

Application # _____

* 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. 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

on on license.	11 02 2-2
Owner's Name: EDDIE SOUTH ARDS	
Site Address: 31 MACON CT W SANFORD	27332 Phone: 910-985-0554
Subdivision: HIGHLAND FOREST	Lot: 18
Description of Proposed Work: PORCH ENCLOSURÉ	Total Job Cost: <u>45,350</u>
General Contractor Information	<u>n</u>
CHAMPION WINDOW CO	919-460-6632
Building Contractor's Company Name	Telephone
4018 PATROT DR. SUITE 120 DURHAM NC	JOELPIERRE OGET CHAMPION Email Address
Address 2770'3	Email Address
License #	
Description of Work WIRE PORCH ENCLOSURE Service Size:	<u>on</u> 16
Description of Work WIKE FORCH ENCLOSURE Service Size:	15 Amps T-Pole: Yes No
TRUE POWER ELECTRIC CO.	919-261-0814
Electrical Contractor's Company Name	Telephone
3921 SONG SPARROW DR. WAKEFOREST NC.	Front Address
Address 27587 U-2590	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
	
Mechanical Contractor's Company Name	Telephone
	·
Address	Email Address
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
The state of the s	. 5.551.51.5
Address	Email Address
License # Insulation Contractor Information	an .
insulation Contractor Informatio	711
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.

Signature of Owner/Contractor/Officer(s) of Corporation

4-23-2020 Date

Affidavi The undersigned applicant being	t for Worker's C the:	omper	sation N.C.G.S	. 87-14	
General Contractor	Owner	Off	icer/Agent of the Co	ontractor o	or Owner
Do hereby confirm under penalti set forth in the permit:	es of perjury that the	e person((s), firm(s) or corpor	ation(s) p	erforming the work
Has three (3) or more em	ployees and has ob	tained w	orkers' compensation	on insuran	ce to cover them.
Has one (1) or more subcontent.	contractors(s) and ha	as obtain	ed workers' compe	nsation in	surance to cover
Has one (1) or more subcovering themselves.	contractors(s) who ha	as their c	own policy of worker	's' compe	nsation insurance
Has no more than two (2	employees and no	subcontr	actors.		
While working on the project for Department issuing the permit n to issuance of the permit and at carrying out the work.	nay require certificate	es of cov	erage of worker's c	ompensat	tion insurance prior
Sign w/Title: Jac Dlyw	! INSTALLA	TION	MANAGER	_ Date:	4-22-2020



		NORTH CAROLINA	
Initial Application Date: 04/2	23/2020		Application #
	L. L. WG.		CU#
Central Permitting 10	B E. Front Street, Lillington, NC	RNETT RESIDENTIAL LAND USE API 27546 Phone: (910) 893-7525 ext:	
A RECORDED SURVE	Y MAP, RECORDED DEED (OR OFF	ER TO PURCHASE) & SITE PLAN ARE REQU	UIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Eddie Sou	thards	Mailing Address: 31 Ma	acon Ct W
Sanford Sanford	State: NC Zip: 2	27332 Contact No: 910-985-05	54 Email:
APPLICANT*: Josh Delpi	erre Ma	ailing Address: 4018 Patriot Driv	ve Suite 120
_{City:} Durham	State: nc Zip: 2	27703 Contact No: 984-208-90	085 <u>Email: jdelpierre@getchampio</u>
ADDRESS: 31 Macon Ci	: vv	PIN: 03-9587-1	0-002058
oning: RA-20R Flood:_	Watershed:	Deed Book / Page:	NOT CHANGING FOOTPRIN
Setbacks Front:	Back: Sid	le: Corner:	of original house
PROPOSED USE:			
			Deck: Crawl Space: Slab: Slab:
(Is the second floor finished? () yes () no Any other site built ad	Site Built Deck: On Frame Off Frame dditions? () yes () no e:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	
Home Occupation: # Roor	ns:Use:	Hours of Operation	ı:#Employees:
☐ Addition/Accessory/Other	(Size <u>9'8" _x 11'4)</u> Use: <u>En</u>	closed porch	Closets in addition? () yes (_X) no
Sewage Supply: New Se (Complete Env	ptic Tank Expansion _ ironmental Health Checklist on	eed to Complete New Well Application Relocation_X_Existing Septic Tank other side of application if Septic)	
Does the property contain any	easements whether undergrour	nd or overhead () yes (_X) no	
Structures (existing or propose	d): Single family dwellings:	X Manufactured Homes:	Other (specify):
			pulating such work and the specifications of plans subr
	atoments are accurate and com-	ect to the best of my knowledge. Permi	it subject to revocation if false information is provided.
	MINUN !	b	04/23/2020

Signature of 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

strong roots · new growth



This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT

OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If app		for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{X} Accepted		pted	{ } Innovative { } Conventional { } Any
{ }	Alter	native	{ } Other
			by the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{ }Y	ES	{ x } NO	Does the site contain any Jurisdictional Wetlands?
{ }Y	ES	{ X } NO	Do you plan to have an irrigation system now or in the future?
{ }Y	ES	$\{x\}$ NO	Does or will the building contain any drains? Please explain.
{,}	/ES	{ × _} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{ }Y	ES.	{ x } №	Is any wastewater going to be generated on the site other than domestic sewage?
{ }Y	ES	{ x } NO	Is the site subject to approval by any other Public Agency?
{ }Y	ES.	{ × } №	Are there any Easements or Right of Ways on this property?
$\{x\}Y$	ES.	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?
			If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.