Initial Application Date:_	11	16	20
	-		

Application # BRESAOOF 00 25

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: GORONE LAHATOFF Mailing Address: 904 GLEN FLOEN IN
City: Asker t State: M Zip: 276/7 Contact # 919.396.5926 Email: Wontypelts@garail. G
APPLICANT*: Moury / ELTO Mailing Address: Same
City: State: Zip: Contact # Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: Clumpron WHP Lot #: Lot Size:
State Road # 20 State Road Name:
1
Parcel:
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: GONTH ON 213, RIGHT ON CENTRAL DR
21 STIKEUF DLIKE
Structure (s) to be described to a second Single facility to the single state of the s
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.
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.
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1/16/10

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