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: BYRON 50HUSON Mailing Address: 208A SOH CINTON A	
city: DUNN State: NC zip: 2833 Contact # 910 580 51 Email: byran no	hnson a
APPLICANT: FORON TOHUSON Mailing Address: 208 A South Clivity yourso	. com
City: DDNN State UC Zip 8334 Contact # 910-560-516 Pemail: by ronn oh	
CONTACT NAME APPLYING IN OFFICE: DV LOW DAY WOOD Phone # 910 580 .S	016/
PROPERTY LOCATION: Subdivision: 1857 Old Stage Lot #:Lot Siz	
State Road # State Road Name: DLD STAGE Rd Map Book&Page:	
Parcel: PIN:	
Zoning:Flood Zone:Watershed: Deed Book&Page:/	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
Yake 421 toward ERUID. At Airport take a left	
go straight for 3 miles (coss over HWY 27 and sherit	7 Johnson
Road force on left	
Structure(s) to be demolished & removed: Single family dwelling Manufactured Home Other (spe	ecify)
Structures (existing and/or proposed): Single family dwellingsManufactured Homes Other (specify	/)
Meter Complex ( ) County ( ) Existing Mell	
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	r assistance
an existing well is on site and is to be discontinued, please contact Harnett County Environmental Health 10	r assistance.
*Upon the issuance of the Certificate of Compliance, the Harnett County Tax Department shall be notified of the	e řemoval to
ensure proper listing.	
*The demolition contractor is responsible for submitting verification of proper disposal prior to the Final inspection	on.
**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 cor	mplete 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 specification.	
I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information of the state of	ation is provided.
Dyn N N/and Of 6-11-22	
Signature of Owner or Owner's Agent 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.		
demolish any building including residences responsibility to properly notify the Depart Control Unit at least ten (10) working days asbestos.	demolished for commercial or tment of Health and Human s before the demolition is to	estos Inspector must be provided with application to rindustrial expansion or structures. It is the contractor Services Division of Public Health – Health Hazard begin whether or not the building is known to contain that all work in connection with the above
referenced job will be performed under	my supervision and that su	es. 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 the	eir requirements and permit information.

http://www.epi.state.nc.us/epi/asbestos/ahmp.html