

Initial Application Date: _____

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: Randy + Joyce Rambeau Mailing Address: 105 Harvey Lane

City: Coats State: NC Zip: 27521 Contact # 919-614-3836 Email: rsrambeau@outlook.com

APPLICANT*: Marshall Johnson Mailing Address: 283 Banner Elk Rd.

City: Benson State: NC Zip: 27504 Contact # 919-427-7111 Email: mjconstruction@msn.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Marshall Johnson Phone # 919-427-7111

PROPERTY LOCATION: Subdivision: N/A 187 Harvey Ln Lot #: N/A Lot Size: 35 acres

State Road # 1700 State Road Name: CANE MILL Map Book&Page: 3367, 0736

Parcel: 071509 0144 PIN: 1509-37-4712.00

Zoning: RA-40 Flood Zone: _____ Watershed: _____ Deed Book&Page: 1

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 to Hwy 27 to Coats, T/R on Hwy 55, T/L on MAIN St in Coats, MAIN St becomes S. Lincoln St., then it becomes CANE Mill Rd. immediately past Hunters Run Sub. T/R on Harvey Lane. (Privt) Job is on Right.

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.

Marshall Johnson
Signature of Owner or Owner's Agent

4-18-22
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.

CONTRACTOR / APPLICANT

DATE

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>



NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 4-4-22-1 Date: 4/4/2022 Fee: \$50

Parcel ID*: 071509 0144 Area Zoned As: RA - Residential Agriculture

APPLICANT:

PROPERTY OWNER:

Name (Print) Marshall Johnson

Name Raddy + Joyce Rameau

Address 283 Banner ~~Elk~~ Rd,

Address 105 Harvey Lane

City, State Benson, NC

City, State Coats NC

Zip Code 27504

Zip Code 27521

Phone # 919-427-7111

Phone # 919-614-3836

Location of Property: 187 Harvey Lane IN-TOWN ETJ [checked] ETJ (contiguous)

Present Use of Property: Farm + wooded - old abandon house on property

PROPOSED USE OF PROPERTY:

- [checked] Single Family Dwelling: # Rooms: 7 # Bedrooms: 3 Square Feet: 1324
[] Multi Family Dwelling: # of Units: #Bedrooms (per unit): Square Feet (per unit)
[] Mobile Home (single lot): Single wide: Double Wide:
[] Mobile Home Park: Section 16, Zoning Ordinance must apply
[] Business: Total # of employees per day Type of business
[] Others (specify):

[] Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: [] Private [checked] Public [] Proposed [] Existing
Sewer: [checked] Private [] Public [] Proposed [] Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: Marshall Johnson Date: 3-31-22

ZONING ADMINISTRATOR USE ONLY

Notes: Demo 187 Harvey - new construction

Approved: [checked] Denied: []

Zoning Administrator: Nick Hoh Date: 4/4/22

APPROVED

TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS