

Initial Application Date: 10-18-22

Application # \_\_\_\_\_

**COUNTY OF HARNETT DEMOLITION APPLICATION**

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

LANDOWNER: Larue M. Powell Mailing Address: 7036 Rouse Road

City: Holly Springs State: NC Zip: 27540 Contact # 919-422-5741 Email: powellsnursery@aol.com

APPLICANT\*: Cecil Holcomb Renovations Inc Mailing Address: 8315 La Matisse Rd

City: Raleigh State: NC Zip: 27615 Contact # 919-876-4060 Email: chdemolition@aol.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Cecil Holcomb (emailing it in) Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: 4985 NC Hwy 210 Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book&Page: 1

Parcel: \_\_\_\_\_ PIN: 0662-34-1818.000

Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book&Page: 1

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Head west towards S Main St, Turn Right onto S Main St. Cont straight onto NC 210 N/N Main St. Cont to follow NE 210 N, Destination will be on the left.

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.

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.

Cecil Holcomb  
Signature of Owner or Owner's Agent

10-18-22  
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.**

Cecil H. H. H.

CONTRACTOR / APPLICANT

10-18-22

DATE

87551

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>**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	<b>CONTACT NAME:</b> Certificate Administrator <b>PHONE (A/C, No, Ext):</b> 910-455-7576 <b>E-MAIL ADDRESS:</b> certs@siagroup.com	<b>FAX (A/C, No):</b> 910-455-7481
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Cecil Holcomb Renovations, Inc. 8315 LaMatisse Road Raleigh NC 27615	CECIHOL-02	<b>INSURER A:</b> American Interstate Insurance Company <b>INSURER B:</b> Progressive Southeastern Insurance Company <b>INSURER C:</b> Kinsale Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
		<b>NAIC #</b> 31895 38784 38920

**COVERAGES**

CERTIFICATE NUMBER: 848405301

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	0100182498-0	3/21/2022	3/21/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	02098026	3/21/2022	3/21/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		0100182535-0	3/21/2022	3/21/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	AVWCNC3071252022	3/21/2022	3/21/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**
 County of Harnett  
 108 E. Front St.  
 Lillington NC 27546

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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October 13, 2022

Mr. Cecil Holcomb - Cecil Holcomb Demolition  
8315 La Matisse Road, Raleigh NC 27615

Subject: Asbestos Containing Building Material Survey  
4985 NC 210 N. Angier, NC

Dear Mr. Holcomb:

Bar-Lyn Enterprises, Inc, was contracted to conduct Asbestos Containing Building Material Survey for the reference site. The survey for 4985 NC 210 N. Angier, NC was conducted on October 10, 2022.

Bar-Lyn Enterprises, Inc understands that the subject is scheduled for selective renovation or demolition. In order to facilitate the renovation or demolition, Bar-Lyn Enterprises, Inc performed a survey to identify asbestos containing materials which are required to be removed prior to renovation or any demolition activities.

The survey was performed by Bar-Lyn Enterprises, Inc inspector Peter Mitchell (NC Accredited Inspector #13224). The survey began with a visual inspection of accessible areas for the presence of suspect asbestos containing materials. Both friable and nonfriable suspect asbestos containing material were considered during the course of the survey.

Bar-Lyn Enterprises, Inc. collected Thirty-Two (32) Suspect Asbestos Bulk Samples. The samples were submitted Carolina Environmental, Inc. for analyses using polarized light microscopy. A tabular summary of the analytical results is provided in attachment. The US Environmental Protection Agency (EPA) classifies material containing more than 1% asbestos as ACM. The materials found to contain regulated levels of ACM are listed below:

After reviewing data from the samples taken, the following materials were found to contain asbestos for the House and Barn.

