

Initial Application Date: _____

Application # _____

COUNTY OF HARNETT DEMOLITION APPLICATION

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793 www.harnett.org/permits

Land Owner: Charley Fields / Town of Coats

Mailing Address: _____

City: Coats State: NC Zip: 27521 Home #: 910-591-435 Contact #: Nick Holcomb

APPLICANT: Registers Land Development LLC Mailing Address: 4414 NC Hwy 53 W

City: White Oak State: NC Zip: 28399 Home #: 910-866-1125 Contact #: Brenda Register

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kenneth A Register / Brenda Phone #: 910-874-1950

PROPERTY LOCATION: Subdivision: 198 E 5th St Coats NC Lot Acreage: .17

State Road #: _____ State Road Name: _____

Parcel: _____ PIN: 1600-04-1852-000 Zoning: Residential Flood Zone: _____

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.

Brenda A Register
Signature of Owner or Owner's Agent

June 15, 2021
Date

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