

Initial Application Date: 7.25.18

Application # BCOM 1807.0014

**COUNTY OF HARNETT DEMOLITION APPLICATION**

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

Land Owner: Harnett County Mailing Address: 904 Anderson Creek Rd

City: Bun Level State: NC Zip: 29323 Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

APPLICANT\*: A / Salvage and Demolition Mailing Address: P.O. Box 4787

City: Archdale State: NC Zip: 27263 Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Charlin Johnson Phone #: 336 442 1380

PROPERTY LOCATION: Subdivision: Anderson Creek School Lot Acreage: 24.49

State Road #: 2004 State Road Name: Anderson Creek School Rd

Parcel: 01-0525-0119 PIN: 0525-47-5514 Zoning: RA20R Flood Zone: NA

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Structure(s) to be demolished & removed: Single family dwelling \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Other (specify) old school

Structures (existing and/or proposed): Single family dwellings \_\_\_\_\_ Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Water Supply:  County  Existing Well

Sewage Supply:  Existing Septic Tank  County Sewer

- \* If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.
- \* If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

\*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the removal to ensure proper listing.

\*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

**\*\*PLEASE NOTE\*\*** Failure to completely demolish, remove, and clear the premises will result in the withholding of the Certificate of Compliance. Thus, future permits for the property will be denied, and fines may be imposed for failure to complete demolition/removal.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Charlin Johnson  
Signature of Owner or Owner's Agent

7-25-2018  
Date

**\*\*This application expires 6 months from the initial date if no permits have been issued\*\***

Asbestos requirements are applicable if the occupancy use is or changes to Commercial (not residential), or if multiple structures are being demolished & removed at one time.

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An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's 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 hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett County Ordinances. Call for inspection at proper stage of work.

A I Salvage And Demolition, Inc 7-25-2018

CONTRACTOR / APPLICANT

DATE

LICENSE NO. (If applicable)

Please contact the Department of Health and Human Services for their requirements and permit information.

<http://www.epi.state.nc.us/epi/asbestos/ahmp.html>



**Cash Register Receipt**  
Harnett County

**Receipt Number**  
**R251**

DESCRIPTION	QTY	PAID
PermitTRAK		\$75.00
BCOM1807-0014 Address: 904 ANDERSON CREEK SCHOOL RD APN: 0525-47-5514.000		\$75.00
DEMOLITION FEES		\$75.00
DEMOLITION COMMERCIAL	0	\$75.00
<b>TOTAL FEES PAID BY RECEIPT: R251</b>		<b>\$75.00</b>

Date Paid: Wednesday, July 25, 2018

Paid By: A 1 Salvage and Demolition

Cashier: DJ

Pay Method: CREDIT CARD 29251







**Harnett**  
**COUNTY**  
 NORTH CAROLINA

**BUILDING COMMERCIAL**

910-893-7525

www.harnett.org

PERMIT NUMBER

**BCOM1807-0014**

<b>JOB ADDRESS:</b> 904 ANDERSON CREEK SCHOOL RD	<b>PERMIT SUBTYPE:</b> DEMOLITION	<b>PARCEL NO:</b> 0525-47-5514.000
<b>DESCRIPTION:</b> Anderson Creek School Cafeteria	<b>DATE ISSUED:</b>	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> RA-20R - 24.49 acres (100.0%)	

<b>APPLICANT:</b> A 1 Salvage and Demolition PO Box 4787 Archdale, NC 27263	<b>PHONE:</b> (336)442-1380 <b>EMAIL:</b>
<b>CONTRACTOR:</b> A 1 Salvage and Demolition PO Box 4787 Archdale, NC 27263	<b>PHONE:</b> (336)442-1380 <b>EMAIL:</b>
<b>OWNER:</b> HARNETT COUNTY 904 ANDERSON CREEK SCHOOL RD BUNNLEVEL, NC 28323 LILLINGTON, NC 27546-0000	<b>PHONE:</b> <b>EMAIL:</b>

**REQUIRED INSPECTIONS**

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
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HEALTH HAZARDS CONTROL UNIT  
NC DHHS-DIVISION OF PUBLIC HEALTH  
1912 MAR. SERVICE CENTER, RALEIGH, NC 27602-1812  
TELEPHONE: 919-707-4800 FAX: 919-870-4808

