

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM
PUSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Harnett

Harnett County Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

3219 Jonesboro Road, Dunn NC 28334

I, DENNIS GORDON MOORE

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

[Signature] 05/07/2024
(Signature of Affiant) Dennis G Moore Date

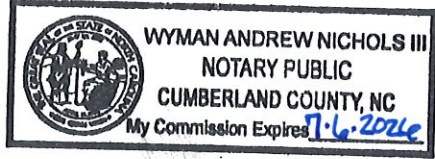
Sworn to (or affirmed) and Subscribed before me this the 7th day of May, 2024

Wyman Andrew Nichols III

Signature of Notary Public

Wyman Andrew Nichols III

Printed Name of Notary Public



My Commission Expires: July 6, 2026 (Notary Stamp or Seal)



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: Dennis Moore Date 5/17/2024
Site Address: 3219 Jonesboro Road Dum NC 28334 Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: 28'x28' Garage/Shell Total Job Cost 38,000"

General Contractor Information

Nichols Buildings Inc. Telephone 910.323.1944
Building Contractor's Company Name
1010 Cedar Creek Rd. Fay. NC 28312 Email Address nichbldg@earthlink.net
Address
57077 HEATED SQ FT 0 GARAGE SQ FT 784
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
Electrical Contractor's Company Name _____ Telephone _____
Address N/A Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address N/A Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address N/A Email Address _____
License # _____

Insulation Contractor Information

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 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.

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

5/7/2024
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: Wynmar Nichols VP Date: 5/7/2024