



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: KURT + LOREN WORDEN Date 6/28/24
Site Address: 467 PONDEROSA TR., CAMERON NC 28326 Phone 360-451-1340
Subdivision: CAROLINA SEASONS Lot 5-23
Description of Proposed Work: INSTALLATION OF 15x32' FIBERGLASS IN-GROUND POOL Total Job Cost: \$72,940

General Contractor Information

Parrot Bay Pools 919-888-0327
Building Contractor's Company Name Telephone
194 FEDERAL RD. EXT., BENSON NC 27504 TONY@PARROTBAYPOLS.COM
Address Email Address
69990 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work INSTALLATION OF POOL EQUIPMENT Service Size: _____ Amps T-Pole: Yes No
CUMBERLAND ELECTRICAL 910-316-7813
Electrical Contractor's Company Name Telephone
3600 THUNDER RD., HOPKINSVILLE NC SCUBOAK1168@GMAIL.COM
Address Email Address
12233
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address 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.



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

6/28/24

 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:  PROJECT MANAGER Date: 6/28/24



Initial Application Date: 6/28/24

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: KURT & LOREN WORDEN Mailing Address: 1467 PONDEROSA TRAIL
City: CAMELON State: NC Zip: 28326 Contact No: 360-451-1340 Email: KURT.D.WORDEN27@gmail.com

APPLICANT: Parrot Bay Pools Mailing Address: 194 FEDERAL RD. EXT.
City: BENSON State: NC Zip: 27504 Contact No: 919-888-0327 Email: TONY@PARROT-BAY-POOLS.NC.COM

*Please fill out applicant information if different than landowner
ADDRESS: 1467 PONDEROSA TR. PIN: 9556-79-7558-000

Zoning: RA-20R Flood: _____ Watershed: _____ Deed Book / Page: 3233/0221

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: _____
- Addition/Accessory/Other: (Size 15' x 32') Use: FIBERGLASS IN-GROUND POOL Closets in addition? () yes () no
TOTAL HTD SQ FT _____ GARAGE _____

Water Supply: County _____ 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 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: 1 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]
Signature of Owner or Owner's Agent

6/28/24
Date

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



Email Client Phone Signature

Ready to get started? We'll help you with every step of the process, from site selection to construction. Our experienced team will ensure your project is completed on time and within budget. Contact us today for a free consultation.

Our services include site planning, design, construction management, and more. We have a proven track record of successful projects across various industries. Let us help you achieve your goals.

1 FEET DO NOT SCALE FROM PLANS

Generated by

Phone

Sheet Name

Property Details
 2000 Square Feet
 125,000 Square Feet

K.W. M.W.

Date