



Initial Application Date: 12.15.21

Application # _____

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION CU# _____

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Rose Ferguson Mailing Address: 155 Blue Pine Drive
City: Spring Lake State: NC Zip: 28390 Contact No: 910.578.3688 Email: fergie1990@yahoo.com

APPLICANT: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: 0515-07-4549
Zoning: RA20R Flood: _____ Watershed: _____ Deed Book / Page: 4031-0065
Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
bedrooms) _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with #
- Modular: (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 22 x 22.5 Use: enclosing existing garage for livable bedroom
485 enclosed for bedroom Closets in addition? () yes () no

Water Supply: County Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
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.
Rose Ferguson 12.15.21
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

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

125 Building permit fee - sq. footage



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: Rose Ferguson Date _____
Site Address: 155 Blue Pine Drive Phone 910.578.3688
Subdivision: Anderson Creek Club Lot 367
Description of Proposed Work: _____ Total Job Cost _____

General Contractor Information

Rose Ferguson
Building Contractor's Company Name _____ Telephone 910.578.3688
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Rose Ferguson
Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Rose Ferguson
Description of Work _____
Mechanical Contractor's Company Name _____ Telephone 910.578.3688
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Rose Ferguson
Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone 910.578.3688
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Rose Ferguson
Insulation Contractor's Company Name & Address _____ Telephone 910.578.3688

***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.

Rose Jerguson
Signature of Owner/Contractor/Officer(s) of Corporation

12.15.2021
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: Rose Jerguson Date: _____