



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: Kiana Gardner Date _____

Site Address: 200 Oakhaven dr H.S. 27540 Phone _____

Subdivision: _____ Lot _____

Description of Proposed Work: _____ Total Job Cost 45,000

General Contractor Information

Select custom Builders llc 919-819-0297
Building Contractor's Company Name Telephone

2474 Walnut st Cary #225 27518 Tre @ Schwake
Address Email Address

78279 HEATED SQ FT GARAGE SQ FT

License #

Electrical Contractor Information

Description of Work Add rec for Frige Service Size: 200 Amps T-Pole: Yes No
Raw Tech Fce Maker

Electrical Contractor's Company Name Telephone 919-422-3519

Address Email Address rawtechindustry@gmail.com

17889-U
License #

Mechanical/HVAC Contractor Information

Description of Work NA

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work outdoor sink # Baths _____

AH Plumbing 919-622-0559
Plumbing Contractor's Company Name Telephone

Address Email Address ahandy

29375 ahandyplumbing@gmail.com
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address NA Telephone 919 622 0559

***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.

William H. Allen III 5-20-22
 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: William H. Allen III Date: 5-20-22

Initial Application Date: 5/20/22

Application # _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING**

LANDOWNER: Kiane Gardner Mailing Address: 200 Oak Haven

City: Holly Springs State: NC Zip: 27540 Contact No: _____ Email: _____

APPLICANT*: Select custom builders LLC Mailing Address: 2474 Walnut st #225 Cary NC

City: Cary State: NC Zip: 27518 Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

Tre@scbwake.com

ADDRESS: 200 Oak Haven dr PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

Patio w/ outdoor kitchen

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Sp
TOTAL HTD SQ FT **GARAGE SQ FT** (Is the bonus room finished? () yes () no w/ a closet? () yes ()

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____
TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built addition

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) I

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____ **TOTAL F**

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

Addition/Accessory/Other: (Size _____ x _____) Use: patio outdoor kitchen Closet

TOTAL HTD SQ FT **GARAGE**

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) ***Must have op**

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 at

Does the property contain any easements whether underground or overhead () yes () no

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

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

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

County Health Department Application for Improvement Permit and/or Author

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- **All property irons must be made visible.** Place "pink property flags" on each corner iron. All irons 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, 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 inspectors.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** 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 fee per lot for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed.**

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 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**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference

- { } Accepted { } Innovative { } Conventional { } Any
- { } Alternative { } Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following questions are answered "yes". If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES { / } NO Does the site contain any Jurisdictional Wetlands?
- { } YES { / } NO Do you plan to have an irrigation system now or in the future?
- { } YES { } NO Does or will the building contain any drains? Please explain. _____
- { / } YES { } 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 { / } NO Is the site subject to approval by any other Public Agency?
- { } YES { / } 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?