



Application # 1807-4019

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Robert J + Kitty S Breedlove Date: 7-17-18  
Site Address: 181 Park Lane Coats NC Phone: \_\_\_\_\_  
Subdivision: Hunter Run Lot: \_\_\_\_\_  
Description of Proposed Work: Build Deck and Screen in Room

**General Contractor Information**

Freedom Constructors of Dunn Telephone \_\_\_\_\_  
Building Contractor's Company Name  
PO Box 608 Dunn Address \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
15-50043615 License # permit

**Electrical Contractor Information**

Description of Work N/A Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work N/A  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work N/A # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
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 I 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.

**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

7-17-18  
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 them.
- 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 carrying out the work.

Sign w/Title: 

Date: 7-17-18



NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 7-17-18-1 Date: 7/17/18 Fee: 0

Parcel ID\*: 07166001 6015 30 Area Zoned As: R20

APPLICANT:

PROPERTY OWNER:

Name (Print) William Temple

Name Robert + Kitty Breedlove

Address 225 Weeks Drive

Address

City, State Benson N.C

City, State

Zip Code 27504

Zip Code

Phone # 919-262-5211

Phone #

Location of Property: IN-TOWN [checked] ETJ ETJ (contiguous)

Present Use of Property: Residential under construction

PROPOSED USE OF PROPERTY:

- [checked] Single Family Dwelling: # Rooms: # Bedrooms: Square Feet:
[ ] Multi Family Dwelling: # of Units: #Bedrooms (per unit): Square Feet (per unit)
[ ] Mobile Home (single lot): Single wide: Double Wide:
[ ] Mobile Home Park: Section 16, Zoning Ordinance must apply
[ ] Business: Total # of employees per day Type of business
[ ] Others (specify):

[ ] Existing structure: Renovate: Addition: [checked] Demolish:

WATER AND SEWER SUPPLY:

Water: [ ] Private [checked] Public [ ] Proposed [ ] Existing
Sewer: [ ] Private [checked] Public [ ] Proposed [ ] Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: Date:

ZONING ADMINISTRATOR USE ONLY

Notes: Back porch addition, yet-to-be completed home

APPROVED

Approved: [checked] Denied: [ ]

TOWN OF COATS ZONING VALID FOR 12 MONTHS

Zoning Administrator: Nick Holcomb Date: 7-17-18

THIS PERMIT IS VALID FOR 12 MONTHS