Initial Application Date: Application #					
Central Permitting 108 E. Front Street, Lillington,	NC 27546	RNETT DEMOLITION Phone: (910) 893-75	525 Fax:	(910) 893-2793	www.harnett.org/permits
LANDOWNER: Family Building Company					
City: Raleigh State: NC	Zip: 27615	Contact # 931-269	9-9471	_ <sub>Email:</sub> permitt	ing@familybuildingco.com
APPLICANT*:		Mailing Address:			
City: State: State: *Please fill out applicant information if different than landowne	Zip: r	Contact #		Email:	
CONTACT NAME APPLYING IN OFFICE:			Ph	one #	
CONTACT NAME APPLYING IN OFFICE:  PROPERTY LOCATION: Subdivision: Captains L	anding			Lot #: 5	Lot Size: 0.45acres
State Road # State Road Name:					Page:/
Parcel: 050613 0168		<sub>PIN:</sub>	23-07-363	0.000	
Zoning: RA-30 Flood Zone: Watershed:	Deed	Book&Page:4230	/ 1970		
SPECIFIC DIRECTIONS TO THE PROPERTY FROM	LILLINGTON:	Take US-401	N, left on K	(ipling Rd., le	ft on River Rd.,
right on Jasmine Rd., right on Keelboat	Ln., left on	Royal St.			
Structure(s) to be demolished & removed: Structures (existing and/or proposed): Single					
officiales (existing and/or proposed). Only	e fairing time	mingsiviand	ilaciuleu i lo	11163 Ottle	(Specify)
Water Supply: $(X)$ County $(X)$ Ex	kisting Well				
Sewage Supply: (X_) Existing Septic Tank	() C	County Sewer			
* If a new structure is to be replaced on this	lot, please e	ensure that existing	g septic syste	em is not dama	ged.
* If an existing well is on site and is to be dis	scontinued, p	olease contact Har	nett County	Environmental	Health for assistance.
*Here the Secretary of the October 100.			. D	( . b . ll b C	Callat diamental tra
*Upon the issuance of the Certificate of Cor	npliance, the	e Harnett County 1	ах рерапто	ent snali de noti	fled of the removal to
ensure proper listing. *The demolition contractor is recognitied to	r ou broitting	varification of prop	or dianocal r	orior to the Fine	Linanaatian
*The demolition contractor is responsible fo	r submitting	verilication of prop	er disposai į	onor to the Fina	i inspection.
**PLEASE NOTE**Failure to completely de	molish, remo	ove, and clear the	oremises wil	I result in the wi	thholding of the Certificate
of Compliance. Thus, future permits for the					
removal.	, , ,	,	,	•	•
If permits are granted I agree to conform to all ordinan	ces and laws of	the State of North Car	olina regulating	such work and the	specifications of plans submitted.
I hereby state that foregoing statements are accurate a	and correct to th	ne best of my knowledg	e. Permit subje	ect to revocation if fa	alse information is provided.
Matthew Szalecki Signature of Owner or Owner's Agent			4/30/24		
Signature of Owner or Owner's Agent	_	- 1	Date		

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

•		is or changes to Commercial (not residenti- ned & removed at one time.	al),
<u> </u>			
demolish any building including residences responsibility to properly notify the Depar	s demolished for commercial or rtment of Health and Human	estos Inspector must be provided with application industrial expansion or structures. It is the contract Services Division of Public Health – Health Haze begin whether or not the building is known to co	ctor's zards
I hereby certify that the information	on this application is correc	t and that all work in connection with the above	
•	-	ch work complies with the requirements of the	NC
State Building Codes and applicab	ole Harnett County Ordinance	es. Call for inspection at proper stage of work.	
Matthew Szalecki	4/30/24	83597	
CONTRACTOR / APPLICANT	DATE	LICENSE NO. (If applicable)	
Please contact the Department of Health	ւ and Human Services for the	eir requirements and permit information.	
Please contact the Department of Health http://www.epi.state.nc.us/epi/asbestos/		eir requirements and permit information.	