



Initial Application Date: 2-22-20

Application # BRES2012-0082

CU# ERES202-0015

MRES2012-0034

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: Travis Wallace Mailing Address: 496 Fieldstone Dr

City: Holly Springs State: N.C Zip: 27526 Contact No: 919 868 6996 Email:

APPLICANT: Dennis McLaurin Mailing Address: 7527 Christian Light Rd

City: Fuquay Varina State: N.C Zip: 27526 Contact No: 919 417 9141 Email:

*Please fill out applicaht information if different than landowner

ADDRESS: 496 Fieldstone Dr PIN:

Zoning: Flood: Watershed: Deed Book / Page:

Setbacks - Front: Back: Side: Corner:

PROPOSED USE:

SFD: (Size x) # Bedrooms: # Baths: Basement(w/w bath): Garage: Deck: Crawl Space: Slab: Slab: Monolithic Slab:
TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size x) # Bedrooms # Baths Basement (w/w bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (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: TOTAL HTD SQ FT

Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

Add Prefab Fire place
Addition/Accessory/Other: (Size x) Use: Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE

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.

Dennis McLaurin

12-21-2020

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**

APPLICATION CONTINUES ON BACK

strong roots • new growth



Application # _____ 5

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Travis Wallace Date: 12-21-2020
Site Address: 496 Fickelstone Dr Holly Springs NC Phone: 919 868 6996
Subdivision: Fickelstone Lot: _____
Description of Proposed Work: Add Prefab fireplace Total Job Cost: 10,000.00

General Contractor Information

DENNIS Mc Laurin Telephone: 919 417 9141
Building Contractor's Company Name
7527 Christian light Rd Fuquay Varina NC 27526 Email Address _____
Address: 49421 29421 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work: Move 2 Rec 1 Hot wire for fireplace Service Size: _____ Amps T-Pole: Yes No
Jeffery A Fox Telephone: 919 753-6439
Electrical Contractor's Company Name
Address: 809 Alder leaf Dr Fuquay Varina NC 27526 Email Address _____
License # 23542 L

Mechanical/HVAC Contractor Information

Description of Work: Gas Pipe
J.C. Heat & Cooling INC Telephone: 919 369-2657
Mechanical Contractor's Company Name
Address: 1539 Wade Stephenson Rd Holly Springs 27540 Email Address _____
License # 12655

Plumbing Contractor Information

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

Insulation Contractor Information

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 _____

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: Dennis McLaurin OWNER

Date: 12-21-2020