

n Data: 5/7/19

Application #

nitial Application Date: 7 2011
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
City: D(IND State: OC ZIPO 8335 Contact No: 910-892441 Email: 40011CC) CONTACT PROPERTY CONTACT NO.
APPLICANT*: WINOS PROPERTIES LLC Malling Address: PO BOX. 160  City: DUNN State: N. Zip. 2835 Contact No: 910-812-0641 Email: 1010110 W. earth INC. 165  *Please fill out applicant information if different than landowner Apt. 8  ADDRESS: 20 But St. Buils Gek Apt. 8  PIN: 0070-85-4264.000
Zoning:Flood:Watershed:Deed Book / Page:
Setbacks – Front:Back:Side:Corner:
PROPOSED USE:
SFD: (Sizex) # Bedrooms: # Baths:Basement(w/wo bath):Garage:Deck:Crawl Space:Slab: _
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Fire damage. Repair _ Closets in addition? () yes () no
Water Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)  Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer  (Complete Environmental Health Checklist on other side of application if Septic)  Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether underground or overhead () yes () no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
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.  Statements of Devices of Devices of Owner or Owner's Agent.  Date

Signature of Owner's Agent

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*

This application expires 6 months from the initial date if permits have not been issued.

APPLICATION CONTINUES ON BACK

strong roots · new growth



Application # BCOM1905-0007 VM ECOM 1905-0013 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Eax 910-893-2793 www.harnett.org/permits \* Each section below to be filled out OM 1905-6006 by whomever performing work. Must be owner or licensed mmercia Application for Residential Building and Trades Permit D contractor. Address, company name & phone must match information on license. Owner's Name: Description of Proposed Work: General Contractor Information Telephone Building Contractor's Company Name POBOSITEO Num NC Address Amps T-Pole: Tyes No 2800,000 License # Electrical Contractor Information Service Size: Description of Work 919-894-4404 Telephone Electrical Contractor's Company Name accelectric nepensonnea gmail.com Email Address Address 19589-1 License # Mechanical/HVAC Contractor Information Telephone Mechanical Contractor's Company Name **Email Address** Address 4256 License # Plumbing Contractor Information plumbing at sink IN Kitchen Desley Email Address NC27501 Address 1200.00 License # Insulation Contractor Information Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

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EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150,00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Has no more than two (2) employees and no subcontractors.
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation
Sign w/Title:

### **Wesley Dailey**

3019 Plainview Church Rd Angier NC 27501 919-816-6852

#### **ESTIMATE**

May 29, 2019

Parrish University Court 20 Burt St Apt 8

Remove plumbing and drain line from kitchen. Change out sink drain and water lines to kitchen sink and bathroom sink

Parts/Labor

\$500.00

GEC Electric, Inc.

PO Box 957
Benson, NC 27504 US
(919) 894-4404
gecelectricincbensonnc@gmail.com



## QUOTE

**ADDRESS** 

Wincor Properties, LLC 701 E Broad St Ste C Dunn, NC 283345101 USA QUOTE # 338295 DATE 05/24/2019

	Se	0.00			***
A-	m'	7.1	V	17	-10

#### -Services

Parrish University Court - Apartment 8

- Repair electrical damaged by fire
- Furnish and install 3 smoke detectors
- Install new switches, receptacles and covers.

Quote

2,800.00

TOTAL

\$2,800.00

Accepted By

Warda Farn

Accepted Date

5-28-19

# PROPOSAL

B & S AIR CONDITIONING CO., INC.

Barry Barbour, President 5446 Elevation Road Benson, NC 27504 Joe Barry Barbour, Vice President

Ph.: (919) 894-5151

Fax: (919) 894-7091

Name: Wincor	Phone: 910-892-0641	Date: 05-17-2019	
Address: PO Box 160	Job Name: Parrish University Court Apt #8		
City & Zip Code: Dunn, NC 28335	Job: HVAC		
ATTN: Mistie	Email: wpllc@earthlink.net		

- 1. Remove old equipment
- Equipment: Trane 1.5ton 14SEER split system heat pump
- New distribution system (duct work)
- 4. Bath fan with vent to building exterior
- 5. Range vent to building exterior
- 6. Control wiring
- Power wiring by others
- 8. Mechanical permit
- Warranty: Equipment, materials, & labor= 1year
   Compressor, coils & parts= 5years

Upon Completion Sum of \$4,746.00

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum shown above.

PAYMENT TO BE MADE: Upon signing, the undersigned agrees that a 1.5% interest will be applied on a monthly basis on 2 months post job completion

Authorized Signature:	Barry Barbo		19
NOTE: This proposal may be	e withdrawn by us, if not accepte	d within 30 days.	
Acceptance of Proposal:	Wwda Faux Signature	Date: 5-28-19	

NOTE: PLEASE SEND Signed Accepted Copy of Proposal back to B & S Air Conditioning Co. via FAX: 919-894-7091, US MAIL to above address, or via email to bandsairconditioning@centurylink.net