

Initial Application Date: 5/10/19

Application # BRES1905-0035

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: Alphin Bros. Inc Mailing Address: 210 S. Clinton Ave

City: Dunn State: NC Zip: 28334 Home #: 910-892-8751 Contact #:

APPLICANT: TSE Disaster Recovery Mailing Address: 1311 Indiana Ave

City: St. Cloud State: FL Zip: 34769 Home #: 407-891-8005 Contact #: 407-921-2446

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: 2302 US Hwy 301 Phone #:

PROPERTY LOCATION: Subdivision: — Lot Acreage: 7.56

State Road #: 301 State Road Name: US 301

Parcel: 021515 0250 PIN: 1515-06-3054.000 Zoning: Ind. Flood Zone: X

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Follows US Hwy 301 out of Dunn headed south to plant/WHSE on RT side of road.

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

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.

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.

[Signature]
Signature of Owner or Owner's Agent

5/10/19
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.

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.

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>

HEALTH HAZARDS CONTROL UNIT
 NC DHHS - DIVISION OF PUBLIC HEALTH
 1912 MAR. SERVICE CENTER, RALEIGH, NC 27699-1012
 TELEPHONE: 919-707-5950 FAX: 919-707-4808

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:	NESHAP NUMBER: <u>55333</u>
FACILITY: <u>Alphin Brothers</u>	FACILITY ADDRESS: <u>2302 US 301 Dunn, N.C. 28834</u>
CONTRACTOR: <u>TSE Disaster Recovery</u>	CONTACT PHONE: <u>407-921-2446</u>
CONTACT PERSON: <u>Marc Junker</u>	CONTACT FAX NUMBER: <u>407-891-9005</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>5/8/2019</u>	REVISED DEMO START DATE: <u>5-8-2019 SP</u>
ORIGINAL DEMO COMPLETE DATE: <u>7/31/2019</u>	REVISED DEMO COMPLETE DATE: <u>7-31-2019 SD</u>

ADDITIONAL AMOUNTS OF MATERIALS/FEEES

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

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

NAME: Marc Junker TITLE: Compliance Control Officer

COMPANY NAME: TSE Disaster Recovery

SIGNATURE: [Signature] DATE: 5/19/2019

HEALTH HAZARDS CONTROL UNIT USE

RECEIVED BY: CC DATE RECEIVED: 5/8/19

POSTMARK DATE: _____ PERMITS DATA ENTRY: _____

FAX TRANSMITTAL INFORMATION

TO: _____ DATE: _____	TO: <u>HHCU</u> DATE: _____
FROM: _____ TIME: _____	FROM: _____ TIME: _____
FAX #: _____ # PAGES: _____	FAX #: <u>919-970-4805</u> PAGES: _____