



Gates County

Inspection Department
PO Box 411 200 Court Street Gatesville, NC 27938

OFFICE (252) 357-0122

DEMOLITION PERMIT APPLICATION

FAX (252) 357-4577

PROJECT ADDRESS:

Owners Name:	Phone:
Address:	Mobile:
City/State/Zip	Email:

CONTRACTOR

Name of Business:	License #:
Address:	Mobile
City/State/Zip	

DESCRIPTION OF WORK: _____ **Total (Including Material) Estimated Project Cost: \$** _____

DISCLAIMER: I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations or private building restrictions, if any, which may be imposed by deed. The Inspection Department will be notified of any changes in the approved plans and specifications for the project herein.

By signing, I acknowledge that I will completely and **properly** demolish and remove all rubble and debris of stated premises. **I ALSO ACKNOWLEDGE THAT I CAN NOT STOCK PILE, BURN AND OR BURY ANY MATERIAL FROM A DEMOLISHED STRUCTURE. I WILL PROVIDE THE INSPECTION DEPARTMENT WITH A COPY OF THE LAND FILL RECEIPT FOR PROOF OF PROPER DISPOSAL.**

IS YOUR PROJECT: RESIDENTIAL / COMMERCIAL

DOES THIS STRUCTURE OR BUILDING CONTAIN ASBESTOS? YES / NO

IS THERE A NATURAL GAS LINE CONNECTED TO THIS BUILDING? YES / NO

FIRE DISTRICT: _____

IS THERE ELECTRICAL POWER ON THIS BUILDING? YES / NO

NOTE: The National Emission Standards for Hazardous Air Pollutants (NESHAP) Regulations Require that **You Contact Them at (919) 707-5950** at Least 10 Days Prior to the Demolition of any Facility or Building, whether the Facility or Building was found to contain Asbestos or not.

Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768). This form can be found on the Web site shown below. **Note:** Obtaining a demolition permit from the Gates County Inspections Dept does NOT satisfy or meet the notification requirements of the HHCU (Health Hazards Control Unit).

*Keep in mind that an asbestos survey is required by a NC accredited asbestos inspector prior to any renovation or demolition of a facility. Please see the Asbestos Web Site <http://www.epi.state.nc.us/epi/asbestos/ahmp.html>

NC DENR CONTACT PERSON FOR GATES COUNTY, NC: **MARY WHALEY (919) 693-5023**
NC DIVISION OF WASTE MANAGEMENT
<http://portal.ncdenr.org/web/wm/sw/rules>

ALL DUMP SITES MUST BE APPROVED BY NCDNR PRIOR TO DEMOLITION
-NO EXCEPTIONS!!

Signature _____ Date _____

***Must Complete Form D-2 also



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DEMOLITION PERMIT APPLICATION ASBESTOS FORM

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READ CAREFULLY BEFORE SIGNING

PERMITTEE:

As the holder of a Demolition Permit and/or Remodeling Permit, you are hereby notified of the possibility that asbestos may be present in the structure you are about to demolish and/or remodel.

ANY ASBESTOS FOUND IN THIS STRUCTURE MUST BE REMOVED AND DISPOSED OF AS PRESCRIBED BY STATE AND FEDERAL REGULATIONS.

Permits for asbestos removal must be obtained from the North Carolina Department of Health and Human Services, Division of Public Health Hazards Control Unit. The permittee is responsible for obtaining any necessary asbestos removal and/or repair permit. Gates County will not be responsible for any actions or fines levied by the federal, state or regional agencies. Any fines levied against Gates County must be paid by the permittee.

I have read and understand the statement above, and I will obtain all permits necessary or required for proper asbestos removal. I agree to pay any fine levied against the undersigned and/or the County of Gates relating to asbestos removal, repair and/or handling; and will defend, indemnify and hold Gates County harmless of any loss, including fines, fees or attorney's fees incurred by Gates County relating to asbestos removal, repair and/or handling and arising out of the activities carried on pursuant to the Demolition Permit Number above.

Signatures are to be Notarized or witnessed by Permit Staff

Signature _____ Title _____ Date _____
IDPP Staff member Initials: _____

State

County

On this _____ day of _____, _____ before me, the undersigned, a Notary Public in and for said County and State, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described herein and who executed the foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and official seal this _____ day of _____, 2 _____.

Notary Signature

My Commission expires: _____