

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Joseph E & Suzanne S. Langley Phone: (919)-868-3900

Owner (s) Mailing Address: 298 Kirk Adams Road
Angier, N.C. 27501

Land Owner Name (s): Joseph E & Suzanne S. Langley Phone: (919)-868-3900

Construction or Site Address: 282 Kirk Adams Road, Angier, N.C. 27501

PIN # 0693-51-5024.000 Parcel # 040693 0097 02

Job Cost: _____ Description of Work to be done Refinishing Existing Play Room

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Take Highway 210 to Angier. Turn right onto NC Highway 55 go approximately 1/4 miles turn left onto McIver Street
also known as Benson Road. Go approximately 3.75 miles turn right onto Kirk Adams Road. Location is
the 3rd structure on the right. Go down driveway with house on left and the location structure on the right.

Subdivision: _____ Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Larry Barefoot General Contractor (910)-897-6681

Contractor's Company Name _____ Telephone _____

2763 Johnston County Road, Angier, N.C. 27501

Address _____ Email Address _____

License # _____

Structure Owner / Contractor Signature: *Joseph E. Langley* Date: 5/1/2020

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

Initial Application Date: 4/29/20

Application # _____

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: Joseph E & Suzanne S. Langley Mailing Address: 298 Kirk Adams Road
City: Angier State: N Zip: 275 Contact No: (919)-868-3900 Email: bowlady@me.com

APPLICANT*: Suzanne Langley Mailing Address: 298 Kirk Adams Road
City: Angier State: _____ Zip: _____ Contact No: (919)-868-3900 Email: bowlady@me.com

*Please fill out applicant information if different than landowner

ADDRESS: 282 Kirk Adams Road PIN: 0693-51-5024.000
Zoning: RA30 Flood: _____ Watershed: _____ Deed Book / Page: 985-0934

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

PROPOSED USE:

- SFD: (Size 21' x 20') # 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 21' x 20') Use: Refinishing Existing Play Room Closets in addition? yes () no

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)

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.

Lamy Barefoot
Signature of Owner or Owner's Agent

4-29-20
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 # _____

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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

Owner's Name: JOSEPH & SUZANNE S. LANGLEY Date: 5-1-20
Site Address: 298 KIRKADAMS ROAD, Angier NC Phone: 919-868-3899
Subdivision: _____ Lot: _____
Description of Proposed Work: Refinishing Play Room

General Contractor Information

Larry Banefoot - Gen. Contractor 919-795-6511
Building Contractor's Company Name Telephone
2763 Johnston Co. Rd., Angier, N.C. N/A
Address Email Address
25487

License # _____

Electrical Contractor Information

Description of Work Add receptacles/switches Service Size: 200 Amps T-Pole: Yes No
Mabey's Electrical Service, Inc. 919-639-4837
Electrical Contractor's Company Name Telephone
731 Mabey Rd. Angier, N.C.
Address Email Address
150774

License # _____

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

Larry Banefoot - Gen. Contractor 919-795-6511
Insulation Contractor's Company Name & Address Telephone
2763 Johnston Co. Rd. - Angier, N.C. 27501

*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 _____

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: Larry DeForest - owner

Date: 4-29-20

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Subdivision: _____ Lot #: _____

I Larry Barefoot will provide the Framing/Trim/Insulation labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 25487, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Larry Barefoot General Contractor (910)-897-6681

Contractor's Company Name _____ Telephone _____
2763 Johnston County Road, Angier, N.C. 27501

Address _____ Email Address _____
25487

License # _____

Structure Owner / Contractor Signature: Larry Barefoot Date: 4-29-20

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