
AGENCY APPROVALS

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

NORTH CAROLINA NATURAL GAS CORPORATION (Submit attached form, or stop service online at www.piedmontng.com and confirm by email to riegelspergern@newbern-nc.org)

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 will be abandoned, it is necessary to pump it and dispose of its contents properly.

UNDERGROUND STORAGE TANKS:

Are underground fuel tanks located on the property? Yes No

Are they to be removed? Yes No

NOTE: A SEPARATE PERMIT IS REQUIRED FOR REMOVAL OF UNDERGROUND TANKS. CONTACT NEW BERN FIRE DEPARTMENT AT 252-639-2931.

Is this demolition pursuant to a demolition order issued by a Minimum Housing Code Enforcement Officer or a Building Inspector? Yes No

SERVICE RELEASE

235 McPherson church Road / Suite 202 / Fayetteville, North Carolina 28303 / Fax: 1-877-265-1731

After completion of this section, Inspections Department will fax the request.

DEMOLITION LOCATION

DATE:

SERVICE ADDRESS:

TOWN/CITY: NEW BERN, NC

CONTRACTOR City of New Bern

NAME:

ADDRESS:

TELEPHONE: FAX

INSPECTIONS

INSPECTION DEPARTMENT PO BOX 1129 NEW BERN NC 28563

TELEPHONE: 252-639-2941 FAX 252-635-4973

RETURN RELEASE BY A.S.A.P. FAX MAIL

Piedmont Gas has verified that no active natural gas service exists at this service address.

SIGNED:

TITLE

DATE:

CAM USE

PREMISE NUMBER: METER NUMBER: UTILITY

CONTACT NUMBER: OPS CENTER:

Please call N.C. ONE CALL at 1-800-632-4949 prior to any demolition or excavation work, so gas facilities can be located within private easements and public right-of-ways.

For Demolition

DISCONNECT LINES ALSO

ASBESTOS REGULATIONS

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 have 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 the 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 with standards set by the City of New Bern.

Contractor/Agent _____ Date _____

Inspections Department Approval _____ Date _____

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

do hereby aver under penalties of perjury that the person(s), firm(s) or corporations(s) performing the work set forth 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 workers' compensation insurance covering them,

_____ has/have one or more contractors(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 workers' 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: _____