

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

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

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: WOODMILL LN Site Address: Subdivision: REMODEL Total Job Cost Description of Proposed Work: **General Contractor Information** NL Building Contractor's Company Name 180 WOODYILL LN Address HEATED SQ FT **Electrical Contractor Information** Service Size: 20 Amps T-Pole: Yes No

99557 4477

Telephone

Hat C Powenmational Contractor Information

Email Address Description of Work \_NEW WIRE Electrical Contractor's Company Name Address Mechanical/HVAC Contractor Information Description of Work Mechanical Contractor's Company Name License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name NEW HILL NC Address 33562 License # **Insulation Contractor Information** 919 360 0888 Insulation Contractor's Company Name & Address



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 lee schedule. Signature of Owner/Contractor/Officer(s) of Corporation 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. PAECIDEN7

Sign w/Title:



Initial Application Date:	Ар	plication #
		CU#
Central Permitting 420 McKinney	COUNTY OF HARNETT RESIDENTIAL LAND USE APPLI Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1	CATION Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECO	DRDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRE	D WHEN SUBMITTING A LAND USE APPLICATION**
City: FULLIAY VALIM		Email: FloyDTJRCGMALL, CUM
APPLICANT*: FLOYD L TAY/O	Mailing Address:	
City:*Please fill out applicant information if different to	State:Zip:Contact No: han landowner LN FUDWAYVALYWA NC 27574 PIN:	Email:
	Watershed: Deed Book / Page:	
Setbacks – Front: Back:		
PROPOSED USE:		Monolithic
☐ SFD: (Sizex) # Bedroor TOTAL HTD SQ FTGARAGE SQ	ns:# Baths: Basement(w/wo bath): Garage: FT (Is the bonus room finished? () yes () no w/ a	Deck: Crawl Space: Slab: Slab:
☐ Modular: (Sizex) # Bed	rooms# Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any oth	Site Built Deck: On Frame Off Frame ner site built additions? () yes () no
☐ Manufactured Home:SWD	WTW (Sizex) # Bedrooms: Garage:	(site built?) Deck:(site built?)
☐ Duplex: (Sizex) No. Bu	ildings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT
	Use: Hours of Operation:	
Addition/Accessory/Other: (Size TOTAL HTD SQ FT	CARAGE	Closets in addition? () yes () no
Sewage Supply: New Septic Tank	isting Well New Well (# of dwellings using well (Need to Complete New Well Application at Expansion Relocation Existing Septic Tank I Health Checklist on other side of application if Septic)	County Sewer
Does the property contain any easement	s whether underground or overhead () yes () no	
Structures (existing or proposed): Single	family dwellings: Manufactured Homes:	Other (specify):
is it is a second of the secon	to all ordinances and laws of the State of North Carolina regul	ating such work and the specifications of plans submitted
***It is the owner/applicants responsi to: boundary information, house	ure of Owner or Owner's Agent bility to provide the county with any applicable information ocation, underground or overhead easements, etc. The co correct or missing information that is contained within the pplication expires 6 months from the initial date if permits	n about the subject property, including but not limited unty or its employees are not responsible for any se applications.***

APPLICATION CONTINUES ON BACK

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