

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: Nelvin Sharron Walden Town of Coats Mailing Address: P.O. Box 297

City: Coats State: NC Zip: 27521 Home #: 910-591-4133 Contact #: Nick Holcomb

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

City: White Oak State: NC Zip: 28399 Home #: 910-866-4178 Contact #: Brenda Register

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Kenneth or Brenda Register Phone #: 910-866-4178

PROPERTY LOCATION: Subdivision: 184 E Jay St. Coats NC Lot Acreage: 0.32

State Road #: _____ State Road Name: _____

Parcel: _____ PIN: 1600-04-2842-000 Zoning: Residential Flood Zone: Minimal

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 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