

## RESIDENTIAL LAND USE APPLICATION

**SITE ADDRESS:** 2635 BAILEYS XZDS RD **PIN:** 1610-92-1342.000  
**LANDOWNER:** Joshua Temple **Mailing Address:** 2635 BAILEYS XZDS RD  
**City:** Benson **State:** NC **Zip:** 27504 **Phone:** 919 397 2652 **Email:** j4temple2014@gmail.com

\*Please fill out applicant information if different than landowner.

**APPLICANT:** Joshua Temple **Mailing Address:** 2635 BAILEYS XZDS RD  
**City:** Benson **State:** NC **Zip:** 27504 **Phone:** 919 397 2652 **Email:** ja temple 2014 @ gmail.com

### PROPOSED USE:

☐ **Single Family Dwelling:** (Size \_\_\_\_ x \_\_\_\_ ) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio, Porch  
(Circle One) (Circle One)

**TOTAL HTD SQ FT:** \_\_\_\_ **GARAGE SQ FT:** \_\_\_\_ **Foundation Type:** Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size \_\_\_\_ x \_\_\_\_ ) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio, Porch  
(Circle One) (Circle One)

**TOTAL HTD SQ FT:** \_\_\_\_

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size \_\_\_\_ x \_\_\_\_ ) # Bedrooms: \_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio  
(Circle One) (Circle One)

**ZONING:** \_\_\_\_

☐ **Duplex:** (Size \_\_\_\_ x \_\_\_\_ ) # Buildings: \_\_\_\_ # Bedrooms Per Unit: \_\_\_\_ **TOTAL HTD SQ FT:** \_\_\_\_

☒ **Addition/Accessory/Other:** (Size 20 x 38.5) Use: Kitchen Extension, ADD BATH + REC Room (770 sq. FT.)

### UTILITIES:

**Water Supply:** County ☒ Existing Well ☐ New Well (# of dwellings using well \_\_\_\_ ) ☐

**Sewage Supply:** New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☒ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

### GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: ☒ 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 the 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

6-27-25  
\_\_\_\_\_  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*

APPLICATION CONTINUES ON BACK

## RESIDENTIAL BUILDING APPLICATION

Site Address: 2635 BAILEY'S CROSSROADS Rd, Benson PIN: 1610-92-1342.000  
Owner: Joshua Temple Phone: 919 397 2652 Email: jatemple2014@gmail.com  
Description of Proposed Work: REC Room / MASTER BATH ADDITION Total Job Cost: 75,000

### GENERAL CONTRACTOR INFORMATION

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

OWNER  
General Contractor's Company Name 919 397 2652  
Address 2635 BAILEYS XROS Rd, Benson Phone jatemple2014@gmail.com  
License # \_\_\_\_\_ Email \_\_\_\_\_

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Addition / Basic Lighting Service Size: 200 Amps T-Pole: YES ☐ NO ☒  
RST ELECTRIC 919-291-8766  
Electrical Contractor's Company Name Solomon RST @ gmail.com  
Address 3432 Zach's Mill Rd Phone \_\_\_\_\_  
License # 26202-i Email \_\_\_\_\_

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW UNIT W/ DUCTWORK  
Servimeck Mechanical + Electrical Contractors Inc. 919 370 0724  
Mechanical Contractor's Company Name joel/Servimeck @ gmail.com  
Address 11927 US 64 W Ste 105 Apex NC Phone \_\_\_\_\_  
License # L 35463 Email \_\_\_\_\_

### PLUMBING CONTRACTOR INFORMATION

Description of Work: ADDING BATH, Moving Kitchen + Laundry # of Fixtures: 6  
Rudy Fletcher 919 634 2112  
Plumbing Contractor's Company Name Rudysplumbingandrepairs275@gmail.com  
Address PO Box 485 Smithfield NC 27577 Phone \_\_\_\_\_  
License # 11344 Email \_\_\_\_\_

### INSULATION CONTRACTOR INFORMATION

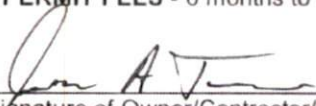
Stephens Building Products 919 675 3665  
Insulation Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_





I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

\_\_\_\_\_  
Date 7/15/2025

### 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

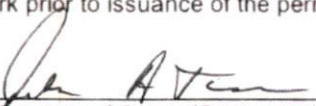
\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them.

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves.

\_\_\_\_ Has no more than 2 employees and no subcontractors.

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

\_\_\_\_\_  
Date 7/15/2025