Initial Application Date: 222 200	Application #		
	<b>NETT DEMOLITION APPLICATION</b> Phone: (910) 893-7525 Fax: (910) 893-2793	www.harnett.org/permits	
LANDOWNER: NCOT	_ Mailing Address: 225 Green St.	Ste. 503	
city: <u>Fayetteville</u> State: NC zip: 28301			
APPLICANT*: Premier Design Builders, In		n St. Ste LOD	
1/	Contact # <u>336 - 992 - 8720</u> Email: <u>rita</u>		
CONTACT NAME APPLYING IN OFFICE: Ruta Wilso	Phone # 334-	992-8720	
PROPERTY LOCATION: Subdivision: 925 Charybeate			
State Road # State Road Name:		&Page: 4052, 10975	
Parcel:			
Zoning: KA-30 Flood Zone: Watershed: Deed B			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	West toward South Me	ain st.	
turn right onto South Main	St. continue straight	onto	
NC 21D N/N Main St., turn			
	ue onto chalybeate		
	and the second	s springs rig.	
Structure(s) to be demolished & removed: Single family do	welling Manufactured Homo	Other (angeity) Sha	
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)			
( and a proposed). Single family dwoll	Mandiactured FloritesO	ner (specify)	
Water Supply: (_) County (_) Existing Well			
Sewage Supply: ( ) Existing Septic Tank ( ) Co	unty Sewer		
* If a new structure is to be replaced on this lot, please en	sure that existing septic system is not dam	aged.	
* If an existing well is on site and is to be discontinued, ple	ease contact Harnett County Environmenta	l Health for assistance.	
*Upon the issuance of the Certificate of Compliance, the H	darnett County Tax Department shall be no	atified of the removal to	
ensure proper listing.	January Tax Boparament small be no	anied of the femoval to	
*The demolition contractor is responsible for submitting ve	rification of proper disposal prior to the Fin	al inspection.	
**PLEASE NOTE**Failure to completely demolish, remove	e, and clear the premises will result in the v	vithholding of the Certificate	
of Compliance. Thus, future permits for the property will b			
removal.			
If permits are granted Logres to senform to all all all all all all all all all al			
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.			
(A)		raise information is provided.	
Simular (a	2 22 2022		
Signature of Owner or Owner's Agent  **This application expires 6 months f	Date ' rom the initial date if no permits have been issued	<b>1</b> **	
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or if multiple stru	ctures are being demolished	or changes to Commercial (not residential)  d & removed at one time.
responsibility to properly notify the Depart	demolished for commercial or inc tment of Health and Human Sei	os Inspector must be provided with application dustrial expansion or structures. It is the contractor rvices Division of Public Health – Health Hazard in whether or not the building is known to conta
I hereby certify that the information (	on this application is correct an	nd that all work in connection with the above
		work complies with the requirements of the NC
	le Harnett County Ordinances. (	Call for inspection at proper stage of work.
CONTRACTOR / APPLICANT	2 <u>82 302</u> 2 DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (II applicable)
Please contact the Department of Health	and Human Services for their re	equirements and permit information.
nttp://www.epi.state.nc.us/epi/asbestos/a		