

DEMOLITION APPLICATION

SITE ADDRESS: 203 S 13th St. Erwin, NC 28339 PIN: 0597-63-7839.000
LANDOWNER: Taylor + Patel LLC. Mailing Address: 337 Sutton Glen Dr.
City: Apex State: NC Zip: 27523 Phone: 919-749-5040 Email: _____

*Please fill out applicant information if different than landowner.

APPLICANT: Martin Edwards + Associates Inc. Mailing Address: PO Box 35
City: Erwin State: NC Zip: 28339 Phone: 910-591-7420 Email: adunn@mailmea.com

EXISTING STRUCTURES: Single Family Dwellings: _____ Manufactured Homes: _____ Other: X - Carwash

EXISTING UTILITIES: **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 the existing septic system is not damaged.
If an existing well is on site and is to be discontinued, please contact the Environmental Health Department for assistance.

STRUCTURES TO BE DEMOLISHED: Single Family Dwellings: _____ Manufactured Homes: _____ Other: X - Carwash

PROPOSED STRUCTURES: Single Family Dwellings: _____ Manufactured Homes: _____ Other: _____ NONE

**For Manufactured Homes, will a replacement be placed in the same location within 6 months of demolition? YES NO

NOTE: If yes, a Site Plan showing the current location of the home will be required with this application.

ADDRESS TYPE: Residential Non-Residential

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. 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. 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>

NOTE: Verification of proper disposal must be submitted to the Central Permitting Department prior to the Final Inspection.

I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. I also certify 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. I understand that this permit is subject to revocation if information is falsified.


Signature of Contractor or Applicant

4-13-26
Date

License No. (if applicable)

Permits are valid for 6 months from the issue date.



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #
26-195

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	<u>Martin Edwards & Associates Inc.</u>	Property Owner	<u>Taylor + Patel LLC</u>
Home Address	<u>PO Box 35</u>	Home Address	<u>337 Sutton Glen Dr.</u>
City, State, Zip	<u>Erwin, NC 28339</u>	City, State, Zip	<u>Apex, NC 27523</u>
Telephone	<u>910-591-7420</u>	Telephone	<u>919-749-5040</u>
Email	<u>adunn@mailmea.com</u>	Email	

Address of Proposed Property	<u>203 S 13th St. Erwin, NC 28339</u>		
Parcel Identification Number(s) (PIN)	<u>0597-63-7839.000</u>	Estimated Project Cost	<u>\$3,200.00</u>
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	<u>Demolition of Carwash</u>		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	<u>Carwash</u>		
Does the Property Access DOT road?	<u>Yes</u>		
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	Watershed <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	Wetlands <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	
MUST circle one that applies to property	Existing/Proposed Septic System <input type="checkbox"/> Or <input checked="" type="checkbox"/> Existing/Proposed County/City Sewer		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

<u>Ashley Dunn</u> Print Name	<u>Amy Durr</u> Signature of Owner or Representative	<u>4-13-26</u> Date
----------------------------------	---	------------------------

For Office Use

Zoning District	<u>CB</u>	Existing Nonconforming Uses or Features	<u>NA</u>
Front Yard Setback	<u>NA</u>	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	<u>NA</u>	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	<u>NA</u>	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: <u>Waived</u>	Date Paid: <u>Waived</u> Staff Initials: <u>OME</u>

Comments: Demo car wash, demo permit from Harnett County

Signature of Town Representative: [Signature] Date Approved / Denied: 4/13/26

Central Permitting
 (910) 893-7525

420 McKimney Parkway, Lillington

central Permitting

**Chase
Environmental
Incorporated**

March 21, 2026

Mr. Ashley Dunn

Martin Edwards & Associates
10335 Ramsey St.
Linden, NC 28567

RE: Asbestos Survey for E Mart Car Wash

Dear Mr. Dunn.

