nitial Application Date:	4/20/2022
--------------------------	-----------

Signature of Owner or Owner's Agent

Application # 13RES 220 14-

Central Permitting	COUNTY OF HARNETT DEMOLITION APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (9	(10) 893-2793 www.harnett.org/permits	_
LANDOWNER: Natha	an Hale Mailing Address: 60 Hale Storm	Lane	
City: Cameron	State: NC Zip: 28326 Contact # 919-356-3756		
and the same of th	Demolition and Contracting LLC Mailing Address: P.O. Box 269		
City: Garner	State: NC Zip: 27529 Contact # James London		
	PLYING IN OFFICE: _James London Pho	ne # 919-800-9532	
	N: Subdivision: Imperial Ranchettes		
	State Road Name:1111		
	PIN:		
100 top 100 to	ood Zone: 61760001Watershed: Deed Book&Page: 11 / 37		
	NS TO THE PROPERTY FROM LILLINGTON:		
teach country month of	withen Rte 24 to 60 Hale Storm Lane		
Structure(s) to be	demolished & removed: Single family dwelling Manufactured H	Iome X Other (specify)	
25 .000	g and/or proposed): Single family dwellings X Manufactured Hon	S I WAS A STATE OF THE STATE OF	
Ì			
Water Supply:) County (X) Existing Well		
Sewage Supply:	(X) Existing Septic Tank () County Sewer		
f a new structure	is to be replaced on this lot, please ensure that existing septic syste	m is not damaged.	
If an existing well	is on site and is to be discontinued, please contact Harnett County E	nvironmental Health for assistance.	
	e of the Certificate of Compliance, the Harnett County Tax Departme	nt shall be notified of the removal to	
ensure proper listir			
*The demolition co	ontractor is responsible for submitting verification of proper disposal p	rior to the Final inspection.	
HDI EACE NOTE			
l l	Failure to completely demolish, remove, and clear the premises will		
	hus, future permits for the property will be denied, and fines may be in	nposed for failure to complete demolition	n/
emoval.			
f 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 submitte	ed.
hereby state that fore	going statements are accurate and correct to the best of my knowledge. Permit subject	t to revocation if false information is provided.	
1) -	420/2022		
/ /			

Date

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

Asbestos requ	irements are applicable or if multiple structu	if the occupancy use is res are being demolish	s or changes to Commercial (not resident ed & removed at one time.	ial),
demolish any build responsibility to pr	ng including residences der operly notify the Departme	molished for commercial or i ent of Health and Human S	stos Inspector must be provided with application industrial expansion or structures. It is the contractories Division of Public Health — Health Hailbegin whether or not the building is known to contract the bui	ctor's zards
	ly that the information on t	this application is correct	and that all work in connection with the above	;
I hereby certi-	ill be performed under my	supervision and that suc	th work complies with the requirements of the	
I hereby certi-	ill be performed under my	supervision and that suc		
I hereby certi-	vill be performed under my ng Codes and applicable H	supervision and that suc	th work complies with the requirements of the	
I hereby certi referenced job w State Buildi	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work.	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certing referenced job we State Building Prime Demolition and	vill be performed under my ng Codes and applicable H Contracting LLC	y supervision and that suc Harnett County Ordinances	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certiforeferenced job was State Building Prime Demolition and CONTRACTOR	Topic Department of Health and	d Human Services for their	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549	
I hereby certiforeferenced job was State Building Prime Demolition and CONTRACTOR	rill be performed under my ng Codes and applicable H Contracting LLC / APPLICANT	d Human Services for their	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549 LICENSE NO. (If applicable)	
I hereby certiforeferenced job wastate Building Prime Demolition and CONTRACTOR Please contact the	Topic Department of Health and	d Human Services for their	ch work complies with the requirements of the s. Call for inspection at proper stage of work. GC75549 LICENSE NO. (If applicable)	