



Town of Rolesville Planning
502 Southtown Cir.
P.O. Box 250
Rolesville, NC 27571
Phone: 919-554-6517
Fax: 919-556-6852

<http://www.wakegov.com/inspect>

DEMOLITION PERMIT APPLICATION

Date

Please submit the following project request details (* = Required):

PIN (Parcel ID Nbr)* **Project Site – Address1*** **Address 2**

City **State*** **Zip Code*** **Book of Map/Deed** **Page Number**

Subdivision Name **Phase Number** **Lot Number** **Lot Area (acres)**

Primary Contact – First Name* **M.I.** **Last Name*** **Relationship to Project**

Address 1* **Address 2**

City* **State*** **Zip Code***

Telephone Number* **Number Type*** Work Cell Home **Email Address***

Contactor – First Name* **M.I.** **Last Name*** **Contractor Type**

Company Name **Address 1*** **Address 2**

City* **State*** **Zip Code*** **License Number*** **License Type**

Telephone Number* **Number Type*** Work Cell Home **Email Address***

Contactor – First Name*
M.I.
Last Name*
Contractor Type

OR Company Name
Address 1*
Address 2

City*
State*
Zip Code*
License Number*
License Type

Telephone Number
Number Type*
 Work Cell Home
 Email Address*

Contactor – First Name*
M.I.
Last Name*
Contractor Type

OR Company Name
Address 1*
Address 2

City*
State*
Zip Code*
License Number*
License Type

Telephone Number*
Number Type*
 Work Cell Home
 Email Address*

Contactor – First Name*
M.I.
Last Name*
Contractor Type

OR Company Name
Address 1*
Address 2

City*
State*
Zip Code*
License Number*
License Type

Telephone Number*
Number Type*
 Work Cell Home
 Email Address*

Contactor – First Name*
M.I.
Last Name*
Contractor Type

OR Company Name
Address 1*
Address 2

City*
State*
Zip Code*
License Number*
License Type

Telephone Number* (with ability to add more)
Number Type*
 Work Cell Home
 Email Address*

Type of Work* One or Two Family Home Demolition Commercial Demolition
Extent of Work Partial Complete

Existing Use of Property/Structure*

Water Supply Source* - Provider Wastewater Disposal Type* - Provider*

Does this property involve the abandonment of a well or septic system Yes No

Does work include a Care Facility, Food Service, Hospital, Lodging, Nursery, or School Yes No

Construction Pole Req. Yes No Electric Service Provider* Electrical Cost of Project*

If Commercial Provide:

Plumbing Cost Mechanical Cost Electrical Cost Fire System Cost Building Cost

Attachments Included?* Yes No

(ex. Site/Building Plans, Lien Agent Document, Utility Approvals, Owner Affidavit, Worker's Comp Certificate, etc.)

Signature