

\* 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 # RES 904 0028

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

PRES 1904-0013V

Application for Residential Building and Trades Permit

Owner's Name: Bennard Mc Lean	Date: 4 - 17 -
Site Address: 65 CANDE AND	
	Lot:
Description of Proposed Work: Remode & repair	
General Contractor Information	<u>n</u>
Asses Clohoson	910 -890 -018C Telephone
Building Contractor's Company Name	Telephone
P. D. Box 259 Erwin D.C.	
Address	Email Address
68534	
License #	
Description of Work Service Size:	<u>240</u> Amps T-Pole:Yes <u></u> ✓No
Electrical Contractor's Company Name	9/0 - 239 - 0666 Telephone
5550 Timothy Rd	relephone
Address	Email Address
	Ziman / Idaress
19 - 4/2 - License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work	
todestation   managementure estations	
Mechanical Contractor's Company Name	Telephone
	40
Address	Email Address
E	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work	# Baths
JASON Bore Port M&M Muchanain)	910-892-8674
Plumbing Contractor's Company Name	Telephone
Address Timothy Rd.	
Address	Email Address
16-472 License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	910.890-0186 Telephone
Insulation Contractor's Company Name & Address	Lelenhone

\*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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="mainto-any">any</a> 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.

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: Contractor / Jens Johnson Date: 4-17-19



Name of Applicant

## Town of Erwin Zoning Application & Permit

Permit #

Milean

Planning & Inspections Department

Jesse Johnson

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.

**Property Owner** 

Home Address	P.O. Box	2.59	Home Add	dress	17 - V Winel	ias Dr. APT 1
City, State, Zip	1	N.C. 28339	City, State,			
Telephone		-0186	Telephone	-	W11502 1	a 2789)
Email	110 810	- DIX G	Email			
Address of Proposed	Property	05 Canoe L	N. Frui	1 NC	2 8 2 2 1	
Parcel Identification	Number(s) (PIN)	0587-61-	7020.02	Estimate	ed Project Cost	
What is the applicant the proposed use of t	requesting to but he subject proper	tild / what is rty? Be specific.	House 1 the first	Print	rel, not	charsins house
Description of any prope to the building or prope	osed improvement	ts				
What was the Previou		ject property?	resdenti	9/		
Does the Property Ac	cess DOT road?		405	-7		
Number of dwelling/	structures on the	property already	1	Proper	rty/Parcel size	1.21
Floodplain SFHA	YesNo W	atershed Yes	No Wetla	nds X		1,0
MUST circle one that ap	oplies to property	Existing/Propose Existing/Propose	d Septic Syste	m	Or	

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.

Zoning District RD			Existing Nonconforming	Uses or Feature	s			
Front Yard Setba	1ck 400	1 1	Other Permits Required	THE R. P. LEWIS CO., LANSING, MICH. 491-1403-1-1-1-1	and the same of th	Building	Fire Marshal	Other
		F	Requires Town Zoning	Inspection(s)		indation	Prior to C. of	
Side Yard Setbac	k 12				Approved Denied			
Rear Yard Setba	ck 40°		-	ate Paid: 415/19 Staff Initials: MS/				
Comments	1105 181		010115					
1	Corside S	to	electrical C	nd plus	25/2	5 383,	te mina	(On

APR 1 5 2019

4.15.19

TOWN OF ERWIN

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