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Director

Randy Krum
Councilman

Susna Naples
Councilwoman



DATE: ____/____/____

TYPE OF LICENSE: **PRE-DEMOLITION**

FEE: **\$25.00 PER BUILDING (VALID FOR 90 DAYS)**

LOCATION OF PROPERTY BEING DEMOLISHED:

DESCRIPTION OF STRUCTURE:

NAME OF CONTRACTOR: _____

ADDRESS: _____ TEL# _____

OWNER OF PROPERTY : _____

ADDRESS : _____

TEL# _____ DOB: _____ SS# _____

I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS IMPOSED BY THE CARTERET HEALTH DEPARTMENT AND NOTICES AS MAY BE ISSUED BY THE HEALTH OFFICER OR AGENT.

SIGNATURE: _____

INSPECTION DATE: _____ EXTERMINATION DATE: _____

NAME OF EXTERMINATOR _____

ADDRESS : _____ TEL# _____

OTHER RELEVANT INFORMATION

