

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

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

# Application for Residential Building and Trades Permit

^	· · · · · · · · · · · · · · · · · · ·	
Owner's Name: Alan	Hergiev	<b>D</b> ***
Site Address: 10 55	Fleming Rd	DatePhone <u>859 595-8439</u>
Subdivision:		Prione 857 593-8439
Description of Proposed \	Nork: Shed, Phing electric	LotTotal Job Cost
	General Contractor Inform	Total Job Cost
owner		SCO-CCC-CU26
Building Contractor's Cor	mpany Name	859-595-8436 Telephone Ahn. Hendrenggmail.com Email Address
Address	Rd Coafs No 27521	Abouted resource
Address	gen =	Email Address
License #	HEATED SO FT GARAG	GE SQ F
	F1	
Description of Work	Service	<u>mation</u> Size:Amps T-Pole:YesNo
Electrical O (		, unpo 1-1 ole:YesNo
Electrical Contractor's Co	empany Name	Telephone
Address		
7.441.000		Email Address
License #		
-	Mechanical/HVAC Contractor	Information
Description of Work	- Contractor	information
Mechanical Contractor's	Company Name	Talant
		Telephone
Address		Email Address
		Email Address
License #		
	Plumbing Contractor Info	ormation
Description of Work		
		# Baths
Plumbing Contractor's Co	ompany Name	Telephone
		relephone
Address		Email Address
		Linaii Address
License #		
	Insulation Contractor Inf	<u>formation</u>
Inculation O		
insulation Contractor's C	ompany 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

**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

5/23/22

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:			



Initial Application Date:	Application #
COUNTY OF HARNETT Central Permitting 420 McKinney Pkwy, Lillington, NC 2754	CU#  CU#  CU#  RESIDENTIAL LAND USE APPLICATION  6 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO I	PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Alan Hendren	Mailing Address: 1055 Fleming R)
City: COTITS State: NC zip: 2752	Contact No: 859-595 8434 Email: Alan. Hendrer Qagnail. Com
APPLICANT: Alan Hendren Mailing A	ddress: 1055 Fleming RD  Contact No: 859-595-8434 Email: Alan, Herdren Cognail. com
city: Coats State: NC Zip: 2757	Contact No: 859-595-8434 Email: Alan, Herbren @arrail. Com
1 loade iii od applicant information ii different dian landowner	PIN:
Zoning: Flood: Watershed: D	
Setbacks – Front:Back:Side:Corne	
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Baseme	Monolithic nt(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:
	n finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
TOTAL HTD SQ FI (Is the second floor finis	ement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame shed? () yes () no Any other site built additions? () yes () no) # Bedrooms: Garage: (site built?) Deck: (site built?)
Duplex. (SizeX) No. BuildingsNo.	Decidonis Per Unit
Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Addition/Accessory/Other: (Size 12 x 24) Use: Shed	Closets in addition? () yes (🗹) no
TOTAL HTD SQ FT GARAGE	
(Need to Co Sewage Supply: New Septic Tank Expansion Relocat (Complete Environmental Health Checklist on other side	e of application if Septic) home within five hundred feet (500') of tract listed above? () yes (X) no
Not	•
Structures (existing or proposed): Single family dwellings: YC) /	Manufactured Homes: Other (specify):
I hereby state that foregoing statements are accurate and correct to the	ne State of North Carolina regulating such work and the specifications of plans submitted, best of my knowledge. Permit subject to revocation if false information is provided. $\underline{SI23/22}$
Signature of Owner or Owner's Ager	nt Date

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



## \*\*This application expires 6 months from the Initial date if permits have not been issued\*\*

\*This application to be filled out when applying for a septic system inspection.\*

County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

	<b>Environmental</b>	Health	New .	Septic S	ystem
--	----------------------	--------	-------	----------	-------

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

#### ☐ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

SEPTIC

### "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	pted	[_] Innovative [_] Conventional [_] Any
{}} Alter	native	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	{√} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	{_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	{\begin{align*} NO \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Does or will the building contain any drains? Please explain.
{}}YES	(V)NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES	{✓} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	OK (V_)	Is the site subject to approval by any other Public Agency?
{_}}YES	{ <u>√</u> },NO	Are there any Easements or Right of Ways on this property?
{_}}YES	{∠} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.