

Initial Application Date: 8/14/19

Application # BRES 1908-0031

	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			
	NDOWNER: Joshua Tison Mailing Address: 74 Bayleaf Ln			
LA	v: San ford State: NC Zip: 27330 ntact No: (10) 205-2574 Email: Trong by of Dresponse tran (.			
API	PLICANT*: Tracy Byrd Mailing Address: 2044 Skibs Rd. Tragelleville State: NC Zip: Contact No: (910) 705-2374 Email:			
City	1. Faretteville State: NCZip: Contact No: 910705-2374 Email:			
"Ple	ease fill out applicant information if different than landowner			
	DRESS:PIN:			
Zor	ning: Flood: Watershed: Deed Book / Page:			
Se	tbacks - Front: Back: Side: Corner:			
PR	OPOSED USE:			
П	SFD: (Sizex) # 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)			
_				
	Mod: (Sizex) # 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			
	(is the second floor finished?) yes () floor Any other site built additions? () yes () floor			
	Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)			
	Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:			
	Home Occupation: # Rooms: Use: Hours of Operation: #Employees:			
K	Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no			
Wa	ter 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) wage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer			
	(Complete Environmental Health Checklist on other side of application if Septic) es owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes			
	es the property contain any easements whether underground or overhead () yes (
	uctures (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.				
	8/14/99			
	Signature of Owner or Owner's Agent 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

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

Application # <u>BRES1908</u> . 0031

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**EPES1908-00000

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* 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

on on license.	
Owner's Name: Joshua Isan	Date: 8/14/19
Owner's Name: Joshua Tison Site Address: 74 Bayleaf Ln	Phone: (910) 705-2
AND THE SAME AND TO	Lot:
Description of Proposed Work: <u>Remodle</u>	
General Contractor Informa	tion
CRC Restoration	(910) 705-2374 Telephone Tracy by da response team
Building Contractor's Company Name	Telephone
2046 Skibs Kd. Fayetteville NC	Tracy by a response team
Address	Email Address
72442	
License #	ation
Description of Work brun up to Colu Service Size	ze: Amps T-Pole: Yes No
Bain Electrical Co.	1910) 237-5994
Electrical Contractor's Company Name	Telephone
5615 Sambo betson Rd. Wade NC	
Address	Email Address
22071-L	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name	Тејерпопе
Address	Email Address
, 133, 555	Email / (daless
License #	
Plumbing Contractor Informa	<u>ation</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Listanaa #	
License # Insulation Contractor Inform	ation
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

8/14/19 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:				