

Initial Application Date: 9/30/19

Application # _____

COUNTY OF HARNETT DEMOLITION APPLICATION

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793 www.harnett.org/permits

Land Owner: GOBBIE NABATOFF, TRUSTEE Mailing Address: 904 GREEN EDEN DRIVE

City: Roseboro State: NC Zip: 27612 Home #: NA Contact #: 919.896.5926

APPLICANT*: MONTY PELTO Mailing Address: 904 GREEN EDEN DRIVE

City: Roseboro State: NC Zip: 27612 Home #: NA Contact #: 919.896.5926

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MONTY PELTO Phone #: 919.896.5926

PROPERTY LOCATION: Subdivision: CIMARRON MHP Lot Acreage: _____

State Road #: 210 State Road Name: LILLINGTON HIGHWAY

Parcel: _____ PIN: _____ Zoning: _____ Flood Zone: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TO CIMARRON DRIVE

SOUTH ON 210, RIGHT ON CIMARRON DRIVE

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

* 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.

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]
Signature of Owner or Owner's Agent

9/30/19
Date

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

Asbestos requirements are applicable if the occupancy use is or changes to Commercial (not residential), or if multiple structures are being demolished & removed at one time.

An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's responsibility to properly notify the Department of Health and Human Services Division of Public Health – Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett County Ordinances. Call for inspection at proper stage of work.

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/ahmp.html>