

**STOKES COUNTY INSPECTIONS DEPARTMENT
APPLICATION FOR
DEMOLATION PERMIT**

Date _____

Address of Job _____

Parcel Number: _____

Property Owners Name _____ Phone _____

Current Mailing Address _____

Contractor's Name _____

Office # _____ Cell phone: _____ Fax: _____

Type of Structure: _____

Signature of Homeowner or Contractor

Date

Permit Fee

Residential \$60.00 and commercial \$90.00

Check Payment Send to:

Stokes County Inspections
PO Box 20
Danbury, NC 27016

Credit Card Payment Fax or email to:

336-593-5434

Email: jpotter@co.stokes.nc.us OR klandreth@co.stokes.nc.us

Name on Card: _____

MC _____ Visa _____ Discover _____ Other _____

Card #: _____ Expiration Date: _____

Zip Code: _____ Amount: _____

Signature

Date

Upon completion of Demolition a copy of the receipts from disposal is required.