



Initial Application Date: 11-20-19

Application # BRES1911-0029

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: Michael & Jean Hale Mailing Address: 56 Village Glen Way
City: Dunn State: NC Zip: 28334 Contact No: 843-597-4637 Email: halemwh@icloud.com

APPLICANT: Michael & Jean Hale Mailing Address: 56 Village Glen Way
City: Dunn State: NC Zip: 28334 Contact No: 843-597-4637 Email: halemwh@icloud.com

*Please fill out applicant information if different than landowner

ADDRESS: 16 Village Glen Way, Dunn, NC 28334 PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: Book 3559, Page 360

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size 34 x 34) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab:
(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 34 x 34) Use: detached garage Closets in addition? () yes () no

N/A 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)

N/A 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 (X) 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.

Michael W. Hale
Signature of Owner or Owner's Agent

11-12-19
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

Application # BRES1911-0029
ERES1911-0030
INES1911-0004

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: Michael & Jean Hale Date: 11-12-19
Site Address: 16 Village Glen Way, Duno, NC 28334 Phone: 843-597-4637
Subdivision: Village at Huntington Lot: _____
Description of Proposed Work: 34x34 GARAGE

General Contractor Information

James Robert Williams 910-990-5850
Building Contractor's Company Name PO Box 116 Telephone _____
107 West Clinton Street, Silerburg, NC
Address 28385 Email Address _____
29502
License # _____

Electrical Contractor Information

Description of Work Wire/Service 34x34 GARAGE Service Size: 400 Amps T-Pole: Yes No
BIRD'S ELECTRIC & REPAIR SERVICE 919-894-3139
Electrical Contractor's Company Name Telephone _____
143 Mingo Road, Benson, NC
Address 27504 Email Address _____
202562
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Parker Brothers Inc., 825 Kitty Fork Road 910-990-5928
Insulation Contractor's Company Name & Address Telephone _____
CLINTON, NC 28328

***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.

Michael W. Hahn
Signature of Owner/Contractor/Officer(s) of Corporation

11-12-19
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: J. Robert Williams James Robert Williams Date: 11-12-19
owner