



DEMOLITION APPLICATION

SITE ADDRESS: 12 Red Hill Church Rd PIN:
LANDOWNER: Jet Whit LLC Mailing Address: 843 Weighbors Rd
City: Dunn State: WC Zip: 28334 Phone: 919 427 846 Email: Todd Whithenton Buldons and
*Please fill out applicant information if different than landowner.
APPLICANT: Drew Moore (whithinker Builder Mailing Address: 843 Neighbors Red
City: Duan State: NC Zip: 28334 Phone: 919 8090051 Email: Drew @whi Henton Ber'lders, es
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.
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 reference ob will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable Harnett Count Ordinances. Junderstand that this permit is subject to revocation if information is falsified.
Den Marc 10-16-25
Signature of Contractor or Applicant Date License No. (if applicable)

Permits are valid for 6 months from the issue date.



Town of Erwin Zoning Application & Permit

Permit #

Planning & Inspections Department

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	Whitten	ton Buil	chers	Property O	VVIICI	Jat 6	Nh. F
Home Address		Neighbors		Home Add	ress	MQ 863	Neighbors A
City, State, Zip	Dunn 1	NC 283	34	City, State,	Zip	Dunn	NC 28334
Telephone	919 86	090051		Telephone			09 0051
Email	Drew @.	Whithendon	Bulder	Email		Todal Que	Il Henton Beik
Address of Proposed	Property	12	Red.	1.11 ch	ure	h Rd	
Parcel Identification	Number(s) (P	IN)			Estim	ated Project Cost	
What is the applican the proposed use of							
Description of any proj			_	1.1.			
to the building or prop				no litio	-		
What was the Previo			rty?				
Does the Property A			, ,		-		
Number of dwelling					-	perty/Parcel size	
Floodplain SFHA _		Watershed _				_YesNo	
	pplies to prope	erty Existing	/Propose	d Septic Syste	m	Or	
MUST circle one that a	11 1						
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