

09/09/11

Application #

BRES 1812-0010

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 Adam Byrd & wife Leigh Byrd Date _____
Site Address 3411 NC 27 East Coats NC 27521 Phone 910-890-5191
Directions to job site from Lillington 27 East towards Coats just past solar farm on the left

Subdivision _____ Lot _____
Description of Proposed Work detached garage # of Bedrooms 0
Heated SF 0 Unheated SF 1080 Finished Bonus Room? _____ Crawl Space _____ Slab

General Contractor Information

Craig Matthews Realty Inc. 910 890 4330
Building Contractor's Company Name Telephone
PO Box 399 Coats NC 27521 cmattthewsrealty@comcast.net
Address Email Address
44664 mail.com
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes No
Parker Electric 910-984-6810
Electrical Contractor's Company Name Telephone
167 Stonehenge Drive Dunn NC 28334
Address Email Address
331658 SP-SFD
License # _____

Mechanical/HVAC Contractor Information

Description of Work NA
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work NA # 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

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

11-13-18
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

Company or Name Craig Matthews Realty Inc
Sign w/Title Craig Matthews President Date 11-13-18



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.: 11-28-18-1 Date: 11-28-18 Fee: \$50.00

Parcel ID*: 070690 0062 04 Area Zoned As: RA

APPLICANT:

PROPERTY OWNER:

Name (Print) Craig Matthews Realty Inc
Address PO Box 399
City, State Coats NC
Zip Code 27521
Phone # 910 890 4330

Name Adam & Leigh Byrd
Address 3411 NC 27 East
City, State Coats NC
Zip Code 27521
Phone #

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

Present Use of Property: single family residence

PROPOSED USE OF PROPERTY:

- [] 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
[X] Others (specify): 30x48 barn / storage bldg. / detached garage
[] Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: [] Private [X] Public [] Proposed [X] Existing
Sewer: [X] Private [] Public [] Proposed [X] 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: Craig Matthews Date: 11-28-18

ZONING ADMINISTRATOR USE ONLY

APPROVED

Notes:
Approved: [X] Denied: []
Zoning Administrator: Nick Holcomb Date: 11/28/18
TOWN OF COATS ZONING VALID FOR 12 MONTHS

THIS PERMIT IS VALID FOR 12 MONTHS

AV. 11 FOR IS WOHINE
104M 01 COORING

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