



BUILDING DEMOLITION PERMIT APPLICATION

Permits & Inspections Department
100 N. King St., Hendersonville NC 28792
Phone: (828) 697-4830

Purpose: This application is for the demolition of whole or partial structures or interior demolition requests.

Projects over \$40,000 require a licensed General Contractor to obtain the permit and perform the work.

PROJECT INFORMATION

JOB ADDRESS: _____

BUILDING TYPE: ☐ Residential Use (includes single-family houses, duplexes, townhomes, and accessory structures)

☐ Commercial Use (all other building types)

☐ Other, explained: _____

GENERAL CONTRACTOR LICENSE NO.: _____

TOTAL COST ASSESSED TO PERFORM DEMOLITION: \$ _____

POINT OF CONTACT INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL FOR CORRESPONDENCE: _____ PHONE: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL FOR CORRESPONDENCE: _____ PHONE: _____

PROPERTY OWNER INFORMATION

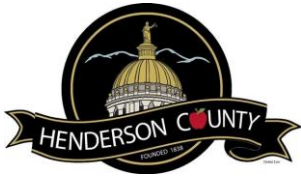
NAME: _____ PHONE: _____

AUTHORIZATION

By my signature below, I acknowledge that the site must be cleared of all debris, including the foundation and footing(s), and the site must also be properly graded to allow for drainage.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____



**ACKNOWLEDGEMENT OF POTENTIAL REQUIREMENTS FOR ASBESTOS INSPECTION
BY THE HEALTH HAZARDS CONTROL UNIT OF THE NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH**

As the applicant for the demolition building permit at _____
(Address)

to demolish the structures as indicated on the provided corresponding plot plan for this request, I hereby acknowledge that the issuance of a building permit by the Henderson County Permit & Inspection Department does not relieve me of my responsibility of obtaining any required asbestos inspections by the Health Hazards Control Unit of the Health and Human Services Division of Public Health (HHCU).

In addition, I have read and understand the following:

- Amendments to EPA's National Emission Standards for Hazardous Air Pollutants (NESHAP) require an asbestos inspection and a ten (10) working day notification prior to the demolition and renovation of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units.
- NESHAP also applies to the demolition of all residencies which are being demolished for commercial, institutional, or industrial purposes.
- Notification for all demolitions is required whether or not the structures are found to contain asbestos.
- If the inspection, which must be conducted by a North Carolina accredited asbestos inspector, confirms that a facility contains at least 160 square feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Materials (RACM), then these materials are to be removed prior to starting the renovation or demolition activity.
- When removal of RACM is required, a removal fee shall also be submitted as part of the notification process.
- The notification and removal fee, when applicable, shall be submitted to HHCU.
- Additional information or copies of the regulations, summarized above, can be obtained by contacting HHCU at (919) 707-5950.

Applicant's Name: _____

Signature: _____

Date: _____



INFRASTRUCTURE DEMOLITION/MOVING INFORMATION FORM

Date: _____

This form is to be used when a structure is demolished or moved.

BY MY SIGNATURE BELOW, I

Applicant's name: _____

Applicant's address: _____

Email: _____ Phone #: _____

Certify that I have applied for a structure demolition/moving permit with Permits & Inspections Department (Reference/Permit # _____).

The structure to be demolished/moved is located at:

Before demolishing/moving the structure from the existing location, I will do the following:

1. Locate and mark the existing water meter and box and contact City of Hendersonville Water & Sewer Dept. or City of Asheville Water Department or local public utility serving the site address to remove the existing meter. I will protect this area from damage during the demolition/move.

☐ The water service will be permanently removed from service.

☐ The water service will remain.

2. Locate and mark the existing cleanout at the right of way.

☐ The cleanout conflicts with the demolition/move of the structure and I will contact City of Hendersonville or Metropolitan Service District (MSD) or local public utility serving the site address.

☐ The cleanout does not conflict with the demolition/move of the structure.

