

Mayor
Mr. Edward Waltz

Commissioners
Ms. Lisa Moore (Mayor Pro-tem)
Mrs. Janet G. Baker
Mr. Daniel Ryan
Ms. Cara Dunn
Mrs. Myra Fryar



Town Manager
Schunata Brown

Town of Maysville
404 Main St. P.O. Box 265
Maysville, NC 28555
(910) 743-4441 Fax (910) 743-0895

Demolition Permit Application

Applicant Name _____ Application Date _____

Applicant Represents () Owner () Contractor

Property Owner _____

Property Owner's Address _____
Street City State Zip

**Contractor's Name & License # _____ Lic# _____

Contractor's telephone # _____

Contractor's Address _____
Street City State Zip

Address of Building to be Demolished _____

Type of Demolition () Residential Dwelling () Commercial () Interior Only

If Limited Demolition, List Areas _____

Total Square Footage of Building _____ Number of Stories _____ Max. Height of Structure _____

Total Cost of Demolition \$ _____ Debris to be disposed of: () Landfill () Refuse Container onsite

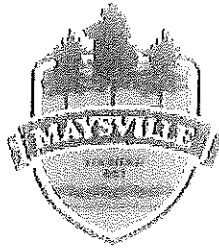
Additional Information _____

** Contractor is responsible for obtaining all Insurances.

** Contractor is to provide a "before" photograph of Structure from Front and Rear prior to demolition.

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Demolition Permit Application Agency Approvals

Please have the following releases completed by an employee or agent of the associated utility.

ELECTRIC UTILITY

Electrical Utility Company _____

We certify that all electrical utilities have been removed from:

Service Address _____

Signature _____ Title _____ Date _____

WATER/SEWER UTILITY

We certify that all water/sewer utilities have been capped or removed from:

Service Address _____

Signature _____ Title _____ Date _____

If a septic tank is to be abandoned, it is necessary to pump it and dispose of its contents properly.

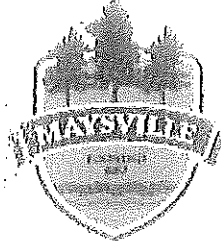
UNDERGROUND STORAGE TANKS:

Are underground storage tanks located on the property? Yes No

Are they to be removed? Yes No

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Demolition Permit Application

ASBESTOS REGULATIONS

The EPA's national emission standards for hazardous air pollutants (NESHAP) required an asbestos inspection ten (10) working days notification prior to the demolition and renovating of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units. The NESHAP requirement also applies to the demolition of all residences being demolished for commercial, institutional, or industrial purposes. Notification for all demolition is required whether or not the buildings are found to contain asbestos.

Please contact the agency listed below for notification or additional information:

NC State Department of Health and Human Services
Division of Epidemiology
Health Hazards Control Branch
PO Box 29601
Raleigh, NC 27626-0601
Phone 919-707-5950 Fax 919-733-8492

Contractor agrees to call NC One Call @ 1-800-632-4949 prior to any demolition or excavation work, so that gas utilities can be located within private easements and public right of ways.

Signature _____

I certify that all information in this application is correct and all work will comply with the state building codes and all other laws, ordinances and regulations. I also certify that I am familiar with and agree to comply with all laws regarding asbestos removal, agency notification and abatement. I understand and will comply with the proper disposal of debris as well as leaving the site in compliance set by County of Jones, and North Carolina.

Contractor/Agent Signature _____ Date _____

Inspections Department Approval _____ Date _____

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AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the Contractor or Owner

Does hereby certify under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth at the location stated in the permit:

_____ has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained worker's compensation insurance covering them,

_____ has/have one or more contractor(s), who has/have their own policy of workmen's compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____