County		<input type="checkbox"/> Mocksville
Property Owner's Name	Property Owner's Address	Property Owner's Telephone () - Home () - Cell
Project Name	Project Address/Location (if known)	Zoning District
Subdivision Name (If applicable):		Lot#
Applicant's Name (if different)	Applicant's Address (if different)	Applicant's Telephone () - Home () - Cell
Contractor's Name	Contractor's Telephone () -	General Contractor's License No.
Contractor's Address		Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> N/A
Brief Project Description:		Sewer Supply: <input type="checkbox"/> Public <input type="checkbox"/> Septic <input type="checkbox"/> N/A
Type of Structure:	Foundation Type:	
SFD: <input type="checkbox"/>	Basement: <input type="checkbox"/>	
Commercial Structure: <input type="checkbox"/>	Vented Crawlspace: <input type="checkbox"/>	
Accessory Structure: <input type="checkbox"/>		
Square Feet: _____		
I hereby attest the information provided on this application and any additional information submitted pertaining to this application is true and accurate. Should the use of the property and/or structures change, I understand additional permits may be required. In addition, I understand plan review cannot cover all aspects of constructions and therefore any work done will be required to meet all applicable local and state codes.		
Applicant's Signature: _____	Owner's Signature: _____	
Applicant's Name (Print): _____	Owner's Name (Print): _____	
Date: ____/____/____	Date: ____/____/____	
Office Use Only		
Parcel # _____	Tax ID # _____	Zoning _____
Taxes <input type="checkbox"/> Approved <input type="checkbox"/> Denied		

