



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
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DEMOLITION PERMIT APPLICATION

PERMIT #: _____
[] Total Demolition [] Partial Demolition
[] Residential [] Commercial [] Flood Zone Elevation: _____

Owner Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Owner Phone: _____ E-mail: _____
Project Address: _____ PIN #: _____

Contractor Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Contractor Phone: _____ E-mail: _____
License #: _____

WNC Air Quality Permit? [] Yes [] No Permit #: _____

(Owner's Signature) Date

(Contractor's Signature) Date

FOR OFFICE USE ONLY

Permit Fee: \$ _____ Cash: \$ _____ Check #: _____ Date Paid: _____

(PERMIT APPROVAL DATE) BUILDING INSPECTOR SIGNATURE

Notes/Comments: _____

