

Initial Application Date: 12-1-22

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: HP, Fugway Varina Health Investors Mailing Address: 328 1st Ave NW

City: Fugway Varina State: NC Zip: 27526 Contact # _____ Email: _____

APPLICANT: Carolina Commercial Contractors Mailing Address: 1600 Colon Road

City: Sanford State: NC Zip: 27330 Contact # 919-776-4641 Email: Mary@carolinacommercialnc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # 919-776-4641

PROPERTY LOCATION: Subdivision: 40 Rawls Club Road Lot #: 1-6 Lot Size: 5 acres

State Road # US-401 State Road Name: Rawls Club Road Map Book&Page 975, pg 32

Parcel: 0806550060 PIN: 0655418963000

Zoning: RA-30 Flood Zone: N/A Watershed: NO Deed Book&Page: 3394, 70

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Drive North up North main Street to US-401
to Fugway Varina. Turn right on Rawls Club Road
and the site is on the right hand side of the road.

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)

Water Supply: () County () Existing Well

Sewage Supply: () Existing Septic Tank () County Sewer

The existing nursing home building will be demolished and a new assisted living facility constructed.

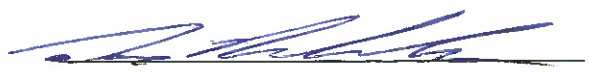
- * If a new structure is to be replaced on this lot, please ensure that existing septic system is not damaged.
- * If an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health for assistance.

*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

12-1-22
Date

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