



TOWN OF LILLINGTON
DEMOLITION PERMIT APPLICATION

Planning & Inspections Department
102 East Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 • fax 910-893-3693
lillingtonnc.org

Name of Applicant		Property Owner	
Home Address		Home Address	
City/State /Zip		City/State /Zip	
Telephone		Telephone	
Email		Email	

Property Address:	What are you requesting to demolish?	Does property access DOT road?
Parcel Identification Number(s):		Number of dwellings / structures on the property already:
		Property / parcel size:
		Lot number(s):

Owner / Applicant Must Read and Sign

AFFIDAVIT: The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, WITH THE UNDERSTANDING THAT ANY INCORRECT INFORMATION SUBMITTED MAY RESULT IN THE REVOCATION OF THIS APPLICATION. I hereby authorize the Town of Lillington to review this request and conduct a site inspection to insure compliance to this application.

Print Name

Signature of Owner or Representative

Date

FOR OFFICE USE

Zoning District:	Contact Public Works to remove any water and sewer meters.	Is property located in floodplain according to the FEMA map? <input type="checkbox"/> No <input type="checkbox"/> Yes
Front Setback:	Contact Duke Progress Energy to remove electrical connections.	_____ Administrator Signature _____ Date
Side Setback:	Contact Piedmont Natural Gas to remove gas line connections.	
Rear Setback:		