



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: Madys Hargrave Date: 11-7-18

Site Address: 115 Wornack Dr Eumie NC 28334 Phone: 910-658-4530

Subdivision: _____ Lot: _____

Description of Proposed Work: Tree removal and all repairs to roof and ceiling joints due to hurricane.

General Contractor Information

David Sead
Building Contractor's Company Name

Telephone _____

2109 Woods Crossroads Road, Benson, NC 27504
Address

Email Address _____

4428395
License #

Electrical Contractor Information

Description of Work Tree removal & all repairs to roof & ceiling joints, due to hurricane Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____

Telephone _____

Address owner

nowork
Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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 / 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.

David Sneed 11-8-18
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 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: David Sneed Date: 11-8-18



Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep2014

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	David Snead	Property Owner	Gladys Hargrove
Home Address	2109 Woods Cross Rd Road	Home Address	115 Womack Dr
City, State, Zip	Benson, NC 27504	City, State, Zip	Erwin, NC 28339
Telephone	919-756-0797	Telephone	910-292-0157 / 910-658-4530
Email		Email	

Address of Proposed Property		115 Womack Dr	
Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	tree REMOVAL and all repairs to roof and ceiling joists (sinks)		
Description of any proposed improvements to the building or property	because of Hurricane		
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA <u>Yes</u> <u>No</u>	Watershed <u>Yes</u> <u>No</u>	Wetlands <u>Yes</u> <u>No</u>	
MUST circle one that applies to property	Existing/Proposed Septic System <u>Or</u> Existing/Proposed County/City Sewer		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

<u>David Snead</u>	<u>[Signature]</u>	<u>11-5-18</u>
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District		Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	<u> </u> Conditional Use <u> </u> Building <u> </u> Fire Marshal <u> </u> Other
Side Yard Setback		Requires Town Zoning Inspection(s) <u> </u> Foundation <u> </u> Prior to C. of O.	
Rear Yard Setback		Zoning Permit Status	<u> </u> Approved <u> </u> Denied
		Fee Paid:	Date Paid: <u> </u> Staff Initials: <u> </u>

Comments	No changes to house foot plans.
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Signature of Town Representative: <u>Snow Bowden</u>	Date Approved/Denied: <u>11-5-18</u>
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