

Initial Application Date: 7-29-19

Application # BRES1907-0059

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: JACOB SONNENBERG Mailing Address: 851 OMAHA DR

City: BROADWAY State: NC Zip: 27505 Contact No: 910-824-2105 Email:

APPLICANT: SAME Mailing Address:

City: State: Zip: Contact No: Email:

\*Please fill out applicant information if different than landowner

ADDRESS: SAME PIN: 9597 - 33-9230.000

Zoning: R200 Flood: Watershed: Deed Book / Page:

Setbacks - Front: Back: Side: Corner:

PROPOSED USE:

- SFD: (Size x ) # Bedrooms: # Baths: Basement(w/w bath): Garage: Deck: Crawl Space: Slab: Slab:
Mod: (Size x ) # Bedrooms # Baths Basement (w/w bath) Garage: Site Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size x ) # Bedrooms: Garage: (site built?) Deck: (site built?)
Duplex: (Size x ) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 12x15) Use: screened in porch Closets in addition? ( ) yes ( ) no

Water Supply: 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 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 ( ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ) no

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

Date 29 July 19

\*\*\*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



Application # BRES1407-0059

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: JACOB SONNENBERG Date: 29 July 19

Site Address: 851 OMAHA DR BROADWAY NC 27505 Phone: 910-824-2105

Subdivision: TINGEN POINT Lot: \_\_\_\_\_

Description of Proposed Work: SCREENED IN PORCH

**General Contractor Information**

EVERETT MEZZA 910-596-7236  
Building Contractor's Company Name Telephone

Address Email Address

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No

Electrical Contractor's Company Name Telephone

Address 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.

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

29 July 19  
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:

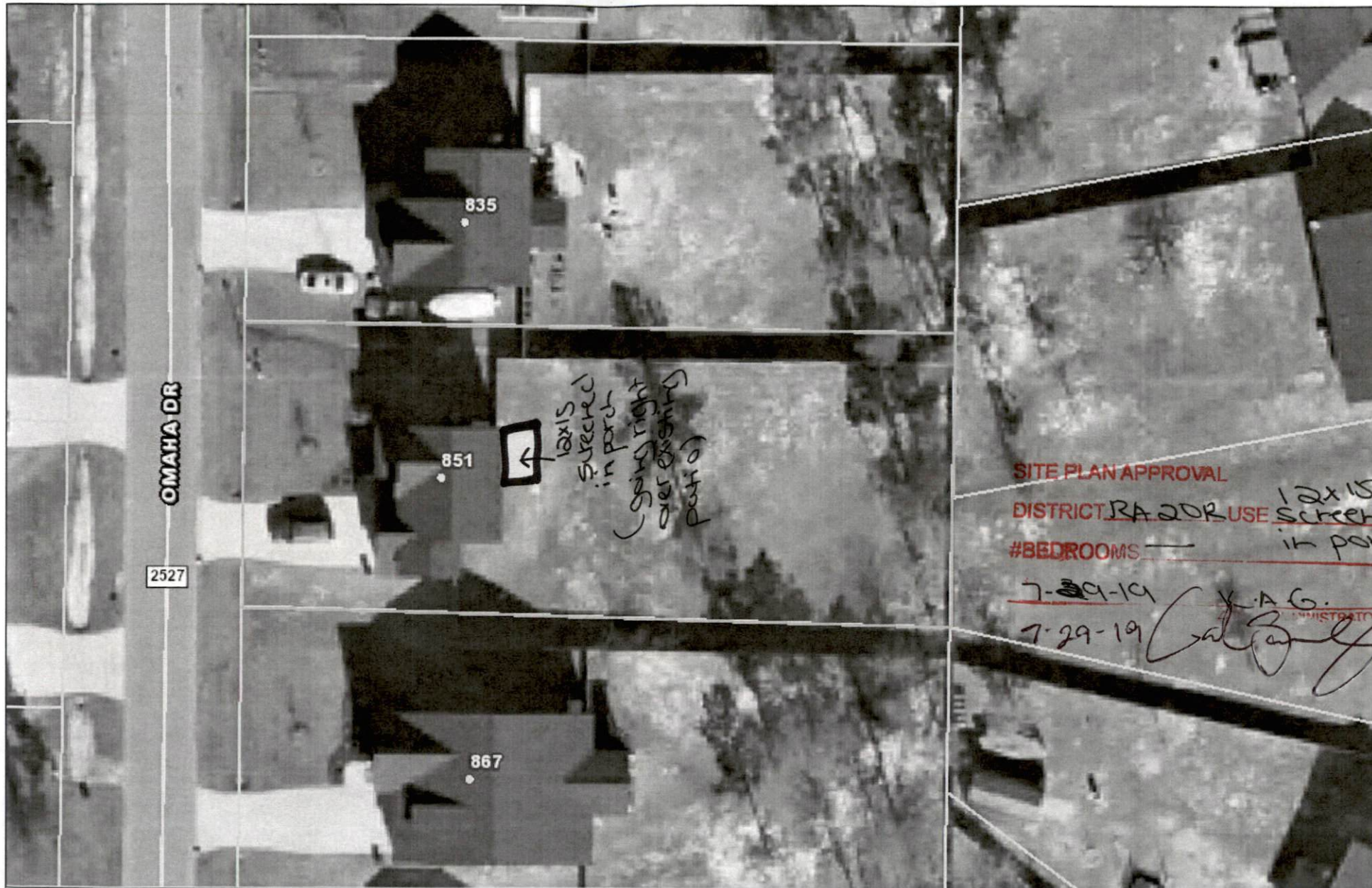
- Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance 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: \_\_\_\_\_ Date: \_\_\_\_\_

# Harnett GIS

NOT FOR LEGAL USE



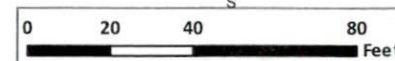
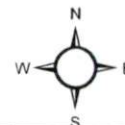
GIS/E-911 Addressing  
July 29, 2019

- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property

- City Limits
- Harnett County Boundary
- Address Numbers
- Airport

- MajorRoads**
- Interstate
  - NC
  - US
  - Roads

- Mile\_Markers
- Railroad



1 inch = 47 feet