



**MECKLENBURG COUNTY
Public Health**

STRUCTURE DEMOLITION/MOVE-OFF APPLICATION

Inspection Requested: Demolition Partial Demolition Move-Off

of Structures Less than 500 sq. ft. _____

of Structures 500 – 4,999 sq. ft. _____

of Structures 5,000 – 9,999 sq. ft. _____

of Structures 10,000 sq. ft. & greater _____

Are there any wells present? Yes No Unknown

***APPLICATION MUST BE FILLED OUT COMPLETELY.
INCOMPLETE APPLICATIONS WILL DELAY THE INSPECTION PROCESS.***

Property Address: _____

City: _____ Zip Code: _____ Tax Parcel #: _____

Property Owner: _____

Name of Applicant: _____ Company: _____

Mailing/Payment Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Inspection Contact Person: _____ Phone: _____

Applicant Relation to Property: Owner Contractor Manager Other _____

Signature: _____ Date: _____

Office Use Only -- APPROVE DISAPPROVE WELL PRESENT

Inspector: _____ Date: _____

Notes: