Initial Application Date: 3-23-2020	Application #
	(910) 893-7525 Fax: (910) 893-2793 www.harnett.org/perm
LANDOWNER: Charles ALVIS BAKER St. Mail	ing Address: 79 10 PUR FOY KI)
City: Fuguay - VARINA State: NC Zip: 21526 Contact	
APPLICANT*: Mail	ing Address(<u>W) 919.309.5034</u>
City: State: Zip: Contact *Please fill out applicant information if different than landowner	#Email:
CONTACT NAME APPLYING IN OFFICE: CHARLES ALVIS BA	
PROPERTY LOCATION: Subdivision: DUNCAN AREA	Lot #: 45 Lot Size: / AKRE
State Road # 1403 State Road Name: COKES DURY	Map Book&Page: 2004/1334 3543 577
Parcel: 050635 0320/4 PIN:	0000.00
Zoning: Plood Zone: Watershed: Deed Book&Pa	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE	HWY 401 NORTH, IURN CETT ON
Christian Light RD UNTIL you get 100 Co.	KESHURY RD. TURN LEFT ON COKESBURY RD
	Shury AND ZENITH LN. THE LOTIS
ON THAT CORNER.	
Structure(s) to be demolished & removed: Single family dwelling	
Structures (existing and/or proposed): Single family dwellings _	
Water Supply: () County () Existing Well	old Cittle Storage
Sewage Supply: () Existing Septic Tank () County \$	H60S€ Sewer
* If a new structure is to be replaced on this lot, please ensure t	
* If an existing well is on site and is to be discontinued, please of	
*Upon the issuance of the Certificate of Compliance, the Harne	tt County Tax Department shall be notified of the removal to
ensure proper listing.	
*The demolition contractor is responsible for submitting verifica	tion of proper disposal prior to the Final inspection.
PLEASE NOTEFailure to completely demolish, remove, and	d clear the premises will result in the withholding of the Certificate
	nied, and fines may be imposed for failure to complete demolition/
removal.	- 6
If permits are granted I agree to conform to all ordinances and laws of the State I hereby state that foregoing statements are accurate and correct to the best of	e of North Carolina regulating such work and the specifications of plans submitted my knowledge. Permit subject to revocation if false information is provided.
Cl A By -	3-23-2020
Signature of Owner or Owner's Mont	<u>) - 7.5 - 70.70</u> Date
Signature of Owner or Owner's Agent **This application expires 6 months from the	ne initial date if no permits have been issued**

emolish any building including residences demolished for commercial or industrial expansion sponsibility to properly notify the Department of Health and Human Services Division of Introl Unit at least ten (10) working days before the demolition is to begin whether or no obsestos. I hereby certify that the information on this application is correct and that all work in referenced job will be performed under my supervision and that such work complies we State Building Codes and applicable Harnett County Ordinances. Call for inspection of the Contractor of Applicant Date LICENS DATE LICENS	
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CONTRACTOR / APPLICANT DATE LICENS TOR, SIGNIFICANT	n connection with the above vith the requirements of the
for signification	š.
	SE NO. (If applicable)
ease contact the Department of Health and Human Services for their requirements and tp://www.epi.state.nc.us/epi/asbestos/ahmp.html	d permit information.
th.//www.epi.atate.iic.ua/epi/dabeatoa/aiiiiip.iitiiii	