

Initial Application Date: 11/2/23

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: Reginald & Sheryl Kelly Mailing Address: 131 Peacock Rd

City: Sanford State: NC Zip: 28303 Contact # 910.630.2100 Email: susan@weaver-homes.com

APPLICANT*: Weaver Homes Inc Mailing Address: 350 Wagoner Dr

City: Fayetteville State: NC Zip: 28303 Contact # 910.630.2100 Email: susan@weaver-homes.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Susan Rodriguez Phone # 910.630.2100

PROPERTY LOCATION: Subdivision: Carolina Lakes Lot #: 215 Lot Size: .36

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

Parcel: _____ PID - 03958612 0060 PIN: 9586-52-2307-000 Plat(Survey) Book/Page: 2022 - 374

Zoning: ra20r Flood Zone: min Watershed: NCwater supply Deed Book&Page: 4155:1211

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Turn right onto Buffalo Lake Rd

Turn right onto Peacock Rd

Destination will be 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.

Susan Rodriguez-Weaver Homes Inc.

11.2.23

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.

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.

Weaver Homes Inc. _____

11.2.23 _____

75971 _____

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>