



STRUCTURE REMOVAL APPLICATION

CITY OF HIGH POINT

211 S. Hamilton St., High Point, NC 27260, Suite 316

Phone 336-883-3151

Please complete and submit the checklist, application, and all necessary supporting documentation to obtain a permit. Submitting complete and accurate information at the beginning will result in more efficient processing of your request.

Submittal Requirements

Staff Use		All requests <u>shall</u> include:
	✓ or NA	Enter ✓ or NA in column to the left ✓=Provided NA=Not Applicable
		Original Application completed and signed with ink. Please complete the application fully. If you have questions regarding required information contact the Development Services Center staff (Permit Specialist).
		Site Demolition Plan depicting location of structure(s) to be removed. A GIS map showing a recent aerial and property lines along with identifying the building to be removed is sufficient.
		Utility Disconnect – Provide verification (i.e. letter or email) from <u>all</u> utility service providers that utilities have been properly disconnected. This includes electric, gas, water and sewer services.
		This request <u>may</u> also require:
		“ Work By Owner Affidavit ” pursuant to G.S. 87-1 . This form must be provided if the property owner wishes to act as the general contractor. The owner must acknowledge and adhere to all relevant provisions listed on the form and the form must be notarized.
		Certificate of Appropriateness (COA) : A COA is required for many exterior or structural improvements within a Local Historic District (including Johnson Street, Sherrod Park, or West High Avenue) or for Guilford County Designated Landmark Properties. A copy of the COA is required to be submitted with the permit application.
		Health Department (applicable county) Approval : Sites with well and/or septic, food handling, or a swimming pool require approval from the applicable county Health Department.
		Lien Agent : pursuant to G.S. 160d-1110(g) . If the proposed project cost is \$30,000 or more , this document for the project address must be provided. Visit NC Liens website at www.liensnc.com . Owner occupied existing single-family residences or accessory structures are exempt.
		Workers’ Compensation Coverage : pursuant to G.S. 87-14 . If the proposed project cost is \$30,000 or more , provide the Workers’ Compensation Coverage form or provide a copy of the Insurance Certificate. Form is also available on last page of this document.
		Erosion Control Permit : Per Section (9-7-11(a)(1) a LDP is required if land disturbance activity: a) Exceeds one acre; b) Is on highly erodible soils; c) Drains to a water quality pond (i.e. wet pond in a development) or retention structure (i.e. Davis Lake Regional Pond) in any part of a protected watershed; d) Is within Tiers 1 or 2 of a Watershed Critical Area; or e) In any instance where extensive erosion control measures are required. Sedimentation and Erosion Control Plans are reviewed and Land Disturbing Permits are issued by Engineering Services (883-3194). **Identify Related Erosion Control Permit Record ID: _____
		Sites not requiring a Plan or Permit : Must construct a stabilized stone construction entrance, and contain all sediment generated by accelerated erosion within the property boundaries of the site.

GENERAL INFORMATION - PART 1

PROJECT INFORMATION (All fields in this section are required)

Project Address: _____

Name of Business or Project Name: _____

Proposed Work (detailed description of work including location and equipment size) _____

PROPERTY OWNER INFORMATION (All fields in this section are required)

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

APPLICANT INFORMATION (All applicable fields in this section are required)

Company Name: _____

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Status of Applicant: Property Owner; Licensed Contractor; Legal Representative; Unlicensed Contractor

Number: _____ Classification: _____

GENERAL INFORMATION – PART 2 (Please complete all applicable fields)

<p>Type of Work:</p> <p><input type="checkbox"/> Non-Residential</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Storage Tank Removal</p> <p>Applicable Code:</p> <p><input type="checkbox"/> 2018 NC Residential Code</p> <p><input type="checkbox"/> 2018 NC Building Code</p>	<p>Debris Disposal Location:</p> <p>_____</p>	<p>Are there any AST, UST, or LPG tanks? (Y/N) _____</p> <p><input type="checkbox"/> If yes, provide/attach documentation of proper removal</p> <p>Reference prior permit for Storage Tank Removal (if applicable):</p> <p>_____</p> <p>Is this request associated with a City Code Enforcement Action? (Y/N) _____</p>
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ADDITIONAL INFORMATION (Please complete all applicable fields)

Job Value: _____	Number of Dwelling Units: _____	Number of Buildings: _____
Public Owned (Y/N): _____	Property Use: _____	

AUTHORITY TO FILE APPLICATION

<p>**Required**</p>	<p>I hereby agree to conform to all applicable laws and regulations of the City of High Point, applicable County and State of North Carolina (as may be applicable to my request) and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the City of High Point Planning and Development Department may enter the subject property for the purpose of investigation and analysis of this request.</p> <p>Applications will not be accepted without signature(s).</p>		
	<p>Print Applicant Name</p>	<p>Applicant Signature</p>	<p>Date</p>
	<p>Print Owner Name*</p>	<p>Owner Signature* and Title (for companies)</p>	<p>Date</p>

*A Letter of Authorization signed by the owner or an email from the owner is also acceptable.

APPENDIX D
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 corporation(s) performing the work set forth in the permit:

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

_____ has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workers' 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 Inspection 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: _____