Initial Application Date: 9/17/2020	Application # BRES 2009-
COUNTY OF MARNETT DEMONSTRON APPLIA	0073
Country OF HARNETT DEMOLITION APPLICATION OF THE Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	Fax: (910) 893-2793 www.hamett.org/permits
LANDOWNER: HARNETT CENTRAL HOLDINGS LLC Mailing Address: 1092 C	lassic Road
City: Apex State: NC Zip: 27539 Contact # 919-446-6865	Email: _Jennifer.erwin@reliabuilt.biz
APPLICANT*: Tyler Cooper (Contractor) Mailing Address: 165 So	mmerville Park Road
City: Raleigh State: NC Zip: 27603 Contact # 704-320-9171 *Please fill out applicant information if different than landowner	Email: tyler.cooper@wynnsitedev.com
CONTACT NAME APPLYING IN OFFICE: Tyler Cooper	Phone #704-320-9717
PROPERTY LOCATION: Subdivision: N/A	Lot #: N/A Lot Size: N/A
State Road # 1437 State Road Name: Ballard Ballard 1820 BALLARD RD FUOUAY VARINA NC 1800 BIAL 0652-65-0753.000	Map Book&Page:2020 / 13
PalcelPIN	
Zoning: RA-20M Flood Risk Cape Fear River (Lillington) Class-WS-IV 3734 / 0952	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
1800 & 1820 Ballard Road, Fuquay-Varina, NC 27526	
Structures to be demolished include one house that was previously knocked down, one s	standing house, one barn, and one barn/shed.
Structure(s) to be demolished & removed: Single family dwellingX Manufactor	ured Home Other (specify) Shed/Barr
Structures (existing and/or proposed): Single family dwellingsx_ Manufacture	
manadada	o Homos only/
Water Supply: (X) County (_) Existing Well	
Sewage Supply: () Existing Septic Tank (_X_) 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 Co	unty Environmental Health for assistance.
*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Dep	artment shall be notified of the removal to
ensure proper listing.	
*The demolition contractor is responsible for submitting verification of proper dispo	osal prior to the Final inspection.
PLEASE NOTEFailure to completely demolish, remove, and clear the premise	es will result in the withholding of the Certifica
of Compliance. Thus, future permits for the property will be denied, and fines may	
removal.	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

Date

Signature of Owner or Owner's Agent

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.

		ed & removed at one time.
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		stos Inspector must be provided with application
ferenced job will be performed un	der my supervision and that suc	and that all work in connection with the above th work complies with the requirements of the No. Call for inspection at proper stage of work.
CONTRACTOR / APPLICANT	DATE	LICENSE NO. (If applicable)
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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

As lestos requirements are applicable if the occupancy use is or changes to Commercial (not residential),