



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: Alan Egerton & Sheree Egerton Date 11/16/2023  
Site Address: 824 Creekview Ln. Linden 28356 Phone 910-988-9449  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: Room Addition Total Job Cost 182,159

**General Contractor Information**

Critical Path Solutions 910 224-7350  
Building Contractor's Company Name Telephone  
109 Gillespie St. Fayetteville 28301 m.button@criticalpathsolutions.com  
Address Email Address  
NC 82711 **HEATED SQ FT** **GARAGE SQ FT**  
License #

**Electrical Contractor Information**

Description of Work Home Addition Wiring Service Size: none Amps T-Pole: Yes  No  
Allman Electric Corp 910.485-8617  
Electrical Contractor's Company Name Telephone  
345 Wilkes Rd. Fayetteville 28306 donnie.loutler@allmanelectric.com  
Address Email Address  
6136-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work install one(1) Trane two(2) ton split heat pump  
Certified Heating & Air 910-858-0000  
Mechanical Contractor's Company Name Telephone  
P.O. Box 1071 Hope Mills 28348 certifiedheatingandairllc@gmail.com  
Address Email Address  
20012  
License #

**Plumbing Contractor Information**

Description of Work 2 bath and laundry in Addition # Baths 2  
Dell Hain Plumbing LLC 910-429-9939  
Plumbing Contractor's Company Name Telephone  
620 Gillespie St Fayetteville 28306 vickie.beard@hotmail.com  
Address Email Address  
32P1  
License #

**Insulation Contractor Information**

Live Green Inc 5001 Old Poole Rd. Raleigh 919-453-6411  
Insulation Contractor's Company Name & Address Telephone  
27610

\*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.**



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

11/16/2023

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:  Director of Construction    Date: 11/16/2023



Initial Application Date: 11/16/2023

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

CU# \_\_\_\_\_

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

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

LANDOWNER: Alan & Sherree Egerton Mailing Address: 824 Creekview Ln
City: Linden State: NC Zip: 28356 Contact No: 910-988-9449 Email: alanegerton11c@gmail.com

APPLICANT: Critical Path Solutions Mailing Address: 109 Gillespie St Fayetteville 28301
City: Fayetteville State: NC Zip: 28301 Contact No: 910-224-7350 Email: m.burton@criticalpath
solutions.com

ADDRESS: \_\_\_\_\_ PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: \_\_\_\_\_

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

PROPOSED USE:

[ ] SFD: (Size \_\_\_ x \_\_\_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: \_\_\_ Slab: \_\_\_
TOTAL 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: (Size \_\_\_ x \_\_\_) # 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: \_\_\_ SW \_\_\_ DW \_\_\_ TW (Size \_\_\_ x \_\_\_) # Bedrooms: \_\_\_ Garage: \_\_\_ (site built? \_\_\_) Deck: \_\_\_ (site built? \_\_\_)

[ ] Duplex: (Size \_\_\_ x \_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT \_\_\_\_\_

[ ] Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

[x] Addition/Accessory/Other: (Size 42' x 34') Use: master Bdrm suite Closets in addition? (x) yes ( ) no
TOTAL HTD SQ FT 1085 GARAGE N/A

Water Supply: \_\_\_ County [x] Existing Well \_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_ New Septic Tank \_\_\_ Expansion \_\_\_ Relocation [x] 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 (x) yes ( ) no

Structures (existing or proposed): Single family dwellings: yes, one 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.

Signature of Owner or Owner's Agent

Date 11/16/2023

\*\*\*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

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)

**Environmental Health New Septic System**

- **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 undergrowth 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**

**\*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, must choose one.

- Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other \_\_\_\_\_

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**:

- 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. Household Drains  
 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?  
 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.**