Initial Application Date:	Application #			
	TT DEMOLITION APPLICATION one: (910) 893-7525 Fax: (910) 893-	2793 www.harnett.org/permits		
LANDOWNER: Mt. Pisgah Free Will Baptist Church	Mailing Address: Attn: Marie Hicks,	PO Box 741		
City: Erwin State: NC Zip: 28339 Cor	tact # 919-215-3064 Email: _	rhinton528@gmail.com		
APPLICANT*: STE General Contractors, LLC	<u> </u>			
City: Dunn State: NC Zip: 28335 Cor*Please fill out applicant information if different than landowner	tact # 910-891-5465 Email:	stegc.tommy@gmail.com		
CONTACT NAME APPLYING IN OFFICE: Tommy McLeod	Phone #	910-890-3979		
PROPERTY LOCATION: Subdivision:	Lot #:_	Lot Size: 10.12 ac		
State Road # 2009 State Road Name: 145 Prospect Ch	urch Rd, Erwin, NC 28339 Ma	o Book&Page:/		
Parcel: 9.61ACS MT PISGAH/CLAYTONMAP#2002-569	PIN: 0589-54-5134.000			
Zoning: RA-20M Flood Zone: Watershed: Deed Bool	&Page: 1629 / 0542			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: $\underline{\hspace{1cm}W}$	Cornelius Harnett Blvd 6.6 mi to L on I	Prospect Ch Rd, 145 on L		
-				
Structure(s) to be demolished & removed: Single family dwe				
Structures (existing and/or proposed): Single family dwelling	s Manufactured Homes	Other (specify)		
* Existing building beside the Church Building				
Water Supply: (X) County () Existing Well	tu Cauca			
Sewage Supply: (X) Existing Septic Tank () Cour		t damagad		
* If a new structure is to be replaced on this lot, please ensu	•	_		
* If an existing well is on site and is to be discontinued, please	se contact Hamett County Environ	mental Health for assistance.		
*Upon the issuance of the Certificate of Compliance, the Ha	rnott County Tay Donartment chall	he notified of the removal to		
ensure proper listing.	Their County Tax Department Shan	be notined of the removal to		
*The demolition contractor is responsible for submitting verif	ication of proper disposal prior to t	ha Final inspection		
The demonition contractor is responsible for submitting verif	ication of proper disposal prior to t	ne Final inspection.		
PLEASE NOTEFailure to completely demolish, remove,	and clear the premises will result in	o the withholding of the Certificate		
of Compliance. Thus, future permits for the property will be	·	-		
removal.	deflied, and filles may be imposed	To failure to complete demoition		
Temovai.				
If permits are granted I agree to conform to all ordinances and laws of the	State of North Carolina regulating such wor	k and the specifications of plans submitted		
I hereby state that foregoing statements are accurate and correct to the beau	et of my knowledge. Permit subject to revo	cation if false information is provided.		
Thomas McLood	1/10/2025	<u></u>		
Signature of Owner or Owner's Agent	Date			

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

·	ole if the occupancy use is ctures are being demolishe	or changes to Commercial (not resided & removed at one time.	lential),
An Asbestos Inspection Report prepared demolish any building including residences responsibility to properly notify the Depart Control Unit at least ten (10) working days asbestos.	demolished for commercial or in ment of Health and Human S	ndustrial expansion or structures. It is the co ervices Division of Public Health – Health	ntractor's Hazards
I hereby certify that the information of	on this application is correct a	and that all work in connection with the al	bove
referenced job will be performed under	my supervision and that such	n work complies with the requirements of	the NC
	le Harnett County Ordinances	. Call for inspection at proper stage of wo	ork.
Thomas McLood	1/10/2025	78246U	
CONTRACTOR / APPLICANT	DATE	LICENSE NO. (If applicable)	
Please contact the Department of Health	and Human Services for their	requirements and permit information.	
http://www.epi.state.nc.us/epi/asbestos/a			
	hmp.html		