**House**

Material	General Location	Type and Percentage of Asbestos Present	Approximate Amount
8A,8B	Hallway	Sheetgood (Brown) 20% Mastic 2% Floor Tile (Tan) 5%	60 Sq. Ft. NF
10A,10B	Left Rear BR, Bath Closet, Bath	Sheetgood (Tan) 20% Mastic 2%	120 Sq. Ft. NF
11A,11B	Rt. Hall Closet	Sheetgood (Tan) 20% Mastic 2%	25 Sq. Ft. NF
12A,12B	Kitchen	Sheetgood (Brown) 20% Mastic 2% Floor Tile (Tan) 5%	170 Sq. Ft. NF
13A	Kitchen	Sink Undercoat 5%	6 Sq. Ft. NF
14A,14B	Utility / Pantry Room	Sheetgood (Brown) 20% Mastic 2% Sheetgood (Tan) 20% Mastic 2%	110 Sq. Ft. NF

**Barn**

Material	General Location	Type and Percentage of Asbestos Present	Approximate Amount
16A	Exterior Throughout	Metal Siding Coating 5%	800 Sq. Ft. NF

\*Note- Attached Shed on back of barn had no suspect asbestos containing materials.

**F=Friable NF=Non Friable**

Any demolition/renovation work in which ACM is disturbed must be in compliance with EPA, OSHA and the State of North Carolina regulations. Please note that the asbestos abatement contractor must notify the North Carolina Department of Health and Human Services (HHS) ten (10) days prior to the disturbance of ACM if it is friable or becomes friable and greater than or equal to 160 square feet, 260 linear feet or 35 cubic feet.

Please contact our office should you have any additional questions.

Respectfully,  
 BAR-LYN ENTERPRISES, INC.  
*Peter D. Mitchell*  
 Peter D. Mitchell  
 NC Accredited Inspector #13224

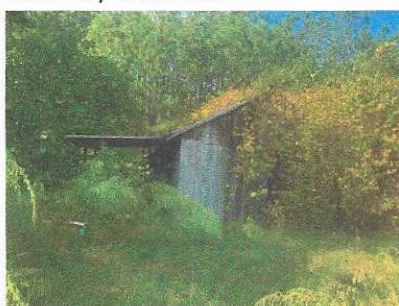
**Photos of House, Barn w/ Lean-To, and Shed Inspected:**

4985 NC 210 N. Angier, NC

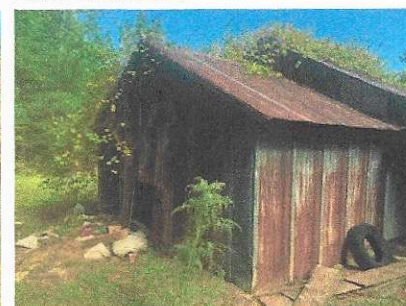
House



Barn W/ Lean-To



Attached Shed



**Additional Information & Photos**

(8A,8B) – Sheetgood (Brown)  
Chrysotile 20%/ Mastic 2% & Floor Tile (Tan) 5%



(10A,10B)-Sheetgood (Tan) Chrysotile 20%  
Mastic 2%



(11A,11B) – Sheetgood (Tan) Chrysotile 20%  
Mastic 2%



(12A,12B)-Sheetgood (brwn) Chrysotile 20%  
Mastic 2% Tile (Tan) 5%



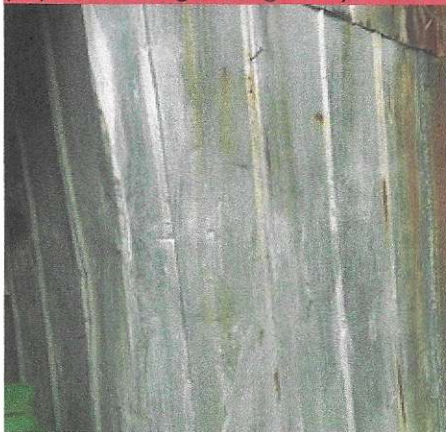
(13A) Sink Undercoat Chrysotile 5%



(14A,14B) – Sheetgood (brwn) Chrysotile 20%/Mastic 2%  
Sheetgood (Tan) Chrysotile 20% / Mastic 2%



(16) Metal Siding Coating Chrysotile 5%



\*Attachments: Chain of Custody & Laboratory Report

