

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

Application for Residential Building and Trades Permit

Owner's Name Carolyn Thomas Date 7-18-2018
Site Address 92 West Washington St Phone 910-890-1284
Directions to job site from Lillington 421 towards Coats turn Rt on Washington St
Job on Right

Subdivision _____ Lot _____
Description of Proposed Work ^{Shingles} HVAC, Floor in Path, Tree Removal, Concrete # of Bedrooms 3
Heated SF 1196 Unheated SF 300 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Lumber River Quality Builders LLC 910-258-1323
Building Contractor's Company Name Telephone
276 Hwy 710 N Pembroke N.C. 28372 Pointer 102@gmail.com
Address Email Address
71137
License # _____

Electrical Contractor Information

Description of Work Install two GFI, Wire up Service Size _____ Amps T-Pole _____ Yes _____ No _____
Pedric Woodell 910 734-4939
Electrical Contractor's Company Name Telephone
105 Low Dr Pembroke N.C. 28372 CWoodell@earthlink.net
Address Email Address
23527
License # _____

Mechanical/HVAC Contractor Information

Description of Work New 15 seer HVAC w/ with duct work
T D Locklear 910-610-5731
Mechanical Contractor's Company Name Telephone
134 Ottinas Rd Pembroke N.C. 28372 Delane 200276@hotmail.com
Address Email Address
31535
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone _____

***NOTE General Contractor 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

Mark [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

7-18-2018
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

Company or Name _____

Sign w/Title Mark [Signature] Date 7-18-2018



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.: 7-18-18-1 Date: 7/18/18 Fee: \$50.00

Parcel ID*: 07069015100004 Area Zoned As: R20

APPLICANT:

PROPERTY OWNER:

Name (Print) Mark Cummings
Address 276 Hwy 710 N
City, State Pembroke N.C.
Zip Code 28372
Phone # 910-258-1323

Name Carolyn Thomas
Address 92 West Washington St
City, State Coats W.C.
Zip Code 27521
Phone # 910-890-1284

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

Present Use of Property:

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):

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

WATER AND SEWER SUPPLY:

Water: [] Private [] Public [] Proposed [] Existing
Sewer: [] Private [] 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: Mark [signature] Date: 7-18-2018

ZONING ADMINISTRATOR USE ONLY

APPROVED

Notes:
Approved: [checked] Denied: []
Zoning Administrator: Nick Holcomb Date: 7/18/18
TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS

ESTABLISHED

MINISTRY OF AGRICULTURE
AND RURAL DEVELOPMENT