

Initial Application Date: 6-22-20

Application # _____

COUNTY OF HARNETT DEMOLITION APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Good Hope Hospital Mailing Address: PO Box 639

City: Erwin State: NC Zip: 28339 Contact # 919-894-0847 Email: rpatcameron@gmail.com

APPLICANT*: Martin Edwards + Associates Inc. Mailing Address: PO Box 35

City: Erwin State: NC Zip: 28339 Contact # 910-591-7420 Email: adunn@mailmea.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Ashley Dunn Phone # 910-591-7420

PROPERTY LOCATION: Subdivision: 404 Denim Dr. Erwin Lot #: 23 Lot Size: 0.22

State Road # _____ State Road Name: _____ Map Book&Page: 747, 0766

Parcel: 06059715040008 PIN: 0597-84-2149.000

Zoning: _____ Flood Zone: NO Watershed: NO Deed Book&Page: 747, 0766

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

4215, S 13th St, Denim Dr.

Structure(s) to be demolished & removed: Single family dwelling _____ Manufactured Home _____ Other (specify)

Structures (existing and/or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

(2) OFFICE BUILDINGS

Water Supply: County Existing Well

Sewage Supply: Existing Septic Tank County Sewer

* If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.

* If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the removal to ensure proper listing.

*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

****PLEASE NOTE**** Failure to completely demolish, remove, and clear the premises will result in the withholding of the Certificate of Compliance. Thus, future permits for the property will be denied, and fines may be imposed for failure to complete demolition/removal.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.


Signature of Owner or Owner's Agent

6/22/20
Date

****This application expires 6 months from the initial date if no permits have been issued****



Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

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|----------|
| Permit # |
| |

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

| | | | |
|-------------------|----------------------------------|------------------|-----------------------|
| Name of Applicant | Martin Edwards + Associates Inc. | Property Owner | Good Hope Hospital |
| Home Address | PO Box 35 | Home Address | PO Box 639 |
| City, State, Zip | Erwin, NC 28339 | City, State, Zip | Erwin, NC 28339 |
| Telephone | 910-591-7420 | Telephone | 919-894-0847 |
| Email | adunn@mailmea.com | Email | rpatcameron@gmail.com |

| | | | |
|--|---|--|-------------|
| Address of Proposed Property | | 404 Denim Dr. Erwin, NC 28339 | |
| Parcel Identification Number(s) (PIN) | 0597-84-2149.000 | Estimated Project Cost | \$42,000.00 |
| What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. | | Demolition of 2 Structures | |
| Description of any proposed improvements to the building or property | | — | |
| What was the Previous Use of the subject property? | | Hospital offices | |
| Does the Property Access DOT road? | | YES | |
| Number of dwelling/structures on the property already | 2 | Property/Parcel size | 1/4 Acre |
| Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| MUST circle one that applies to property | | | |
| Existing/Proposed Septic System | | Or | |
| Existing/Proposed County/City Sewer | | | |

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

| | | |
|-------------|--------------------------------------|--------|
| Ashley Dunn | | 5/8/20 |
| Print Name | Signature of Owner or Representative | Date |

For Office Use

| | | | |
|--------------------|-----|---|---|
| Zoning District | Dnu | Existing Nonconforming Uses or Features | |
| Front Yard Setback | | Other Permits Required | <input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other |
| Side Yard Setback | | Requires Town Zoning Inspection(s) <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O. | |
| Rear Yard Setback | | Zoning Permit Status | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied |
| | | Fee Paid: | Date Paid: Staff Initials: |

| | |
|-------------------|--|
| Comments | |
| Needs Demo Permit | |

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|-----------------------------------|--------------------------------|
| Signature of Town Representative: | Date Approved/Denied: 5/8/2020 |
|-----------------------------------|--------------------------------|

- ★ Need asbestos inspection ~~return~~ submitted before demo
- if needed a silt fence shall be installed
- follow all direction from Harnett County Development Services
- make sure all utilities are disconnected