

Initial Application Date: 10-21-20

Application # _____

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/permits

LANDOWNER: Dianica Atkins Mailing Address: _____

City: Sanford State: NC Zip: _____ Contact # 910-729-0009 Email: eshafman@yahoo.com

APPLICANT*: Corbett Clearing & Demolition, LLC Mailing Address: 180 E.W. Lane

City: Goldsboro State: NC Zip: _____ Contact # 919-288-1916 Email: andrea@corbettdemoliton.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Andrea Herring Phone # 919-288-1916

PROPERTY LOCATION: Subdivision: 329 Green Spring Drive, Sanford, NC 27332 Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: _____ Map Book&Page: _____ / _____

Parcel: 03958701 0020 97 PIN: 9596-06-2920.000

Zoning: _____ Flood Zone: _____ Watershed: _____ Deed Book&Page: _____ / _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.


Signature of Owner or Owner's Agent

10-20-2020
Date

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

Asbestos requirements are applicable if the occupancy use is or changes to Commercial (not residential), or if multiple structures are being demolished & removed at one time.

An Asbestos Inspection Report prepared by an N.C. Accredited Asbestos Inspector must be provided with application to demolish any building including residences demolished for commercial or industrial expansion or structures. It is the contractor's responsibility to properly notify the Department of Health and Human Services Division of Public Health – Health Hazards Control Unit at least ten (10) working days before the demolition is to begin whether or not the building is known to contain asbestos.

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett County Ordinances. Call for inspection at proper stage of work.

Kyle Corbett

CONTRACTOR / APPLICANT

10/20/2020

DATE

#78987

LICENSE NO. (if applicable)

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>