

Application #	
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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 ticensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit** 

Application for Residential Building	and Trades I diffus
Cerry Irizarry	Date 7/1/22
Owner's Name: The Allin Collection of the Allin Collec	Dats NC Phone (919) 988-2560
Site Address: And Start an	Lot 16
Subdivision: COTTLESTOTE CAISES	Total Job Cost 42000
Description of Proposed Work:   General Contractor Infor	
Sai K A MSTVI ICTON	(984) 284-2341
Building Contractor's Company Name	Telephone
105 alen Rd Stute I al Carner N	C exconstruction.dk
Address	Email Address & GM JU Com
N/A HEATED SQ FT N/A GARA	AGE SO FT N/A
License #  Electrical Contractor Info	rmation
Description of Work Spot and 2 Outlets Service	Size:Amps T-Pole:YesNo
(017.11)	
Electrical Contractor's Company Name 8903 Camden Park Dr. Raleigh	Telephone
	Email Address
Address 270	13 2
License #	Indiana atlan
Mechanical/HVAC Contractor	Information
Description of Work N/A	And the second s
Mechanical Contractor's Company Name	Telephone
Moonamout Consulting Company Company	
Address	Email Address
License # Plumbing Contractor Info	rmation
Description of Work N/A	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
	-
Address	Email Address
License #	
Insulation Contractor Info	rmation
N/A	
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 Ruilding Electrical Plumhing and I nereby 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 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. 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 plant. permission to obtain these permits and trade plans. Environmental Health permit changes or proposed use number of bedrooms, building and trade plans. permission to obtain these permits and it any changes occur including listed contractors, site plant, 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 Country Control Permitting Department of changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of

any and an 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.

	Date
Signature of Owner/Contractor/Officer(s) of Corporation	
Owner/Contractor/Officer(3)	
Signature of Owner	
	NCGS, 87-14
Compens	ation N.C. Sie
Affidavit for Worker's Compens	
ATTIUAVIC TO	cer/Agent of the Contractor or Owner
The undersigned applicant being the:  OwnerOffice	nerforming the work
Occaral Contractor	sirm(s) or corporation(s) period
General Community that the person(	s), IIIII(3)
The undersigned applicant being the Contractor Owner Office Owner Owner Office Owner Office Owner	to cover them.
Do hereby confirm under project	amonsation insurance to cover and
set forth in the permit:	orkers' compensation
as more employees and has obtained	i ampensation insurance to cover
Has three (3) or more say	ned workers' compensation
set forth in the permit.  Has three (3) or more employees and has obtained w  Has one (1) or more subcontractors(s) and has obtain	
them.  Has one (1) or more subcontractors(s) and them.  Has one (1) or more subcontractors(s) who has their	sampensation insurance
them.	own policy of workers componed
them.	Own bears
Lies one (1) or more subcontractors	
covering themselves.	ntractors.
more than two (2) employees and	that the Central Permitting
Covering themselves.  Has no more than two (2) employees and no subcontinuous while working on the project for which this permit is sough Department issuing the permit may require certificates of the permit and at any time during the permit is covering to be including.	t it is understood the compensation insurance pro-
the project for which this permit is one of	coverage of Worker's coverage, firm or corporation
While working on the permit may require certificates of	tted work from any person,
Department issuing the permit and at any time during the permit	7/172
While working on the project for which this permit is sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit to issuance out the work.	Date: 7/1122
carrying out the work.	Dato.
Sign w/Title:	
Sign with	



Initial Application Date:

NORTH CAROLINA		
	Application #	

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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
Central Permitting 420 McKinney Pkwy, Lillington, NC 27545 ** Without Control Permitting 420 McKinney Pkwy, Lillington, NC 27545 ** Without Control Permitting 420 McKinney Pkwy, Lillington, NC 27545 ** Without Control Permitting 420 McKinney Pkwy, Lillington, NC 27545 ** Without Control Permitting 420 McKinney Pkwy, Lillington, NC 27545 ** Without Control Pkwy, NC 27545 ** Without
ANDOWNER: State: VZip2+50 Contact No: 988-2505 Email: Cher90@hotmail.
PPLICANT*: EXK CONSTRUCTION Mailing Address 15 Glan Rd Stufe 411  State 1 Zip 27 50 Contact No. 1841) 284-2341 Email Ck Construction: dk  State 1 Zip 27 50 Contact No. 1841) 284-2341 Email Ck Construction: dk
ADDRESS: 39 1 17 17 US OF 188 2430 PIN: 0201-88 2430
Setbacks – Front: 35 Back: 25 Side: 10 Corner: 20
PROPOSED USE:  Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab
SFD: (Sizex) # Bedrooms: # Battis basement(wite beary or w/ a closet? () yes () no (if yes add in with # bedrooms)  FOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame  TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no
□ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT
☐ Home Occupation: # Rooms:Use: Hours of Operation:#Employees:
Addition/Accessory/Other: (Size 8 x 17) Use: SCROW POTCH Closets in addition? (_) yes (1/2) no
TOTAL HTD SQ FT N/A GARAGE N/A
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete Yew Well Application at the same time as New Tank)
(Need to Complete New Well Application at the same time as New Tank)  Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(Need to Complete New Well Application at the same time as New Tank)
(Need to Complete New Well Application at the same time as New Tank)  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
New Septic Tank
(Need to Complete New Well Application at the same time as New Tank)  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
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):

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

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.\*\*\*

**APPLICATION CONTINUES ON BACK** 



## \*\*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 0

OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration of permits of permi
OR AUTHORIZATION TO CONSTRUCT SHALL BLOOMS in the state of the state o
<ul> <li>Environmental Health New Septic System</li> <li>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.</li> <li>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.</li> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.</li> <li>If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.</li> <li>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.</li> <li>Environmental Health Existing Tank Inspections</li> <li>Follow above instructions for placing flags and card on property.</li> <li>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)</li> <li>DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> </ul>
SEPTIC  If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
Accepted \( \sum_{\text{\tint{\text{\tint{\text{\tin\text{\texi}\tint{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\text{\text{\text{\texi}\text{\texi}\text{\texit{\
{} Alternative
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in

question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: Does the site contain any Jurisdictional Wetlands? \_}YES Do you plan to have an irrigation system now or in the future? \_}YES Does or will the building contain any drains? Please explain. {\_}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? { }YES Is any wastewater going to be generated on the site other than domestic sewage? \_}YES Is the site subject to approval by any other Public Agency? }YES

Are there any Easements or Right of Ways on this property?

}YES

{ }YES

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

Does the site contain any existing water, cable, phone or underground electric lines?

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.