

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:** Copelia Street-Madzivanyika Mailing Address: 148 Cemetery Lane

City: Lillington State: NC Zip: 27546 Contact # (910) 890-0787 Email: \_\_\_\_\_

**APPLICANT\*:** Sheena Ibasco (Shepherd Response LLC) Mailing Address: 401 E. Main St., Suite 200

City: Clayton State: NC Zip: 27520 Contact # (919) 298-2312 Email: sheena@shepherd-response.com

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** Sheena Ibasco (Shepherd Response LLC) Phone # (919) 298-2312

**PROPERTY LOCATION:** Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book&Page: \_\_\_\_\_ / \_\_\_\_\_

Parcel: \_\_\_\_\_ PIN: 0559-13-6091.000

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

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:** \_\_\_\_\_

Head South on McKinney Pkwy toward Alexander Dr., McKinney Pkwy turns right and becomes US-401S/US-421 N/S Main St., after 1.7 miles turn right onto NC-210 S, after 1 mile turn left onto Cemetery Ln., property located on the left

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.

Sheena Ibasco

Signature of Owner or Owner's Agent

8/29/23

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.

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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.**

*Sheena Hasco*

8/29/23

86629

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>**