

Initial Application Date: \_\_\_\_\_

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: JIM HARTMAN JOHN STUBBS & JAY HARTMAN Mailing Address: PO BOX 387 COATS NC 27524

City: COATS State: NC Zip: 27524 Home #: 910 263-3829 Contact #: \_\_\_\_\_

APPLICANT\*: JIM HARTMAN Mailing Address: PO BOX 387

City: COATS State: NC Zip: 27524 Home #: 910 263-3829 Contact #: JIM

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JIM HARTMAN Phone #: 910 263-3829

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot Acreage: 1 ACRE

State Road #: \_\_\_\_\_ State Road Name: 803N 14TH ERWIN

Parcel: \_\_\_\_\_ PIN: 059757-9144-000 Zoning: RCS Flood Zone: \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 421 EAST TO HWY 217 IN ERWIN TURN RIGHT 1<sup>ST</sup> ROAD ON RIGHT IS WEST N TURN RIGHT TO 1ST STREET RED ROOF HOUSE ON NORTH WEST CORNER

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.

Jim Hartman  
Signature of Owner or Owner's Agent

12/10/19  
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.

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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

12/12/19  
DATE

NC57257  
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>