Goes with BRES1910-0052



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

tion on license.	
Owner's Name: Jean Ross	Date: 5/2V)2020
Site Address: by Grayland Dr. Francy	Varina NC27 Phone: 919-302-1266
Cush dividalant	
Description of Proposed Work: 12 x 12 Deck 26x	8 Dech Total Job Cost: \$2500.00
General Contractor Inf	formation
Harpers Construction	
building Contractor's Company Name	Telephone
506 W. Parrish Dr.	harpersconstruction 02@yahoo.com
Address	Email Address
License #  Electrical Contractor Ini	formation
Description of Work Servi	ce Size: Amps T-Pole: Yes No
Electrical Contractor's Company Name	Telephone
Address	<del>_</del>
Address	Email Address
License #	
Mechanical/HVAC Contracto	or Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Free 9 A A A
, (44)	Email Address
License #	
Plumbing Contractor Info	<u>ormation</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Fig. 21 A 1 I
	Email Address
License #	
Insulation Contractor Info	<u>ormation</u>
Insulation Contractor's Company Name & Address	Title
mediation contractor a 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

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: Greg Harper - grover Date: 5/76/7070				

Initial Application	Date: 10/7/2019
---------------------	-----------------

sidential Land Use Application

Application #	BRES1910	-0029
	CU#	

Central Permitting	COUNTY O 108 E. Front Street, Lillington	F HARNETT RESIDENTIAL LAND USE AF , NC 27546 Phone: (910) 893-7525 ext:2	CU#PLICATION PRICATION Second Se
**A RECORDED S	URVEY MAP, RECORDED DEED (OR	OFFER TO PURCHASE) & SITE PLAN ARE REQUI	RED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Jean Ros	SS	64 Gravia	and Dr
City: Fuquay Varina	State:_NCZi	27526 Contact No: 919-302-1266	Email: cookie27526@yahoo.com
APPLICANT*. Clayton Ho	omes of Raleigh	3912 Favettovillo Pd	
City: Raleigh	- NG	Mailing Address: 0312 1 Systemine Rd.	
*Please fill out applicant inform	State: Zip lation if different than landowner	:27005 Contact No: 919-772-5013	Email: r781@claytonhomes.com
CONTACT NAME APPLY	NG IN OFFICE: Maynard Wilkin	ns	Phone #919-772-5013
PROPERTY LOCATION: S	ubdivision: Grayland		Lot #: 3 Lot Size: 49
State Road #	State Road Name: Grayla	na	
Parcel: 080652 0043 05		PIN: 0652-53-0556.000	Map Book & Page: /
Zoning: Flood Zo			_Power Company*:
*New structures with Progres	ss Energy as service provides as	Deed Book & Page:/	_Power Company*:
	to Energy as service provider her	ed to supply premise number	from Progress Energy.
PROPOSED USE:			
⊔ Mod: (Sizex	_) # Bedrooms # Baths E	_) yes () no w/ a closet? () yes ()  Basement (w/wo bath) Garage: Site _) yes () no Any other site built addition	e Built Deck: On Frame Off Frame
		x_68)# Bedrooms: 3 Garage:	
☐ Duplex: (Sizex	) No. Buildings:	No. Bedrooms Per Unit:	
		Hours of Operation:	
	(Sizex) Use:		
Water Supply: County	Existing Well New	Well (# of dwellings using well)*	Must have except winter but a
Sewage Supply: New Se	ptic Tank (Complete Checklist)	Existing Septic Tank (Complete Chec	With the operable water before final
Does owner of this tract of land,	own land that contains a manufa	actured home within five hundred feet (500')	County Sewer
Does the property contain any ea	asements whether underground	ordies home within live nundred feet (500°) (	of tract listed above? () yes (💆) no
	. onigio latiny dwellings	Manufactured Homes:	Other (specify): 1 existing Su
Required Residential Property	Line Setbacks: Con	nments:	
Front Minimum 35	Actual 7		
Rear <u>25</u>	90		
st Side 10	11.5		-
*reet/corner lot 20	NIA		
_6_	60		

