



Development Services
Demolition Permit Application

300 W. Washington St
Greensboro, NC 27401
Office: 336-373-2155 Fax: 336-373-3637

Date: _____

Building Address: _____

Owner/Contractor Name: _____

Owner/Contractor Address: _____

Owner/Contractor Phone Number: _____

Permit to be issued to: Owner Contractor (choose only one)
Check one: Total Demolition Partial Demolition Interior Demolition Only

Check if Residence Located in or Classified as: Landmark Property Local Historic District National Historic District

***Owner is responsible for verifying property historic status and obtaining Certificate of Appropriateness if required**

Cost of Demolition: \$ _____

Contractor State License #: _____ Greensboro Contractor Code: _____

- A bond in the amount of \$5,000 required to be on file for demolition contractor

Commercial property requires the following:

- Copy of State form DHHS 3768 – Asbestos Permit Application and Notification for Demolition/Renovation
- State Asbestos Removal Permit Number(required for all buildings with asbestos): _____
- NESHAP ID Number(required for all buildings): _____
- Fax copy of State Application & City Permit to: NCDHDF – (919) 870-4808

Residential property (Single Family or Duplex)

- Is there Asbestos in the building: Yes No
- If yes to Asbestos in the building:
 - Has the property had an inspection by a state-certified asbestos inspector: Yes No
 - Responsible party for the proper removal and disposing of the asbestos-containing waste material(requires special disposal location): _____
- Responsible party for disposing of all other demolished materials from the property and for seeding/grading the lot: _____

By my signature below, I certify that the information I have submitted above is true and correct.

Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

The contractor/owner shall provide the City with an asbestos report from a state accredited asbestos inspector and is responsible for any asbestos removal and disposal.