

RESIDENTIAL BUILDING APPLICATION

Site Address: 188 Mels Meadows Dr., Fuquay Varina, NC 27526 PIN: 0645-25-5890.000
Owner: Sibelius Forest LLC, Britt Nylund Phone: 201-317-3793 Email: bnylund02@gmail.com
Description of Proposed Work: Garage addition & renovation to existing home Total Job Cost: \$120,000

GENERAL CONTRACTOR INFORMATION

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

Britt Nylund, Homeowner
General Contractor's Company Name
188 Mels Meadows Drive, Fuquay Varina, NC 27526
Address

201-317-3793
Phone
bnylund02@gmail.com
Email

License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Install additional electric for addition Service Size: _____ Amps T-Pole: YES ☐ NO ☐
N/A

Electrical Contractor's Company Name _____
Address _____
License # _____

Phone _____
Email _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Add additional air flow & condenser for expanded 1st floor of home; move smaller existing system to service 2nd floor
N/A

Mechanical Contractor's Company Name _____
Address _____
License # _____

Phone _____
Email _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: Remove existing plumbing from bathroom to be relocated & install new plumbing for new bathrooms # of Fixtures: 7
N/A

Plumbing Contractor's Company Name _____
Address _____
License # _____

Phone _____
Email _____

INSULATION CONTRACTOR INFORMATION

N/A
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

8/4/25
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

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,

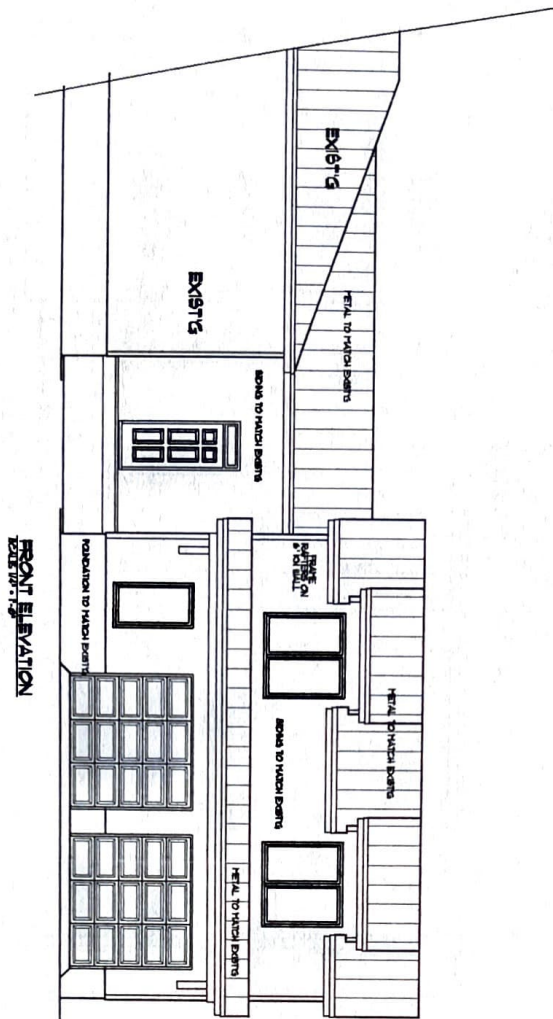
☒ Has no more than 2 employees and no subcontractors,

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.

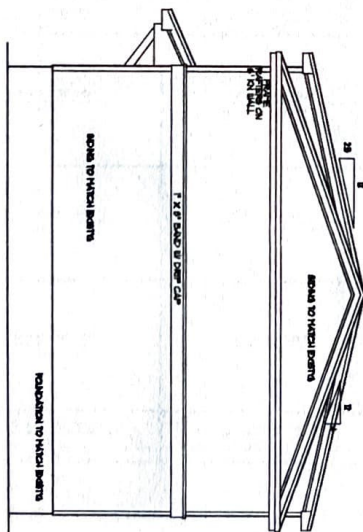

Signature of Owner/Contractor/Officer of Corporation

8/4/25
Date

ALL DIMENSIONS AND CONDITIONS
 SHALL BE CONSIDERED
 AS NOTED ON THE SET. THE 2018
 CODES GOVERN OVER DRAWING
 DIMENSIONS GOVERN OVER SCALE
 MECHANICAL REQUIREMENTS BEFORE
 ANY CONSTRUCTION OF THE BUILDING
 OF THESE PLANS



FRONT ELEVATION



SIDE ELEVATION

[illegible][illegible]

ALL CONSTRUCTION SHALL CONFORM TO THE 2018 EDITION OF THE NC STATE BUILDING CODE
CODES GOVERN OVER DRAINAGE
DIMENSIONS GOVERN OVER SCALE
VERIFY ALL TECHNICAL REQUIREMENTS BEFORE PROCEEDING
MANAGEMENT PERSONNEL ARE NOT ASSUME LIABILITY FOR ANY DELAY OR CONSTRUCTION METHOD OF THESE PLANS.

[illegible]

NOTE:
FIELD VERIFY ALL DIMENSIONS

IN ADDITION TO EXISTING:

WALL ROOM
ATTIC AREA = 1481 SQ. FT.
REQUIRED AREA = 4768 - 1481 = 3287 SQ. FT.

NOTES:

ALL SLABS TO HAVE 3" CONTINUOUS
CONCRETE
ALLOW 1" AIR SPACE ABOVE INSULATION
FOR AIR FLOW

NOTES
ALL BAYES TO HAVE 2" CONTINUOUS
BOWT VENT
ALLOW 1" AIR SPACE ABOVE INSULATION
FOR AIR FLOW

[illegible]

39'-0"

