| Initial Application Da          | tei 25 1          | 1012024                      |                 |               |                                | Application               |              |                      |            |
|---------------------------------|-------------------|------------------------------|-----------------|---------------|--------------------------------|---------------------------|--------------|----------------------|------------|
| Central Permitting              | 108 E. F          | ront Street, Lilling         |                 |               | EMOLITION AP<br>(910) 893-7525 | PLICATION<br>Fax: (910) 8 | 893-2793     | www.harnett.org      | /permits   |
| LANDOWNER: 14                   | stin              | 16.11                        | ameri           | Melli         | ng Address:_3                  | 222 Ca                    | Ausa         | Hill Road            | <u> </u>   |
| City: ( SACI                    | OA                | Staté                        | M zip28         | 26 Contact    | 253-94                         | 9-06/2 Em                 | Sand         | hill sholdings 6     | Thrail.    |
| APPLICANT 1                     | 1 C.              | atrating                     | Services        | LLC Mail      | ng Address: 3                  | 72 Word                   | becen        | Circle               | -          |
| City: Red 1000                  | information (     | State<br>different than land | 26 Zip:28.      | 376 Contact   | 917-903-                       | 5847 Em                   | 1/160        | tractingcops         | 96Auil     |
| CONTACT NAME A                  | PPLYING I         | OFFICE 4                     | cheel           | T. Lip        | vi.                            | Phone #                   | 717-         | 203-5847             |            |
| PROPERTY LOCAT                  | ION: Subdi        |                              |                 |               |                                | Lo                        | t#:          | Lot Size: 3 4        | 1105       |
| State Road #                    |                   | State Road Nar               | me: Caner       | u H.1         | 1 Rond                         | 8                         | Map Books    | Page:/               | _          |
| Parcel: 099                     | 564               | 0058                         |                 | PIN:          |                                |                           | 110701-25551 |                      | _          |
| Zoning: F                       | lood Zone:        | Waters                       | hed:D           | eed Book&Pa   | ge:/                           |                           |              |                      |            |
| Structure(s) to be              | e demolis         | hed & remov                  | ed: Single fan  | nilv dweiling | ✓ Mans                         | afactured Home            | 9            | Other (specify)      | =          |
| Structures (existi              |                   |                              |                 |               |                                | ctured Homes              |              | ner (specify)        |            |
| Water Supply:<br>Sewage Supply: | K) Co             |                              | _) Existing We  |               | ewer                           |                           |              |                      |            |
| * if a new structu              | re is to be       | e replaced on                | this lot, pleas | se ensure th  | at existing s                  | eptic system is           | not dama     | iged.                |            |
| * If an existing w              | all is on s       | ite and is to b              | e discontinue   | d, please or  | ontact Hame                    | tt County Envir           | onmental     | Health for assistar  | 108.       |
| *Upon the issuar                |                   | Certificate of               | Compliance,     | the Hamet     | County Tax                     | Department si             | nall be no   | tified of the remova | il to      |
| *The demolition                 | State of the same | r is responsib               | le for submitti | ng verificati | on of proper                   | disposal prior t          | o the Fin    | al inspection.       |            |
| **PLEASE NOTE                   | :**Fallure        | to completel                 | y demolish, re  | move, and     | clear the pre                  | mises will resu           | It in the v  | vithholding of the C | ertificate |
| of Compliance                   | Thus futi         | re permits fo                | r the property  | will be deni  | ed, and fines                  | s may be impos            | sed for fa   | ilure to complete de | molition   |

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.

Signature of Owner or Owner's Agent

removal.

Date

65 NOV 2024

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