

Initial Application Date: 9/25/18

Application # BRES1809-0031

CU#

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\*\*

LANDOWNER: JONATHAN PAUL HUMBERT Mailing Address: 15 RIVERSTONE DRIVE

City: FUQUAY-VARINA State: NC Zip: 27526 Contact No: 910-263-0468 Email: jphthegame@gmail.com

APPLICANT\*: JONATHAN PAUL HUMBERT Mailing Address: 15 RIVERSTONE DRIVE

City: FUQUAY VARINA State: NC Zip: 27526 Contact No: 910-263-0468 Email: jphthegame@gmail.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JONATHAN HUMBERT Phone # 910-263-0468

ADDRESS: 15 RIVERSTONE DRIVE, FUQUAY-VARINA, NC 27526 PIN: 0652-46-9340.000

DEED OR OTP: BOOK 3357 & PAGE 779 INSTRUMENT NUMBER: 2015016411

PROPOSED USE:

Monolithic

SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

Mod: (Size x ) # 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: SW DW TW (Size x ) # Bedrooms: Garage: (site built?) Deck: (site built?)

Duplex: (Size x ) No. Buildings: No. Bedrooms Per Unit:

Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

X Addition/Accessory/Other: (Size 60'-6" x 40'-11" ) Use: BONUS SPACE & ADDITIONAL STORAGE Closets in addition? (X) yes ( ) no

Water Supply: X County Existing Well New 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 X 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 (X) no

Does the property contain any easements whether underground or overhead ( ) yes (X) no

Structures (existing or proposed): Single family dwellings: 1 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.

Signature of Owner or Owner's Agent

9/24/18 Date

\*\*\*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 and 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\*\*

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Application # \_\_\_\_\_

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: JONATHAN PAUL HUMBERT

Date: \_\_\_\_\_

Site Address: 15 RIVERSTONE DRIVE, FUQUAY-VARINA, NC 27526 Phone: 910-263-0468

Subdivision: RIVERSTONE SUBDIVISION Lot: #21

Description of Proposed Work: COMPLETE BONUS SPACE ON 2ND FLOOR OF HOME

General Contractor Information

JONATHAN HUMBERT 910-263-0468

Building Contractor's Company Name Telephone

15 RIVERSTONE DRIVE, FUQUAY-VARINA, NC 27526 jphthegame@gmail.com

Address Email Address

N/A

License #

Electrical Contractor Information

Description of Work: WIRING FOR LIGHTING AND OUTLETS Service Size: Amps T-Pole: Yes No

GEC ELECTRIC INC. (910) 891-9503

Electrical Contractor's Company Name Telephone

P.O. BOX 957, BENSON, NC 27504 N/A

Address Email Address

L-19589

License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL CENTRAL HEATING & AIR CONDITIONING

AIR CONTROLS MECHANICAL LLC. (919) 801-7807

Mechanical Contractor's Company Name Telephone

P.O. BOX 4876, SANFORD, NC 27331 aircontrol@windstream.net

Address Email Address

SP.PH.28499

License #

Plumbing Contractor Information

Description of Work INSTALL HALF BATH (OVER EXISTING MASTER BATH) # Baths 5

MITCH'S PLUMBING COMPANY 919-820-2378

Plumbing Contractor's Company Name Telephone

654 RED HILL CHURCH ROAD, DUNN, NC 28334 N/A

Address Email Address

14438

License #

Insulation Contractor Information

MELVIN BLACKMON, JR. - 973 HAY BARN RD, DUNN, NC 28334 910-891-8900

Insulation Contractor's Company Name & Address Telephone




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

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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

9/24/18

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:  Owner Date: 9/24/18

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