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# CITY OF DUNN

Building Inspections Department

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POST OFFICE BOX 1065 ~ DUNN ~ NORTH CAROLINA 28335  
(910) 230-3505 Chief Inspector ~ (910) 230-3504 Building Code Enforcement

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## AUTHORIZATION AND REQUEST TO DEMOLISH STRUCTURE

STATE OF NORTH CAROLINA  
COUNTY OF HARNETT

THE UNDERSIGNED REQUESTS AND AUTHORIZES THE CITY OF DUNN, NORTH CAROLINA (DEPARTMENT OF PUBLIC WORKS) TO DEMOLISH A CERTAIN BUILDING DESCRIBED AND LOCATED AS FOLLOWS:

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\_\_\_\_\_

(PRINT) THE UNDERSIGNED CERTIFY (I) SAID BUILDING IS OWNED BY:

NAME:

ADDRESS:

(II) THIS AUTHORITY IS LAWFULLY GIVEN, (III) SAID BUILDING IS NOT INSURED, AND (IV) NEITHER THE OWNER NOT THE UNDERSIGNED WILL BE PAID BY ANYONE FOR HAVING THE STRUCTURE DEMOLISHED AND REMOVED FROM THE PREMISES.

FURTHERMORE, THE CITY OF DUNN SHALL BE HELD HARMLESS FOR ANY DAMAGES THAT MAY RESULT FROM THE DEMOLITION AND REMOVAL OF THE STRUCTURE.  
OWNER

FEES INCURRED FOR THE DEMOLITION AND CLEAN UP SHOULD BE PAID WITHIN 30 DAYS UPON NOTIFICATION WITH RECEIPTS FROM THE LANDFILL TO THE OWNER BY THE CITY OF DUNN

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
ATTEST SIGNATURE (WITNESS)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ATTEST (PLEASE PRINT NAME)

I, \_\_\_\_\_ a Notary Public for \_\_\_\_\_ County and \_\_\_\_\_  
\_\_\_\_\_, state, do hereby certify that \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_, personally appeared before me this day and acknowledged the due execution of  
the foregoing instrument. Witness my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public