

Initial Application Date: 10-2-10

Application #	BRESIGIO-	0011

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	
City: Angiev State: NC Zip: 2759 Contact No: 919 632 9881 Email: N/A	
APPLICANT*: You Stewart Mailing Address: 219 Whit Court	
	1
City: Hng. Lv State: NC Zip: 150 Contact No: 919 799 7009 Email: Vou Sewart & Charter. ne *Please fill out applicant information if different than landowner	
ADDRESS: 54M & as and wher pin:	
Zoning: Flood: Watershed: Deed Book / Page:	
Setbacks - Front: 30 Back: 35 Side: 15 Corner: 20	
PROPOSED USE:	
Monolithic 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	
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:	
Home Occupation: #Rooms: Use: Hours of Operation: #Employees: Remodel existing garage space/axisting garage space to be betroom/bath for handing Addition/Accessory other (Size 23 x 24) Use: Circumstance / Home to Vernain 3 Closets in addition? () yes () no As originally permitted	a
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final	
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.	
10-1-19 Signature of Owner or Owner's Agent Date	
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



* 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 # BRESIQIO - 0011

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

PRESIQIO-0003

1 . / 1			
Owner's Name: John and Diane Rasey Date: 10-1-19			
Site Address: 230 Whit Court Angles NC 77501 Phone: 919 632 9881			
Subdivision: Nex18 Creek Farms Lot: 108			
Description of Proposed Work: Twn existing garage into hedroom /bath			
General Contractor Information			
-lon L. Stewart 919 795 7009			
Building Contractor's Company Name Telephone			
219 Whit Court Angier NC 2750/ Joustenant a dranter net			
<u>42272</u> License #			
Add L. L. LElectrical Contractor Information			
Description of Work Ben own han cival in an Service Size: 300 Amps T-Pole: Yes No			
MET EISCHTRACTOR, INC. (919) 770 3548			
Electrical Contractor's Company Name Telephone			
Address Mteletricowindstream. net Email Address			
27917-L			
License #			
Mechanical/HVAC Contractor Information			
Description of Work WAC to gallisting gavage space			
B9 T Heating & Air Service, Inc. 919 552 5550			
Mechanical Contractor's Company Name Telephone			
Mechanical Contractor's Company Name No box 737 Buies Cleek NC 27506 Address Telephone bensheatac & Charter. net Email Address			
20380			
License #			
Plumbing Contractor Information wed			
Description of Work Add bath low in disting garage # Baths			
Hinnant Plumbing - 919 369 7391			
Address Plumbing Contractor's Company Name 1 elephone 1 elephone 1 Address 1 company Name 1 elephone 1 Elephone 1 Elephone 1 Elephone 1 Elephone 1 Email Address Email Address			
27420 P1			
License #			
Insulation Contractor Information			
N/A WA			
Insulation Contractor's Company Name & Address Telephone			

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Insulation Contractor's Company Name & Address



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

10/1/19 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: 10-1-19			