I understand that the damage in the right-of-way (including but not limited to water meters, sewer cleanouts, concrete curb and pavement) will be my responsibility to repair or replace as necessary as a result of damage from the demolition of the structure. I acknowledge that failure to do these repairs will prevent me from obtaining a Certificate of Occupancy, if applicable. I further acknowledge that I will make any subsequent or prospective buyers aware of this situation.

Signature: _____ Date: _____

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

				Permit Number		NESHAP ID Number	
1. TYPE: <input type="checkbox"/> Asbestos Removal ; <input type="checkbox"/> Emergency Asbestos Removal ; <input type="checkbox"/> Nonscheduled Asbestos Removal ; <input type="checkbox"/> Demo ; <input type="checkbox"/> Ordered Demo							
2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input type="checkbox"/> No							
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)							
OWNER NAME:							
Address:							
City:			State:			Zip:	
Contact:					Contact Phone:		
OPERATOR NAME (IF OTHER THAN OWNER):							
Address:							
City:			State:			Zip:	
Contact:					Contact Phone:		
ASBESTOS REMOVAL CONTRACTOR:							
Address:							
City:			State:			Zip:	
Contact:					Contact Phone:		
DEMOLITION CONTRACTOR:							
Address:							
City:			State:			Zip:	
Contact:					Contact Phone:		
SUPERVISING AIR MONITOR (If Required):					NC Accreditation Number:		
ABATEMENT DESIGNER (If Required):					NC Accreditation Number:		
4. FACILITY DESCRIPTION (Including building name, number and floor or room number)							
Bldg. Name:				Facility Contact:			
Street Address:							
City:			State:		Zip:		County:
Building Size:			# of Floors:			Age in Years:	
Present Use:			Prior Use:			Future Use:	
Asbestos Removal Site Location (e.g., 2 nd Floor East Wing):							
5. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY)				Start:		Complete:	
6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY)				Start:		Complete:	
7. SCHEDULED DATES: DEMOLITION (MM/DD/YY)				Start:		Complete:	
8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun						WORK HOURS:	
FOR GOVERNMENTAL AGENCY USE ONLY							
POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____							
APPROVING SIGNATURE: _____ DATE: _____							

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number)																					
Inspector Name:		NC Accreditation Number:																			
Date of Inspection:	Samples Collected: <input type="checkbox"/> Yes ; <input type="checkbox"/> No	Samples Analyzed: <input type="checkbox"/> PLM <input type="checkbox"/> TEM																			
Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input type="checkbox"/> No																					
10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:																					
11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td colspan="2" style="text-align: center;"><u>ASBESTOS REMOVAL</u></td> <td style="text-align: center;"><u>DEMOLITION</u></td> </tr> <tr> <td><input type="checkbox"/> Containment</td> <td><input type="checkbox"/> Remove Intact</td> <td><input type="checkbox"/> Bulldozer/Loader</td> </tr> <tr> <td><input type="checkbox"/> Wet Methods</td> <td><input type="checkbox"/> Rotating Blade Roof Cutter</td> <td><input type="checkbox"/> Wrecking Ball</td> </tr> <tr> <td><input type="checkbox"/> Strip & Removal</td> <td><input type="checkbox"/> Mechanical Chipping</td> <td><input type="checkbox"/> Impulse</td> </tr> <tr> <td><input type="checkbox"/> Glove Bag</td> <td><input type="checkbox"/> Component Removal</td> <td><input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)</td> </tr> <tr> <td><input type="checkbox"/> Other - Explain Below</td> <td><input type="checkbox"/> Mechanical Buffer</td> <td></td> </tr> </table> <p style="margin-left: 400px; margin-top: 10px;"> <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Dry Removal Requires Prior Written Approval from HHCU; Attach copy of approval letter. </p>				<u>ASBESTOS REMOVAL</u>		<u>DEMOLITION</u>	<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer/Loader	<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Impulse	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)	<input type="checkbox"/> Other - Explain Below	<input type="checkbox"/> Mechanical Buffer	
<u>ASBESTOS REMOVAL</u>		<u>DEMOLITION</u>																			
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer/Loader																			
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Wrecking Ball																			
<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Impulse																			
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)																			
<input type="checkbox"/> Other - Explain Below	<input type="checkbox"/> Mechanical Buffer																				
12. ASBESTOS WASTE TRANSPORTER # 1																					
Name:																					
Address:																					
City:	State:	Zip:																			
Contact Person:		Contact Phone:																			
ASBESTOS WASTE TRANSPORTER # 2																					
Name:																					
Address:																					
City:	State:	Zip:																			
Contact Person:		Contact Phone:																			
13. ASBESTOS WASTE DISPOSAL SITE																					
Name:																					
Location:																					
City:	State:	Zip:																			
Contact Person:		Contact Phone:																			
14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER)																					
Name:		Title:																			
Authority:																					
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):																			
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, attach letter)																					

