or if multiple structure	the occupancy use s are being demolisi	is or changes to Commercial (not residential), hed & removed at one time.
demolish any building including residences dem responsibility to properly notify the Departmen	dished for commercial o t of Health and Human	pestos Inspector must be provided with application to or industrial expansion or structures. It is the contractor's Services Division of Public Health – Health Hazards begin whether or not the building is known to contain
I hereby certify that the information on th	s application is correc	ct and that all work in connection with the above
	200 100	uch work complies with the requirements of the NC
State Building Codes and applicable Ha	rnett County Ordinanc	es. Call for inspection at proper stage of work.
	4/7/25	~/A
CONTRACTOR / APPLICANT		
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
	DATE	LICENSE NO. (If applicable)
Please contact the Department of Health and http://www.epi.state.nc.us/epi/asbestos/ahmp	Human Services for th	
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