

Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: James and Molly Cannady Mailing Address: 676 Keith Hills Rd

City: Lillington State: NC Zip: 27546 Contact # 910-890-0012 Email: _____

APPLICANT*: Southeastern Construction of Buies Creek Mailing Address: PO Box 157

City: Buies Creek State: NC Zip: 27506 Contact # 919-242-2443 Email: michael@si-nc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Michael E Weaver Phone # 919-282-2443

PROPERTY LOCATION: Subdivision: Keith Hills Lot #: _____ Lot Size: 0.55

State Road # _____ State Road Name: _____ Map Book&Page: 2601, 968-970

Parcel: 110579 0010 PIN: 0579 18-5201, 000

Zoning: RA-40 Flood Zone: MIV Watershed: CFFR WS-IV Deed Book&Page: 2601, 0968 Power Company*: Duke Energy

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 421 from Lillington to Buies Creek, Turn right into Keith Hills

House will be on the right approx. 1 mile

PROPOSED USE:

- Monolithic Slab: _____
SFD: (Size ___x___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: [checked] Slab: ___ Slab: ___
Mod: (Size ___x___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
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 10 x 20) Use: Bathroom Addition Closets in addition? () yes () no

Water Supply: ___ County [checked] Existing Well ___ New Well (# of dwellings using well ___) *MUST have operable water before final

Sewage Supply: ___ New Septic Tank (Complete Checklist) ___ Existing Septic Tank (Complete Checklist) [checked] County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes [checked] no

Structures (existing or proposed): Single family dwellings: ___ Manufactured Homes: ___ Other (specify): _____

Required Residential Property Line Setbacks:

Comments: _____

Table with 3 columns: Front, Minimum, Actual. Values: 93, 88, 18, 28.

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.

Signature of Owner or Owner's Agent

Date 9-15-21

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: James Franklin Connolly II & Molly Elizabeth Connolly Date 9/15/2021
Site Address: 676 Keith Hills RD Lillington, NC 27546 Phone 910-890-0012
Subdivision: Keith Hills Lot _____
Description of Proposed Work: Addition 10'x20' Total Job Cost \$35,000

General Contractor Information

Southeastern Construction of Buies Creek 919-282-2443
Building Contractor's Company Name Telephone
PO Box 157 Buies Creek, NC 27506 michael@si-nc.com
Address Email Address
62649 **HEATED SQ FT 200** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work Electrical for New Addition Service Size: 200 Amps T-Pole: ___ Yes No
Youngs Electric Inc 919-639-2297
Electrical Contractor's Company Name Telephone
10590 NC-210 Angier, NC 27501 Brian@youngselectric.com
Address Email Address
4504
License #

Mechanical/HVAC Contractor Information

Description of Work Rework Exist HVAC
Youngs Electric Inc 919-639-2297
Mechanical Contractor's Company Name Telephone
10590 NC-210 Angier, NC 27501 Brian@youngselectric.com
Address Email Address
20633
License #

Plumbing Contractor Information

Description of Work Plumb in new bathroom Addition # Baths 1 Added / 2 Existing
Youngs Electric Inc 919-639-2297
Plumbing Contractor's Company Name Telephone
10590 NC-210 Angier, NC 27501 Brian@youngselectric.com
Address Email Address
20633
License #

Insulation Contractor Information

Tri City Insulation _____
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

9-15-21

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:  President Date: 9-15-21