

Initial Application Date: 1-20-23

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: Bryant St. Matthews Investments LLC Mailing Address: 2649 Breckonridge Centre Dr. Ste. 104
City: Monroe State NC Zip: 28110 Contact #: Sean Johnson Email: Sean.johnson@truhomesusa.com

APPLICANT: Cecil Holcomb Renovations Inc Mailing Address: 8315 LaMatisse Rd
City: Raleigh State NC Zip: 27615 Contact #: 919-876-4060 Email: chdemolition@aol.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Cecil Holcomb Renovations Inc. Phone # 919-876-4060

PROPERTY LOCATION: Subdivision: 640 St. Matthews Rd. Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: _____ Map Book & Page: 1

Parcel: _____ PIN: _____

Zoning: _____ Flood Zone: _____ Watershed: _____ Deed Book & Page: 1

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Head west toward S. Main St.
Turn right onto S. Main St. Turn right onto US-421 S/US Hwy 421 S
Turn left onto St. Matthews Rd, destination on the 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.

Cecil Holcomb
Signature of Owner or Owner's Agent

1-20-23
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.

Cecil Holcomb Renovations Inc.

CONTRACTOR / APPLICANT

1-20-23

DATE

87551

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>



Town of Erwin
Zoning Application & Permit
Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Cecil Holcomb Renovations Inc	Property Owner	Bryant St. Matthews Inv. LLC
Home Address	8315 LaMatisse Rd.	Home Address	2649 Breckonridge Ctr. Dr. Ste. 104
City, State, Zip	Raleigh, NC 27615	City, State, Zip	Monroe, NC 28110
Telephone	919-876-4060	Telephone	919-410-9632
Email	Chdemolition@aol.com	Email	seanjohson@truchomesusa.com

Address of Proposed Property: 440 St. Matthews Rd. + 504 St. Matthews Rd.

Parcel Identification Number(s) (PIN): 1507-34-7604-000 Estimated Project Cost: \$39,000.00
80,000.00

What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. Demolition

Description of any proposed improvements to the building or property: N/A

What was the Previous Use of the subject property? Residential

Does the Property Access DOT road? Yes

Number of dwelling/structures on the property already: 10 Property/Parcel size: 45.65 acres

Floodplain SFHA Yes No Watershed Yes No Wetlands Yes No

MUST circle one that applies to property: Existing/Proposed Septic System Or
Existing/Proposed County/City Sewer

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Cecil Holcomb Cecil Holcomb 1-20-23
Print Name Signature of Owner or Representative Date

For Office Use

Zoning District	<u>P-6</u>	Existing Nonconforming Uses or Features	_____
Front Yard Setback	_____	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	_____	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	_____	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments		Fee Paid: _____	Date Paid: _____
		Staff Initials: _____	

Comments

Signature of Town Representative: Sue Rank Date Approved/Denied: 1/23/23

- Please obtain demo permits from Harnett county developer services 910-893-7525
- Remove all and ask all asbestos before tearing down