Initial Application Date: 5719



Deck BRES 1905-6023 S. PorchBRES 1905-0024

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 **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** Mailing Address: 1/44 Old 5/Age rd. State: 11 C Zip: 2752 Contact No.9/8-820 -0595 Email: Williams Mailing Address: 101 N. Spring Branch rd City: Vurn State: UC Zip 28334 Contact No: 9/9-524-2159 Email: *Please fill out applicant information if different than landowner ADDRESS: Flood: Deed Book / Page: Zoning: Setbacks - Front: Back: Side: Corner: 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) _) # 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:_ П Home Occupation: # Rooms: Decle around Pool OXWXL Addition/Accessory/Other: (Size ___x___) Use: _____ in ext porch Closets in addition? (__) yes (__) no) *Must have operable water before final Water Supply: ____ County _ _ Existing Well ___ New Well (# of dwellings using well ___ (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: ____New Septic Tank ____Expansion _ _ Relocation _ _Existing Septic Tank ____ (Complete Environmental Health Checklist on other side of application if Septic) _ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (__) yes (__/ no Does the property contain any easements whether underground or overhead (__) yes (\(\begin{align*} \sigma n \) Structures (existing or proposed): Single family dwellings: 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

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

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Harnett GIS



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: Jenny Vanenburg	Date:
Site Address: 1144 Old STAge rd. COM	T5 Phone: 919-820-05.
Subdivision:	Lot:
Description of Proposed Work:	
Building Contractor's Company Name 101 U. Spring Branch w. C. Address 24975 License #	919-524-3159 Telephone Email Address
Description of Work Service Size:	Amps T-Pole: Yes No
Electrical Contractor's Company Name	Telephone
Address	Email Address
Description of Work Mechanical/HVAC Contractor Inform Mechanical Contractor's Company Name	
Address	Email Address
Description of WorkPlumbing Contractor Informatio	<u>n</u> _# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Insulation Contractor's Company Name & Address	
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 bysigning-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

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: H. Henn Williams Owner Date: 5/7/19	