

Initial Application Date: 10-3040

Application #	BRESIGIO	-000c

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: Christopher Blavin/Jodie Briemailing Address: 406 Sea Mist Pr.
City: State: NC Zip 27332 Contact No. 916 309 6000 Email: WES FAULK @ ADLICOM
APPLICANT: Li festyle Homes LLC Mailing Address: 70 30 X 8:7484
APPLICANT: LITESTYPE HOTTING LIL Mailing Address: 10 BOX 8 TO T
City: FAYETEVINE State: NC zip: 28:30 Y contact No: Wesley FAULK smail: 1, feetyle homes fayetteving Please fill out applicant information if different than landowner
ADDRESS: SAME PIN:
Zoning: Flood: Watershed: Deed Book / Page:
Setbacks - Front: Back: Side: Corner:
PROPOSED USE: Monolithic
SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: 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: _SW _DW _TW (Sizex) # Bedrooms: Garage:(site built? _) Deck: _(site built? _)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Size 16 22) Use: Covered Screenel Parch Closets in addition? (_) yes (_) no
Water Supply: CountyExisting 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 Expansion Relocation 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):
to all anticonous 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 it has a minimality is provided.
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**
This application expires a months from the times date in permits that the

APPLICATION CONTINUES ON BACK

strong roots · new growth



Application # BIRESICILO - ODO)

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

* Each section below to be filled out by whomever performing work.

Must be owner or licensed contractor. Address, company

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

name & phone must match

Application for Residential Building and Trades Permit

on on license.	
Owner's Name: Christopher Siavin & Score Bri	Date: 19/20/19
Site Address: 406 Sta Mist Onve Canters W	2733Z Phone: 910 309 6000
Subdivision: CArolina Lates	1 Lot: 169
Description of Proposed Work: Build Coveral Screen	in Perch
	ion .
General Contractor Informati	
Building Contractor's Company Name	Telephone Lifesty Ehomes Payetteuille e gmail.
Building Contractor's Company Name CON STYSY FAYETEME NC28304	1 fate places Caratter ille a comail
Address	Email Address
79426	
License #	
Electrical Contractor Informat	tion
Description of Work Service Size	e:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Lieutical Contractor's Company Name	relephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Info	
Description of Work	
Manharian Contractor's Construction	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Plumbing Contractor Informat	tion
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Lineary H	
License # Insulation Contractor Information	tion
insulation contractor information	uon
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.

	10/30/19
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: Date: 10/30/19		