COUNTY OF HARNETT DEMOLITION APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permitts

LANDOWNER: HARNETT CEN	TRAL HOLDINGS LLC	Mailing Address: 1092 Cl	lassic Road	PRES 50
City: Apex	State: NC Zip: 2753	9_ Contact # 919-446-6865	Email: _Jennifer.e	rwin@reliabuilt.biz
APPLICANT*: Tyler Cooper (C	Contractor)	Mailing Address: 165 So	mmerville Park Road	
	State: NC Zip: 27603	Contact # _704-320-9171	Email: tyler.coope	r@wynnsitedev.com
*Please fill out applicant information if CONTACT NAME APPLYING IN			Phone #704-320-9	717
PROPERTY LOCATION: Subdiv				Lot Size: N/A
State Road #1437		13wwo 201.	Map Book&Pa	age:2020 /13
Zoning: RA-20M Flood Zone:	I Flood Risk Cape Fear River (Lill Watershed:	ington) Class-WS-IV ad Book&Page:3734		
1800 & 1820 Ballard	d Road, Fuquay-Varina, NC 27526			
Structures to be der	nolished include one house that wa	as previously knocked down, one s	standing house, one barn,	and one bam/shed.
Structure(s) to be demolis	hed & removed: Single fami	ly dwelling _x Manufact	ured Home C	other (specify) Shed/Barn
	proposed): Single family de			
				*
Water Supply: (X) Cou	unty () Existing Wel	L		
Sewage Supply: () Exi	sting Septic Tank (X	County Sewer		
* If a new structure is to be	e replaced on this lot, please	e ensure that existing septic	system is not damag	jed.
* If an existing well is on s	ite and is to be discontinued	, please contact Harnett Co	ounty Environmental H	lealth for assistance.
*Upon the issuance of the	Certificate of Compliance, t	he Harnett County Tax Dep	eartment shall be notif	fied of the removal to

ensure proper listing.

*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection.

PLEASE NOTEFailure 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.

Signature of Owner or Owner's Agent

Date

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

DATE	LICENSE N	O. (If applicable)
DATE	LICENCE	O (16 applicable)
mett County Ordinance	s. Call for inspection at	proper stage of work.
s application is correct	and that all work in co	nnection with the above
lished for commercial or of Health and Human !	industrial expansion or s Services Division of Pul	tructures. It is the contractor's blic Health - Health Hazards
× ×		
	lished for commercial or of Health and Human see the demolition is to be application is correct upervision and that suc	n N.C. Accredited Asbestos Inspector must be lished for commercial or industrial expansion or so of Health and Human Services Division of Pulice the demolition is to begin whether or not the sapplication is correct and that all work in compervision and that such work complies with the mett County Ordinances. Call for inspection at DATE LICENSE N

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