



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: STEPHEN JAY BRIDGES Date 7/24/24  
Site Address: 199 WINDSWEEP WAY Phone 916-880-0444  
Subdivision: PROVIDENCE CREEK Lot 50  
Description of Proposed Work: SCREENED PORCH Total Job Cost \$ 5000

**General Contractor Information**

OWNER BUILDER / STEVE BRIDGES 916-880-0444  
Building Contractor's Company Name Telephone  
199 WINDSWEEP WAY STEVE.BRIDGES@LENNAR.COM  
Address Email Address  
N/A HEATED SQ FT N/A GARAGE SQ FT N/A  
License #

**Electrical Contractor Information**

Description of Work SCREENED PORCH FAN Service Size: 20 Amps T-Pole: Yes XNo  
THE PLUG ELECTRICIAN 919-969-3374  
Electrical Contractor's Company Name Telephone  
187 SMITHFIELD CANY NC THEPLUGELECTRICIAN@GMAIL.COM  
Address Email Address  
L. 37367  
License #

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

N/A  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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

Date 7/24/24

#### 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:

OWNER

Date:

7/24/24



**\*\*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 \_\_\_\_\_

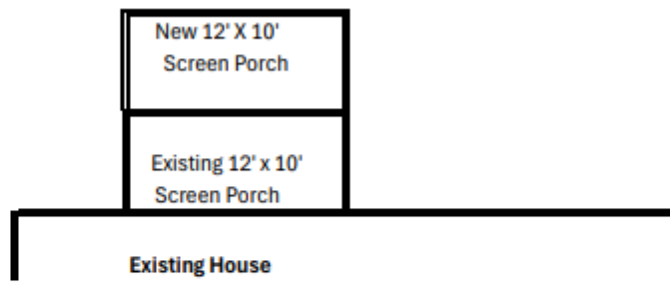
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

☐ 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. \_\_\_\_\_  
☐ 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.

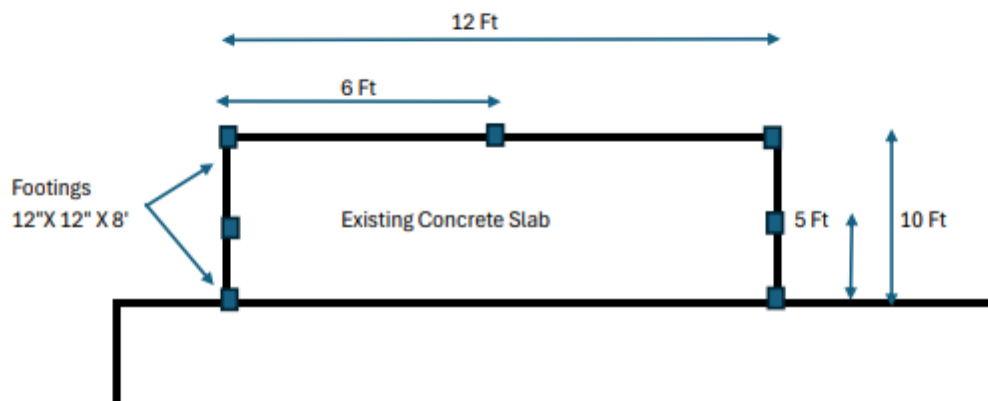
**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible 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.**

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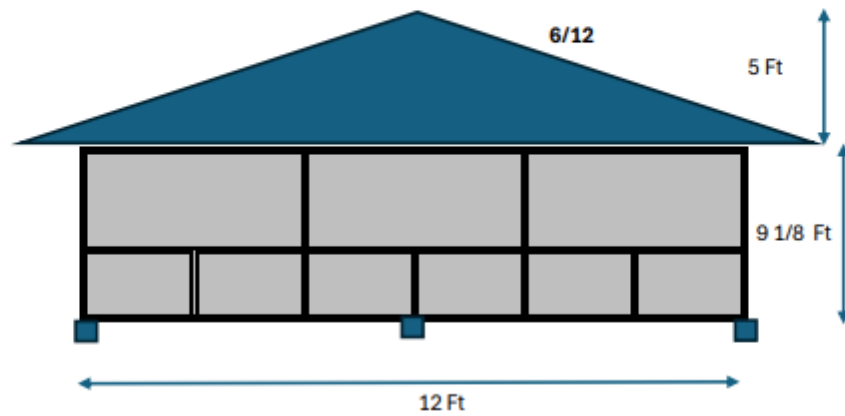
Project drawings



#### I. Footings



#### Front Elevation





**Side Elevation**



Property Owner and General Contractor: Steve Bridges

Project address: 199 Windswept Way Fuquay NC

Owner Email: [onegoodman@gmail.com](mailto:onegoodman@gmail.com)

Owner Phone # 919-880-0444