### REVISION FOR PERMIT/NOTIFICATION

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER: <u>n/a</u>	NESHAP NUMBER: <u>55934</u>
FACILITY: <u>Anderson Creek School</u>	FACILITY ADDRESS: <u>904 Anderson Creek School Rd</u>
CONTRACTOR: <u>USG Inc</u>	CONTACT PHONE: <u>336 454 5700</u>
CONTACT PERSON: <u>Bill Fields</u>	CONTACT FAX NUMBER: <u>336 454 7110</u>

#### ASBESTOS REMOVAL DATES

ORIGINAL REMOVAL START DATE:	REVISED REMOVAL START DATE:
ORIGINAL REMOVAL COMPLETE DATE:	REVISED REMOVAL COMPLETE DATE:

#### DEMOLITION DATES

ORIGINAL DEMO START DATE: <u>7-16-18</u>	REVISED DEMO START DATE: <u>7-23-18</u>
ORIGINAL DEMO COMPLETE DATE: <u>7-30-18</u>	REVISED DEMO COMPLETE DATE: <u>7-31-18</u>

#### ADDITIONAL AMOUNTS OF MATERIALS/FEE'S

TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Flooring/Mastic:	<u>sf</u> x .10 = \$	Pipe Insulation (TSI):	<u>lf</u> x .20 = \$
Calling Tile:	<u>sf</u> x .10 = \$	Boiler Insulation (TSI):	<u>sf</u> x .20 = \$
Cementitious Roofing/Siding/Panels	<u>sf</u> x .10 = \$	Surfacing Material:	<u>sf</u> x .20 = \$
Roofing:	<u>sf</u> x .10 = \$	Other (sf/lf):	<u>sf/lf</u> x .20 = \$
Other: (e.g. drywall/joint compound Wallboard System)	<u>sf/lf</u> x .10 = \$		
TOTAL (A) _____ x .10 = \$		TOTAL (B) _____ lf/lf x .20 = \$	

(a) TOTAL (A) + (B) = \$ \_\_\_\_\_

(b) CONTRACT PRICE = \$ \_\_\_\_\_ x .01 = \$ \_\_\_\_\_

TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ \_\_\_\_\_

ADDITIONAL COMMENTS OR OTHER REVISIONS: Please push demo start back.

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME: Timothy Eikes TITLE: VP

COMPANY NAME: Ventador Service Group

SIGNATURE: [Signature] DATE: 7-16-18

#### HEALTH HAZARDS CONTROL UNIT USE

RECEIVED BY: CC DATE RECEIVED: 7/16/18

POSTMARK DATE: \_\_\_\_\_ PERMITS DATA ENTRY: \_\_\_\_\_

#### FAX TRANSMITTAL INFORMATION

TO: _____	DATE: _____	TO: <u>HHCU</u>	DATE: _____
FROM: _____	TIME: _____	FROM: _____	TIME: _____
FAX #: _____	# PAGES: _____	FAX #: <u>919-870-4808</u>	PAGES: _____



MGB 2000 LLC  
2434 Pepperstone Drive  
Graham, NC 27253



**CERTIFICATION OF FINAL VISUAL INSPECTION**

**PROJECT:** ANDERSON CREEK SCHOOL

**WORK AREA:** 904 Anderson Creek School Road Lillington NC

**CONTRACTOR CERTIFICATION**

In accordance with project specifications the Contractor hereby certifies that all asbestos materials required to be removed are gone, and that he has visually inspected the entire work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris or residue that might be suspect for asbestos.

by: (Signature) \_\_\_\_\_

Date: 7-12-18

(Print Name) \_\_\_\_\_

Timothy Altes

(Print Title) \_\_\_\_\_

Supervisor

**PROJECT INSPECTOR CERTIFICATION**

The Project Inspector hereby certifies that he has personally conducted a visual inspection and verifies that this inspection has been thorough and, to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

by: (Signature) \_\_\_\_\_

Date: 7-12-18 Time: 6:30pm

(Print Name) \_\_\_\_\_

MICHAEL G BULLARD

Certification: Air Monitor

No. 80826

Exp. 1-19

Comments: Removed Metal windows on gym front and rear

Continued on back Y N



**A-1** AISO  
**SALVAGE**  
*and*  
**DEMOLITION** Inc.

PO Box 4787  
Archdale, NC 27263

Office  
**336.434.1105**

Fax  
**336.434.1106**

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**Charlie Johnson - Vice President**

**336-442-1380**

**cja1metals@aol.com**

**Demolition**

**Scrap Metal**

**Cardboard**

**Roll of Containers 20-30 Yard**

**Commercial & Residential Structures**

**Warehouse Clean Outs**

**DE** **Industrial Plants** **WILSON** **Inc.**  
**Interior Strip Outs**