Per your request, an asbestos survey was conducted at 201 13th St. in Erwin on the E mart Car wash building. The purpose of the survey was to identify and sample any Asbestos Containing Materials (ACBMs) in/on the car wash structure. The Environmental Protection Agency requires any structure that is being demolished be inspected for ACBMs. A limited survey was performed on the interior and exterior of the car wash. Chase Environmental, Inc. was given unlimited access throughout the structure. During the survey, areas of suspect were identified. Representative samples were collected and sent to Schneider Laboratories in Richmond, VA. This lab is a NVLAP accredited facility.

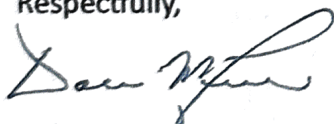
As you can see on the attached analytical report, six samples were pulled. Fortunately, **none** of the samples show any indication of Asbestos fibers.

With the understanding that you are preparing to demolish the car wash, I remind you that an Asbestos Permit Application and Notification for Demolition/Renovation is required by law to be mailed to the address below ten working days prior to any demolition activities.

NCDHHS- Division of Public Health
Health Hazards Control Unit
1912 Mail Service Center
Raleigh, NC 27699-1912

An asbestos inspection/survey is a judgement call based on the experience of the inspector and is performed by sampling suspected substances for asbestos. Thank you for allowing us to assist you in this matter. Please do not hesitate to call if you have any questions,

Respectfully,



Dale McLean

Manager

Chase Environmental, Inc.



Wayne Parker

NC Inspector Asbestos

12298



Customer: MISC (0)
Address:

Order #: 677252

Received 03/19/26
Analyzed 03/23/26
Reported 03/24/26

Attn: Chase Environmental Inc.

Project: E Mart Carwash
Location: 201 513 St Erwin NC 28339
Number:

Method: EPA 600/R-93/116 & 40 CFR App. E Sub. E Pt. 763

PLM Analysis

Sample ID	Collected	Cust. ID	Location	Asbestos Fibers	Other Materials
677252-001	03/12/26	1	Exteiror Wall Top	No Asbestos Detected	20% CELLULOSE FIBER 80% NON FIBROUS MATERIAL
Layer 1: Hard Material Beige, Hard					
677252-002	03/12/26	2	Exteiror Wall Bottom	No Asbestos Detected	20% CELLULOSE FIBER 80% NON FIBROUS MATERIAL
Layer 1: Hard Material Beige, Hard					
677252-003	03/12/26	3	Roof	No Asbestos Detected	100% NON FIBROUS MATERIAL
Layer 1: Rubbery Material Black, Rubbery					
677252-004	03/12/26	4	201 513th St	No Asbestos Detected	100% NON FIBROUS MATERIAL
Layer 1: Brittle Material White, Brittle					
677252-005	03/12/26	5	Inside Ceiling	No Asbestos Detected	100% NON FIBROUS MATERIAL
Layer 1: Rubbery Material White, Rubbery					
677252-006	03/12/26	6	Roof	No Asbestos Detected	20% NON FIBROUS MATERIAL 80% SYNTHETIC FIBER
Layer 1: Fibrous Material Beige, Fibrous					

Reporting Limit: 1% Gravimetrically Reduced Reporting Limit: 0.01% PLM analysis is based on Visual Estimation and NESHAP recommends that any friable sample with an asbestos content less than 10 percent be verified by Point Count or TEM Analysis. The EPA recommends that any attic loose fill vermiculite should be treated as asbestos containing material. This report must not be reproduced except in full with the approval of the laboratory. Laboratory estimated asbestos error rates available upon request. The test results apply to the sample as received.