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)			
Category I:		Category II:	
17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES			
TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Flooring/Mastic: _____sf	x .10 = \$ _____	Pipe Insulation (TSI): _____lf	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	x .20 = \$ _____
Other: _____sf/cf (e.g., drywall/joint compound Wallboard System)	x .10 = \$ _____		
TOTAL (A) _____sf	x .10 = \$ _____	TOTAL (B) _____lf/sf/cf	x .20 = \$ _____
18. TOTAL LF TO BE REMOVED:		TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
19. FEES DUE			
(a) TOTAL # 17(A) + # 17 (B) = \$			
(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ _____ X .01 (1%) = \$			
<i>TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,500.00. CHECK HERE, IF APPLICABLE []</i>			
<i>RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE []</i>			
(c) TOTAL FEE DUE = \$ _____ (Whichever is greater, (a) or (b) above)			
20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).			
NAME: _____ TITLE: _____			
COMPANY NAME: _____			
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____			
PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____			
ORIGINAL SIGNATURE: _____ DATE: _____			
NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.			
THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:			
Buncombe County WNC Regional Air Pollution Control Agency 125 Lexington Ave., Suite 101 Asheville, NC 28801 828/250-6777		Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2440	
		Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704/336-5430	

PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

FOR US MAIL DELIVERY:
HEALTH HAZARDS CONTROL UNIT
NCDHHS-DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912
TELEPHONE: 919-707-5950

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1
RALEIGH NC 27609

INSTRUCTIONS

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

(FORM DHHS 3768 – Revised 4/16)

PURPOSE: This form serves as an application for an asbestos removal permit (10A NCAC 41C .0600) and as a National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition and/or renovation in the state of North Carolina. An approved permit is required to be displayed on site for all asbestos removals of more than 35 cubic feet, 160 square feet or 260 linear feet of regulated asbestos containing material or asbestos containing material that may become regulated during handling.

PREPARATION: All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

FOR US MAIL DELIVERY:
Health Hazards Control Unit
1 NCDHHS-Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
5505 Six Forks Road, 2nd Floor, Room D-
Raleigh, NC 27609

1. **TYPE:** Indicate the type of notification, i.e., Asbestos Removal, Emergency Asbestos Removal, Nonscheduled Asbestos Removal, Demolition, Ordered Demolition

2. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.

3. **FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person.

Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number.

If regulated asbestos containing materials (RACM) are to be removed, complete the name of the asbestos removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

Where demolition of the facility immediately follows the removal of RACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

When no asbestos removal is required prior to demolition, complete the owner, operator, and demolition contractor information as appropriate.

Supervising Air Monitor: Enter the name of the NC accredited supervising air monitor and the supervising air monitor's NC accreditation number if applicable.

Abatement Designer: Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.

