Harnett COUNTY NORTH CAROLINA

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

DEMOLITION APPLICATION

SITE ADDRESS: 12 Red Hill Church Rd **PIN:** _____

LANDOWNER: Tat Whit LLC Mailing Address: 843 Neighbors Rd

City: Dunn State: NC Zip: 28334 Phone: 919 427 8465 Email: Todd@whitHentonBuilders.com

**Please fill out applicant information if different than landowner.*

APPLICANT: Drew Moore (whitHenton Builders) Mailing Address: 843 Neighbors Rd

City: Dunn State: NC Zip: 28334 Phone: 919 8090051 Email: Drew@whitHentonBuilders.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.

Drew Moore — **Signature of Contractor or Applicant**

10-16-25 — **Date**

_____ — **License No. (if applicable)**

*****Permits are valid for 6 months from the issue date.*****

Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

Permit # 26-062

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Whitherton Builders	Property Owner	Jat Whit
Home Address	863 Neighbors Rd	Home Address	863 Neighbors Rd
City, State, Zip	Dunn NC 28334	City, State, Zip	Dunn NC 28334
Telephone	919 809 0057	Telephone	919-809 0057
Email	Drew@whitherton Builders.com	Email	Todd@whitherton Builders.com

Address of Proposed Property	12 Redhill church Rd		
Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.			
Description of any proposed improvements to the building or property	Demolition		
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA ___Yes ___No	**Watershed ___Yes ___No**	**Wetlands ___Yes ___No**	
MUST circle one that applies to property	Existing/Proposed Septic System **Or** Existing/Proposed County/City Sewer		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Drew Moore		10-16-25
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	B-2	Existing Nonconforming Uses or Features	NA		
Front Yard Setback	↓	Other Permits Required	__Conditional Use __Building __Fire Marshal X Other		
Side Yard Setback	↓	**Requires Town Zoning Inspection(s)**	**___Foundation ___Prior to C. of O.**		
Rear Yard Setback	NA	Zoning Permit Status	X Approved ___Denied		
		Fee Paid: waived	Date Paid: NA	Staff Initials: DMC	

Comments	Demo permit from Harnett County
Signature of Town Representative:	Date Approved/Denied: 10/16/25