

DEMOLITION APPLICATION

SITE ADDRESS: 904 PURFOY ROAD **PIN:** _____
LANDOWNER: STUART & CATHY HAIR **Mailing Address:** 1012 PURFOY ROAD
City: FURQUAY VARIAN **State:** NC **Zip:** 27526 **Phone:** 919-369-6388 **Email:** stuarthair@msn.com

*Please fill out applicant information if different than landowner.

APPLICANT: STUART HAIR **Mailing Address:** 1012 PURFOY ROAD
City: FURQUAY VARIAN **State:** NC **Zip:** 27526 **Phone:** 919-369-6388 **Email:** stuarthair@msn.com

EXISTING STRUCTURES: Single Family Dwellings: ☒ Manufactured Homes: _____ Other: _____

EXISTING UTILITIES: **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 the Environmental Health Department for assistance.

STRUCTURES TO BE DEMOLISHED: Single Family Dwellings: ☒ Manufactured Homes: _____ Other: _____

PROPOSED STRUCTURES: Single Family Dwellings: _____ Manufactured Homes: ☒ Other: _____

ADDRESS TYPE: Residential ☒ Non-Residential ☐

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. 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>

NOTE: Verification of proper disposal must be submitted to the Central Permitting Department prior to the Final Inspection.

I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. I also certify 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. I understand that this permit is subject to revocation if information is falsified.

Stuart Adams Hair
Signature of Contractor or Applicant

8-07-2025
Date

License No. (if applicable)

Permits are valid for 6 months from the issue date.