

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: SLW Trust Mailing Address: PO Box 2078

City: Lillington State: NC Zip: 27546 Contact # 910-514-2496 Email: swalker3031@yahoo.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Stacey Walker Phone # 910-514-2496

PROPERTY LOCATION: Subdivision: 337 Bailey Way Rd Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book&Page: 47512937-2938

Parcel: 0559-05-1500-000 PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book&Page: 1

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.

  
Signature of Owner or Owner's Agent

12/22/22  
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.

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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.

GFD Contracting  
CONTRACTOR / APPLICANT

12/22/2022  
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>