

Application # \_\_\_\_\_

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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

## Application for Residential Building and Trades Permit

| Owner's Name: Livery Vaylor  | Date  |
|--|---|
| Owner's Name: Livery Taylor Site Address: 38 Tucson of Fuguar Vacin  | a Phone 919-780-8102  |
| Subdivision:   | Lot   |
| Description of Proposed Work: Covered Leck   | Total Job Cost \$ 75,500  |
| Building Contractor's Company Name  702 Lucos St Erwin NC  Address  83714 HEATED SQ FT GAR  License #  Description of Work add I fon + 201141 Servic  Electrical Contractor's Company Name  703 Lucos St Erwin NC  Address | Telephone  MILL TOWN builders e a mail come Email Address  AGE SQ FT  Domnation  e Size: Amps T-Pole:Yes No  10 - 890 - 2769  Telephone |
| Description of Work  |   |
| Mechanical Contractor's Company Name   | Telephone   |
| Address  | Email Address   |
| License # Plumbing Contractor Inf  |   |
| Description of Work  | # Baths   |
| Plumbing Contractor's Company Name   | Telephone   |
| Address  | Email Address   |
| License # Insulation Contractor In   | formation   |
| 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.

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:  Date: 1/-19-3/ |
| Sign w/Title: Date: 11-1971  |



| Initial Application Date:   | Application #  |
|---|--|
|   | CU#  |
| COUNTY OF HARNETT RESIDENTIAL LAND USE A Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525   |  |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE R   | EQUIRED WHEN SUBMITTING A LAND USE APPLICATION**                 |
| City: Fugury Varina State: NCzip: 9750 Contact No:  | 8 Tucson Ct.   |
| City: Fugury Varina State: MCZip: 9750 Contact No:  | Email:   |
| APPLICANT: Mill Town Builders Mailing Address: 702 Luci   | as st  |
| City: Erwin State: NC Zip: 08339 Contact No: 919-830  | 0-1773 Email: Millown builders @                                 |
|   | 3,707207   |
| Zoning: Flood: Watershed: Deed Book / Page:   |  |
| Setbacks - Front: Back: Side: Corner:   |  |
| PROPOSED USE:   |  |
| □ SFD: (Size 36 x 11) # Bedrooms: # Baths: Basement(w/wo bath): Garage  | Deck: V Crawl Space: Slab: Slab:                                 |
| TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () n   | o w/ a closet? () yes () no (if yes add in with # bedrooms)      |
|   | 0.5  |
| Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Gar  |  |
| TOTAL HTD SQ F1 (Is the second floor fillistied? ( ) yes ( ) to   | Any once sale dualities  |
| ☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms:Ge  | arage:(site built?) Deck:(site built?)                           |
|   | TOTAL UTD CO ET  |
| Duplex. (Sizex) No. Buildings: No. Bedrooms Per Unit:   |  |
| ☐ Home Occupation: # Rooms: Use: Hours of Opera   | ation:#Employees:  |
| Addition/Accessory/Other: (Sizex) Use:  | Closets in addition? ( ) yes () no                               |
| and through the sec   |  |
| 132111111111111111111111111111111111111   |  |
| Water Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Applica   | ) *Must have operable water before final                         |
| Sewage Supply: New Septic Tank Expansion Relocation Existing Septic T   | ank 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                    |  |
| Does the property contain any easements whether underground or overhead () yes () no  |  |
| Structures (existing or proposed): Single family dwellings:Manufactured Home  |  |
| " I would be well the State of North Carolin  | a regulating such work and the specifications of plans submitted |
| If permits are granted I agree to conform to all ordinances and lavys of the state of North Caroline I hereby state that foregoing statements are accurate and correct to the best of my knowledge. I | remit subject to revolution in talse information to provide      |
| Jaka Mah  | 11/19/21   |
| Signature of Owner or Owner's Agent ***It is the owner/applicants responsibility to provide the county with any applicable infor  | mation about the subject property, including but not limited     |
| to: boundary information, house location, underground or overhead easements, etc.   | hin these applications.***                                       |
| *This application expires 6 months from the initial date if p   | ermits have not been issued**                                    |

APPLICATION CONTINUES ON BACK

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