5. **SCHEDULED DATES - NONSCHEDULED ASBESTOS REMOVAL:** A nonscheduled Asbestos Removal is an asbestos removal required at any installation by the routine failure of equipment, which is expected to occur within a calendar year (Jan. 1 - Dec. 31). The amounts of RACM to be removed during this period are expected to exceed 35 cubic feet, 160 square feet, or 260 linear feet. **This notification is required to be submitted at least 10 working days prior to the new calendar year.**

6. **SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the asbestos removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This notification is required to be submitted at least 10 working days prior to the start date.**

7. **SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. See definition of "Start Date" in #6 above. **This notification is required to be submitted at least 10 working days prior to the start date.**

8. **WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

9. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals.
10. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the asbestos removal and/or demolition (i.e., remove 300 lf of pipe insulation from crawl space. Demolish cafeteria building using heavy equipment).
11. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked. NOTE: Dry removal requires prior written approval from the HHCUC. Attach copy of approval letter to completed application.
FOR LIVE FIRE BURNS ONLY: If the building is to be demolished by burning, you must also contact the NC Department of Environment and Natural Resources, Division of Air Quality (DAQ) for information on additional DAQ notification requirements. Please contact your DAQ regional office for more information (phone numbers are listed at [http://daq.state.nc.us/about/region al](http://daq.state.nc.us/about/region%20al)) or call 919-733-1477.
12. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, mailing address, including city, state, zip code, contact person and contact person's telephone number for the waste transporter contracted to transport the waste to an approved landfill.
ASBESTOS WASTE TRANSPORTER #2: Complete the name, mailing address, including city, state, zip code, contact person and the contact person's telephone number for the waste transporter contracted in conjunction with or separately from Waste Transporter #1.
13. **ASBESTOS WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number.
14. **IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from the owner or operator stating the date and hour the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM NOT TO BE REMOVED:** Enter the amounts of ACM in the affected part of the facility that will not be removed.
17. **RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES:** Complete the corresponding blanks with the amounts of Regulated Asbestos Containing Material(s) (RACM) being removed at the site. When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B).

To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).

To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).
18. **TOTAL LF/SF/CF TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet from #17. For drywall/joint compound wallboard systems or Category I roofing materials enter the total SF of material to be removed, not the amount used to calculate the fee.
19. **FEES DUE:** (a) Total #17.(A) + Total #17.(B) and enter amount. (b) Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total. Enter total fee due, whichever is greater, (a) or (b). NOTE: The maximum fee due for asbestos removal prior to demolition is \$1,500.00. Residing Homeowners are exempt from permit fees.
20. **CERTIFICATION:** Enter all information requested. **Only notifications completed in permanent media with original signature will be considered.**

NOTE: All owners and operators are responsible for the information on the permit/notification.

Checks should be made payable to: NCDHHS - Health Hazards Control Unit

Upon approval of the Application/Notification, an HHCUC Permit Number will be assigned to the removal project and a one-page project Permit will be returned to the applicant. The project Permit/Notification and all revisions must be on-site and available for review throughout the duration of the project.

For Additional Forms and Information

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:

<http://epi.publichealth.nc.gov/asbestos/ahmp.html>



North Carolina Department of Health and Human Services Division of Public Health

Roy Cooper
Governor

Mandy Cohen, MD, MPH
Secretary

Daniel Staley
Director

North Carolina General "Asbestos" Requirements for Renovation and/or Demolition Activities

Asbestos is a naturally occurring fibrous mineral that has been used in over 3,000 different building materials. Examples of typical building materials that have been known to contain asbestos include, but not limited to, trowel-applied or sprayed-on decorative treatments, fireproofing, certain insulation products, vinyl flooring, gypsum wall board, joint compound, adhesives, plaster, ceiling tiles, certain paints and cementitious materials such as siding or roofing. You can still purchase some products today that contain asbestos. This mineral is known to cause lung cancer, asbestosis (scarring of the lung tissue) and mesothelioma (a cancer of the lining of the lung or abdominal cavity). Disturbing asbestos during a renovation or demolition activity could result in unnecessary occupant exposure and building contamination, as well as regulatory violations, penalty assessments and potential litigation.

