Initial Application Da	te: 7/12/2024				Applic	cation #		
Central Permitting	108 E. Front Stree		<b>Y OF HARNETT D</b> 546 Phone:	EMOLITION AF (910) 893-7525			3	www.harnett.org/permits
	Debra Lee	)	Maili	ng Address:	995 Bu	Illard Rd.		
City: San	ford	_State: NC Zip:	27237 Contact	# <u>919-77(</u>	0-0592	Email: <b>dle</b>	e2429@	gmail.com
APPLICANT*:	Mark Wilson		Maili	ng Address:	306 Pla	ntation Rd		
City: <b>Gold</b> *Please fill out applican	<b>sboro</b> t information if different t	_ State: <b>NC</b> Zip:_ han landowner	27530 Contact	# <u>919-394-</u> ;	7282	_ Email: <u>ma</u>	rk@trito	<u>nhomesnc.co</u> m
	PPLYING IN OFFICE							
PROPERTY LOCAT	ION: Subdivision:					Lot #:	995 <sub>L</sub>	ot Size:9.45 Acres
State Road #	State Ro	oad Name:				Мар Во	ok&Page: _	/
Parcel:	039576		PIN:	9576-48	8-8868.00	0		
Zoning: RA-20R F	lood Zone: No	Watershed: No	Deed Book&Pa	ge: 036£	51/0148			
SPECIFIC DIRECTION	ONS TO THE PROPI							
Head toward	E Front St on	W Front St (U	S-421). Go for	<sup>,</sup> 335 ft. Tur	rn right o	nto S Main	St (US-	401). Go for 0.4 mi
Turn right on	to W Old Rd (N	C-27). Go for	0.6 mi. Turn	left onto N	IC-27 W (	NC-27). Go	o for 16.	2 mi.
Turn right ont	o Allen Rd. Go	for 0.3 mi. Tu	ırn left onto B	ullard Rd.	Go for 0.	2 mi.		
995 Bullard I	Rd Sanford, NC	27332-2340						
Structure(s) to be	e demolished & r	emoved: Sinale	family dwelling	u Man	ufactured	Home X	Other	(specify)
	ing and/or propos							
Water Supply:	(X) County	() Existing	g Well					
Sewage Supply:	(X) Existing Se	eptic Tank	() County S	sewer				
* If a new structu	ire is to be replac	ed on this lot, p	lease ensure th	nat existing s	eptic syste	em is not da	maged.	
* If an existing w	ell is on site and	is to be disconti	nued, please c	ontact Harne	ett County	Environmer	ntal Healt	h for assistance.
*Upon the issuar	nce of the Certific	ate of Complian	nce, the Harnet	t County Tax	Departmo	ent shall be	notified o	of the removal to
ensure proper lis	sting.							
*The demolition	contractor is resp	onsible for subr	mitting verificati	on of proper	disposal p	prior to the F	-inal insp	ection.
**PLEASE NOTE	E**Failure to com	pletely demolis	h, remove, and	clear the pre	emises wil	I result in the	e withhol	ding of the Certificate
of Compliance.	Thus, future pern	nits for the prop	erty will be den	ied, and fine	s may be	imposed for	failure to	complete demolition
removal.								
If normite are ment	d Lograd to a staff a		d lowo of the Oter	of North Orac "		ouch work -	d the''	inctions of slave subset!!
	-							ications of plans submitted formation is provided.
w/1	/ //			,				p.oou
11/102	MS-				7/12/202	24		
Signature of Owner	•			Dat				
	**This a	pplication expires	6 months from the	e initial date if	no permits	nave been iss	ued**	

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.

**CONTRACTOR / APPLICANT** 

7/12/2024 DATE

100290 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