Project: E Mart Carwash
Location: 201 513 St Erwin NC 28339
Number:

Method: EPA 600/R-93/116 & 40 CFR App. E Sub. E Pt. 763

PLM Analysis

Sample ID	Collected	Cust. ID	Location	Asbestos Fibers	Other Materials
-----------	-----------	----------	----------	-----------------	-----------------

EPA Regulatory Limit: 1%

Total layers analyzed on order: 6

677252-03/24/26 05:06 PM



Analyst Leena Elshouia



Reviewed By: Dionna Cheatham
Data Management

Reporting Limit: 1% Gravimetrically Reduced Reporting Limit: 0.01% PLM analysis is based on Visual Estimation and NESHAP recommends that any friable sample with an asbestos content less than 10 percent be verified by Point Count or TEM Analysis. The EPA recommends that any attic loose fill vermiculite should be treated as asbestos containing material. This report must not be reproduced except in full with the approval of the laboratory. Laboratory estimated asbestos error rates available upon request. The test results apply to the sample as received.



SCHNEIDER LABORATORIES, INC.
 2512 West Cary Street, Richmond, Virginia 23220-5117
 804-383-0778 • 800-786-LABS (5227) • Fax 804-389-1475
 www.slabino.com e-mail: info@slabino.com

Submitting Co.
Chase Environmental Inc
 PO Box 477
 Erwin NC 28339

Project Name: **E Mart Car Wash**
 Project Location: **201 513 rd Erwin NC 28339**
 Project Number:
 Purchase Order No.:

Special Instructions (Include requests for special reporting or data packages)
STATE WHERE SAMPLES WERE COLLECTED: NC

677252
 V:\677\677252
 tchapman 3/19/2028 7:22:23 AM
 Federal Express 808838050861

Time/Retrieval Time
 Same day
 1 business day
 2 business days
 3 business days

Matrix / Sample Type (Select ONE)
 All samples on form should be of SAME matrix. Use additional forms as needed.
 Air
 Aqueous
 Bulk
 Hi-Vol Filter (PM10)
 Hi-Vol Filter (TSP)
 Oil
 Paint
 Sludge
 Soil

Analysis (Select ALL that Apply)
 Metals-Total Cont.
 Lead
 RCRA Metals
 Metals-Trace:
 TCPL / Lead
 TCPL / RCRA Metals
 TCPL / Full (w/ organics)

FOR ASBESTOS AIR: TYPE OF RESPIRATOR USED:
 NIOSH 0500
 Resp. Dust (NIOSH 0800)
 Silica - FTIR (NIOSH 7602)
 Silica - XRD (NIOSH 7600)

Sample #	Date Sampled	Time Sampled	Sample Identification (e.g. Employee, SSN, Bldg, Material)	Wipes		Information for Air Samples		Total # con-tainers
				Wiped Area (ft²)	Type A,B,P,E	Time Start	Time Stop	
1	3-12-26	7:15	Exterior Wall Top					
2	3-12-26	9:15	Exterior Wall Bottom					
3	3-12-26	9:20	Roof rubber					
4	3-12-26	9:22	Top Trim					
5	3-12-26	9:25	Inside ceiling					
6	3-12-26	9:30	roofing underlayment					

Organics
 Pump Calibration in Libran/Inhouse
 *Volume in Libran (ml) = flow in Libran

Sample Collection & Custody Information
 Beginning/End of Sample Period: _____
 Signature: Wayne Parker DATE/TIME: 3-12-26
 Signature: Wayne Parker DATE/TIME: 3-12-26
 Signature: _____ DATE/TIME: _____

Sampled by (NAME) Wayne Parker (SIGNATURE) _____ (DATE/TIME) _____
 Relinquished to lab by (NAME) _____ (SIGNATURE) _____ (DATE/TIME) _____
 Received in lab by (NAME) _____ (SIGNATURE) _____ (DATE/TIME) _____
 JFH JUPS JUSM JHD JDB JCOURIER
 Unusual Sample Condition Note: WAYBILL #

Special Instructions: Sample return requested
 Ambient temp Cool ____ °C
 PH ____ Cl ____ R [] S

Chain-of-Custody documentation contained internally within lab.

ORGANICS TESTS and other Analysis
 NOTE: All samples for organics should be kept at 4°C from collection until testing. Schedule rush analyses in advance. Indicate preservatives added & media type. Indicate analysis method for organics tests.