To protect people from this potential hazard, the North Carolina Department of Health and Human Services, Division of Public Health, Health Hazards Control Unit (HHCU) administers the National Emission Standards for Hazardous Air Pollutants (NESHAP) – Asbestos Regulation (40 CFR, Part 61, Subpart M) in all but three counties in NC. Forsyth, Buncombe and Mecklenburg Counties have their own Asbestos NESHAP programs and should be contacted directly for their local program requirements. This federal regulation **requires building owners or operators** to thoroughly inspect the facility/buildings (e.g. commercial, industrial, residential dwelling units with more than 4 dwelling units) or part of the affected facility where the demolition or renovation operation will occur for the presence of asbestos-containing material (ACM) **prior to the commencement of the renovation or demolition activity**. Asbestos-containing material means material which contains more than one percent (1%) asbestos.

The HHCU recommends an asbestos inspection always be conducted (to include single family residential dwellings and residential buildings with four or fewer dwelling units). Inspections for asbestos must be done by a NC accredited asbestos inspector and should be done prior to any renovation or demolition activities. This allows the owner and contractor to know whether ACM is present, what precautions should be taken and whether NC accredited asbestos removal personnel and a state-issued permit would be required to remove the asbestos materials. Accreditation may be verified by asking to see the NC individual's accreditation card issued by the HHCU before beginning the project. You can also verify individual accreditation by calling the HHCU or visiting our website and using the "Find Asbestos Professionals" feature.

The asbestos inspection/survey should inform owners of the presence, location, quantity, type and condition of the asbestos-containing materials. This information will help with project planning, minimize the potential for asbestos exposure to occupants and workers, prevent unnecessary property contamination along with the associated costs to remediate, and ensure the proper disposal of asbestos-containing waste.

www.ncdhhs.gov

Tel 919-707-5950 • Fax 919-870-4808

Location: 5505 Six Forks Road • Raleigh, NC 27609

Mailing Address: 1912 Mail Service Center • Raleigh, NC 27699-1912

An Equal Opportunity / Affirmative Action Employer



When conducting a NESHAP applicable activity, a notification is required to be submitted to the HHCUC. This notification is in addition to any other demolition permits that may be issued by other local municipal or county offices. The notification must be postmarked or received by the HHCUC at least 10 working days prior to the commencement of the activity. Please note that a demolition notification is required, even if no asbestos was identified by the facility/building inspection.

The HHCUC also administers the NC Asbestos Hazard Management Program found under North Carolina General Statutes Chapter 130A, Article 19, §130A-444 through 452 and the rules adopted to implement the Asbestos Hazard Management Program, 10A N.C.A.C. 41C .0600. These rules apply to asbestos management activities such as accreditation, inspections, air monitoring and permitted asbestos removals of friable ACM. The requirements apply state-wide in all counties and require that all asbestos management activities be conducted by personnel accredited by the HHCUC.

Friable ACM means any material that, when dry, can be broken, crumbled, pulverized or reduced to powder by hand pressure. Friable ACM also includes previously non-friable material after such material becomes damaged to the extent that, when dry, it can be crumbled, pulverized, or reduced to a powder by hand pressure. Regulated ACM includes friable material and non-friable materials that will be or has been subject to sanding, cutting, grinding, abrading, or those materials that have a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material during the demolition or renovation operations.

An asbestos removal permit must be submitted when the threshold amount is greater than 35 cubic feet, 160 square feet or 260 linear feet of friable or regulated asbestos material is to be removed. The asbestos removal permit must be received or postmarked at least 10 working days prior to the desired start date of the removal activities. There may be additional AHMP rule requirements that must be met depending on the type of building and the amount of asbestos to be removed.

Generally, all friable and regulated ACM in quantities greater than 3 square or linear feet that will be disturbed by a renovation or demolition activity, must be properly removed by NC accredited asbestos workers and supervisors. The removal must occur before beginning renovation or demolition activities that will break up, dislodge or similarly disturb the material or preclude access to the material for subsequent removal.

The information contained in this summary is intended as a general overview and is not intended to be all inclusive and should not be interpreted as such. All applicable renovation or demolition activities must comply with the North Carolina General Statutes Chapter 130A, Article 19, §130A-444 through 452 and the rules adopted to implement the Asbestos Hazard Management Program, 10A N.C.A.C. 41C .0600. If your project involves pre-1978 housing or child-occupied facilities, please be aware that additional lead-based paint requirements may also apply in addition to the asbestos requirements. There may be times when a contractor will need both accreditation for asbestos and certification for lead-based paint.

