

**TOWN OF TOPSAIL BEACH
820 S ANDERSON BLVD
TOPSAIL BEACH, NC 28445
910-328-5841**

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 occurred) will be returned.

_____ initial

For Office Only

Inspections Department _____ Date Approved _____

Cashiers Check # _____ Receipt # _____