initial Application Dat	.e		App	olication #	
		COUNTY OF HARNETT D	EMOLITION APPLICATION	DJOHNS	SON@HARNETT.
Central Permitting	108 E. Front Street, Lillingto		(910) 893-7525 Fax	x: (910) 893-2793	www.harnett.org/permits
LANDOWNER:	GF GLOBAL	L Property	I GROUP 30	2901 LEIS	SURE TOLAMUD LY
City: LNOX	VIIIe State:7	N zip379/4contact	#919358625	6 Email: KNOXVI	11e, TN 37919
APPLICANT*:	ENT CARPENTO	BL Mail	ing Address: 5635	FACKIRK Z	DR
City: DURG *Please fill out applicant	information if different than landow	UC Zip: 57 / Contact	# <u>91969918</u> 2	9 Email: KEA	1 CARPENTAL
CONTACT NAME AF	PPLYING IN OFFICE:	DUT CARRE	WIEN	Phone #	CORPORATE
PROPERTY LOCATI	ON: Subdivision:	W/A	3.6-0.	Lot #:/	_Lot Size: 8, 466 AC.
State Road # 18	// State Road Name:	BUD HAWK	INS	Map Book&Pag	ge-2019, 244
Parcel: 02/	5140046	PIN:	1514-0	6-7554,00	
Zoning COMM FI	ood Zone: NO Watershed	d: <i>N</i> 6 Deed Book&Pa	ge: 3722 1 006	0	
SPECIFIC DIRECTIO	NS TO THE PROPERTY FRO				\$6th STTO
E. McNe	11 ST, TAKE,	loss RD TO	TITAN ROP	ERTSRD	IETTON
TITAN RO.	BORTS CONTING	UE ON BONNIE	CEL ERWIN RI	TAKE 8	2 E DORMANA
\$ 05 301	TO BUD HAW	KINS ROIN A	UERS boro	TORN /EX	=T ONTO
BUD	HAWKINS			,	
Structure(s) to be	demolished & removed:	Single family dwelling	X Manufactured	Home Off	ess (essected)
	g and/or proposed): Sing	[1] (1) [1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Manufactured Ho	ALTERNATION PROPERTY.	ner (specify)
3.2 Maritina, 1946, 200 P. Saverda, W. 1 962-1960 (200 1967)	, , , , , , , , , , , , , , , , , , , ,	gro ranning awarinings	IMANDIACIDIEG FIL	Offics Other (specify)
Water Supply:	(<u>X</u>) County () E	Existing Well			
Sewage Supply:	(X) Existing Septic Tan	k () County Se	ewer		
	e is to be replaced on thi			tem is not damage	d
* If an existing wel	I is on site and is to be d	liscontinued, please co	intact Harnett County	Environmental He	alth for accietance
			,		diti for assistance.
*Upon the issuanc	e of the Certificate of Co	ompliance, the Harnett	County Tax Departm	ent shall be notifie	d of the removal to
ensure proper listin	ng.		Section 10.		a of the femoval to
*The demolition co	entractor is responsible for	or submitting verification	on of proper disposal	prior to the Final in	spection
**PLEASE NOTE*	*Failure to completely de	emolish, remove, and o	lear the premises wil	I result in the withh	olding of the Certificate
of Compliance. Th	nus, future permits for the	e property will be denie	ed, and fines may be	imposed for failure	to complete demolition/
removal.				Mi	para demonder
If nermite are advated t					
hereby state that force	agree to conform to all ordinar pring statements are accurate	and expect to the heat of	f North Carolina regulating	such work and the spe	cifications of plans submitted.
1/01/1	11/2	Z. Z TO THE DEST OF MY	v knowledge. Permit subje	ect to revocation if false	information is provided.
1CUX	in affle	200	12/13	13019	
Signature of Owner or			Date	16 0 2	
	rnis application ex	xpires 6 months from the i	nitial date if no permits t	nave been issued**	

or if multiple struct	ie if the occupancy use is of tures are being demolished	changes to Commercial (not residential) & removed at one time.
esponsibility to properly notify the Departmontrol Unit at least ten (10) working days sbestos. I hereby certify that the information or referenced job will be performed under notice the state of the	nent of Health and Human Serv before the demolition is to begin in this application is correct and my supervision and that such w	ustrial expansion or structures. It is the contractor vices Division of Public Health – Health Hazard whether or not the building is known to contain that all work in connection with the above
Leas Clinde	Harnett County Ordinances. C	all for inspection at proper stage of work.
Les Clade	Harnett County Ordinances. C	
Leas I Cuple	12/13/2019	all for inspection at proper stage of work.
Les Clade	12/13/2019	all for inspection at proper stage of work.
Heat Clinde	12/13/2019	all for inspection at proper stage of work.
Heat Clinde	12/13/2019	all for inspection at proper stage of work.
Leas I Cuple	12/13/2019	LICENSE NO. (If applicable)
Heat Clinde	12/13/2019	all for inspection at proper stage of work.
Les Clark	12/13/2019	LICENSE NO. (If applicable)
CONTRACTOR / APPLICANT	12/13/2019	LICENSE NO. (If applicable)

Please contact the Department of Health and Human Services for their requirements and permit information.

http://www.epi.state.nc.ys/epi/asbestos/ahmp.html