

**TOWN OF TOPSAIL  
BEACH 820 S ANDERSON  
BLVD TOPSAIL BEACH,  
NC 28445  
910-328-5194  
Demolition Permit**

Please Fill out Form COMPLETELY

Permit Number	Project Address
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Name of Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please read & initial**

*I understand that in addition to a demolition permit a \$1000 cashiers check or Performance bond is required to assure the lot is cleared of all debris and water/septic connections are properly capped off at the Right of Way. I also understand that a final inspection will be required before the \$1000 (less any damages ocured) will be returned.*

\_\_\_\_\_ initial

<b>For Office Only</b>
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Inspections Department \_\_\_\_\_ Date Approved \_\_\_\_\_

Cashiers Check # \_\_\_\_\_ Receipt # \_\_\_\_\_