

Initial Application Date: 8/9/19

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: Ryan Coleman Mailing Address: 2443 Joel Johnson Rd
City: Lillington State: NC Zip: 27546 Contact No: 910 366 2529 Email: RMColeman83@gmail.com

APPLICANT*: Ryan Coleman Mailing Address: 2443 Joel Johnson Rd
City: Lillington State: NC Zip: 27546 Contact No: 910 366 2529 Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 2443 Joel Johnson Rd Lillington NC PIN: _____

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

Setbacks – Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab:
BASEMENT ADDITION (Is the bonus room finished? yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))

Mod: (Size _____ x _____) # 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: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size 22 x 57) Use: Finish Basement 1 BOR Closets in addition? () yes () no
Putting Bath in Basement

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.

Ryan Coleman
Signature of Owner or Owner's Agent

8/9/19
Date

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

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: Ryan Coleman Date: 8/9/19

Site Address: 2443 Joel Johnson Rd Lillington NC 27546 Phone: 910 366 2529

Subdivision: N/A Lot: N/A

Description of Proposed Work: Finished Basement w/ Bonus Room, Bath, Bedroom, Study, stairs, + Master Kitchen, Bath upstairs

General Contractor Information

(Jerry Hamilton) Hamilton Builders Inc. 910 890 0973
Building Contractor's Company Name Telephone

286 Pine St E. Lillington NC 27546
Address Email Address

65281
License #

Electrical Contractor Information

Description of Work Basement/master Bath/KITCHEN Service Size: 200 Amps T-Pole: Yes No

OWNER - Ryan Coleman 910 366 2529
Electrical Contractor's Company Name Telephone

2443 Joel Johnson Rd Lillington NC 27546 Rmcoleman83@gmail.com
Address Email Address

N/A
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC UPSTAIRS (Split System) + Downstairs (mini-split)

Micheal Coates / Ryals Heating + AIR 910 694 6339
Mechanical Contractor's Company Name Telephone

15 Fig Berry Clayton NC 27527
Address Email Address

22489
License #

Plumbing Contractor Information

Description of Work 2 New Bathrooms + Kitchen # Baths 2

Blanchard's Plumbing 919 552 0232
Plumbing Contractor's Company Name Telephone

126 S. Fugate Ave, Suite C, Fugate-Vining, NC, 27526 N/A
Address Email Address

16434
License #

Insulation Contractor Information

OWNER (IF NEEDED) Ryan Coleman 910 366 2529
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.

Ryan M. Coleman
Signature of Owner/Contractor/Officer(s) of Corporation

8/9/19
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: Ryan Coleman Date: 8/9/19