Complete and return with the completed permit application to:
Goldsboro Inspections Dept
200 N Center St
Goldsboro, NC 27530

HOMEOWNERS' AFFIDAVIT
DEMOLITION

_____, I DO CERTIFY AND AFFIRM THAT I AM THE OWNER OF THE FOLLOWING REAL PROPERTY AND HEREBY SUBMIT APPLICATION TO UNDERTAKE THE FOLLOWING PERMITTED WORK;

☐ NEG ASBESTOS REPORT SUBMITTED ☐ DEMOLITION OF HOME & SITE CLEAN UP

(Address) _____

(Phone) _____ (Email) _____

Type of work: _____
(whole house, internal demo only)

☐ I own this property

☐ I understand it is my responsibility to properly notify the Department of Health and Human Services Division of Public Health-Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

☐ I understand that failure on my part to demolish all debris, grade the proper drainage, reseed, flag and cap sewer lines at main within sixty (60) days of obtaining a demolition permit shall be cause for forfeiture of the demolition bond. YOU MUST CALL FOR PROPER INSTRUCTIONS.

☐ I understand that I need to call the inspections department when the demolition is completed for a Final Inspection to close out the permit.

☐ I hereby certify that the information on this application is correct and that all work in connection with the above-mentioned joy will be performed under my supervision and that such work complied with the requirement of the NC State Building Codes and applicable City of Goldsboro Ordinances.

I have attached the completed demolition application, the asbestos and abatement reports and have paid the appropriate fee.

I CERTIFY THAT THE INFORMATION IN THIS AFFIDAVIT AND THE ATTACHED APPLICATION ARE TRUE, CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____
Signature of affiant date

Signature of notary sworn to and subscribed in my presence this the _____ day of _____ 20_____.

_____ SEAL:
Signature of Notary

_____
Printed, Typed, Stamped name of notary

My commission expires _____/_____/_____