To further assist you with understanding the state and federal asbestos requirements or to verify accreditation or find accredited asbestos professionals you can visit our website at: <http://www.epi.state.nc.us/epi/asbestos/ahmp.html>.

For questions regarding specific applicability of the asbestos requirements, you are encouraged to contact the HHCUC to discuss the project in detail. If you would like to have a presentation addressing asbestos or lead-based paint regulations at a meeting or conference, or if you have specific questions, please feel free to contact the HHCUC at (919) 707-5950.

7,000 Copies of this document were printed at a cost of \$484.33 or \$0.07 per copy.

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:	
FACILITY:		FACILITY ADDRESS:	
CONTRACTOR:		CONTACT PHONE:	
CONTACT PERSON:		CONTACT FAX NUMBER:	
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:		REVISED DEMO START DATE:	
ORIGINAL DEMO COMPLETE DATE:		REVISED DEMO COMPLETE DATE:	
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): _____lf 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) _____lf/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: _____		TITLE: _____	
COMPANY NAME: _____			
SIGNATURE: _____		DATE: _____	
*** HEALTH HAZARDS CONTROL UNIT USE ***			
RECEIVED BY: _____		DATE RECEIVED: _____	
POSTMARK DATE: _____		PERMITS DATA ENTRY: _____	
FAX TRANSMITTAL INFORMATION			
TO: _____ DATE: _____		TO: <u>HHCU</u> DATE: _____	
FROM: _____ TIME: _____		FROM: _____ TIME: _____	
FAX # : _____ # PAGES: _____		FAX #: <u>919-870-4808</u> PAGES: _____	

INSTRUCTIONS
REVISION FOR PERMIT/NOTIFICATION
(HHCUC 3768-R)

- PURPOSE:** This form shall be used for the required reporting of revisions to any active NC Permit for asbestos removal and/or NC demolition notification.
- PREPARATION:** This form shall be completed when any revisions occur for scheduled start and/or complete dates for asbestos removals and/or demolitions; when additional amounts of regulated asbestos-containing materials (RACM) are to be removed; and for other revisions that substantially alter the originally approved permit or notification.
- INSTRUCTIONS:** Enter the assigned NC Permit Number and/or NESHAP ID Number of the approved permit or notification to be revised.
- Complete the facility name and address; contractor's name and address; contact person's name and contact person's telephone number.
- Indicate any revisions in start and/or complete date(s) as indicated—being sure to indicate properly whether it is a removal date revision or a demolition date revision.
- If the amounts of RACM being removed are to be revised, enter the ADDITIONAL amounts in the corresponding blanks and compute the additional fees accordingly.
- Type in or print legibly the certifying individual's name, title, and company name. The certifying individual must sign and date the form as indicated.
- FAX TRANSMITTAL INFORMATION:** The HHCUC accepts telefaxed revisions. Fax revisions to 919-870-4808. Telefaxed revisions received by the HHCUC are initialed, dated, and faxed back to the individual who signed the Revision Form. It is the contact person's responsibility to assure the faxed revision is received, signed, and faxed back to confirm receipt. Revisions are NOT approved upon receipt. Upon review of the Revision Form, if additional information, changes or corrections are needed, the contact person will be notified.
- GUIDELINES:** If a removal and/or demolition is to begin earlier than the original start date, the Revision shall be received by the HHCUC at least 10 working days before the new start date.
- Removals and/or demolitions may be placed in "on hold" status; however, the work must be conducted within 12 months from the original start date. If not, the original permit or notification is automatically canceled. The owner or his representative must submit a revision giving the new start and complete dates prior to resuming work on the project.
- For revisions with additional amounts of RACM to be removed, the revision should include the Abatement Designer and Supervising Air Monitor if the total RACM to be removed exceeds 3,000 SF, 1,500 LF, or 656 CF in a public area. An additional contract price should be included when additional amounts are added, unless removal is being conducted by in-house personnel.
- To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).
- To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).