



Harnett COUNTY NORTH CAROLINA

Initial Application Date: \_\_\_\_\_

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

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: Michael T. Grissom Mailing Address: 42 School Side Dr. City: Spring Lake State: NC Zip: 28390 Contact No: 830-928-0658 Email: mtgrissom@gmail.com

APPLICANT: Michael T. Grissom Mailing Address: 42 School Side Dr. City: Spring Lake State: NC Zip: 28390 Contact No: 830-928-0658 Email: mtgrissom@gmail.com

CONTACT NAME APPLYING IN OFFICE: Michael T. Grissom Phone # 830-928-0658 ADDRESS: 42 School Side Dr. PIN: 0505-87-4722.000

DEED OR OTP: \_\_\_\_\_

PROPOSED USE:

- Form with checkboxes for SFD, Mod, Manufactured Home, Duplex, Home Occupation, and Addition/Accessory/Other. Includes fields for size, bedrooms, baths, and other details.

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 \_\_\_\_\_ Existing Septic Tank \_\_\_\_\_ X 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: [Signature]

Date: Dec 10, 2018

\*\*\*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 or 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\*\*

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth



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: Michael Grissom Date: Dec. 10, 2018  
Site Address: 42 School Side Dr. Spring Lake, NC 28390 Phone: 830-928-0658  
Subdivision: Anderson Creek Club Lot: 1067  
Description of Proposed Work: Finish part of attic into bedroom

**General Contractor Information**

Michael Grissom 830-928-0658  
Building Contractor's Company Name Telephone  
42 School Side Dr. Spring Lake, NC 28390 mtgrissom@gmail.com  
Address Email Address  
N/A

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work outlets, lights Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
First Call Electric 910-273-3451  
Electrical Contractor's Company Name Telephone  
1534 Londonderry Pl Fayetteville, NC acesx7@yahoo.com  
Address Email Address  
149354 28314

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Ductwork, new climate zone  
Howell Builders Inc. 919-427-0072  
Mechanical Contractor's Company Name Telephone  
101 Mels Meadows Dr. Fuquay-Varina NC  
Address Email Address  
41779 27526

License # \_\_\_\_\_

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

Cumberland Insulation 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
4205 Clinton Rd, Fayetteville, NC 28312

\*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.

M. Todd J.  
Signature of Owner/Contractor/Officer(s) of Corporation

Dec. 10, 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.

Sign w/Title: M. Todd J.

Date: Dec. 10, 2018