

09/09/11

Application #

0850021282 R

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner's Name _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

LM Langdon

919-422-6946

Building Contractor's Company Name

Telephone

150 Lansing Dr Benson 27504

Address

Email Address

55716

License #

Electrical Contractor Information

Description of Work Bed Room Bath Add. Service Size 100 Amps T-Pole Yes ☒ No

Danric Electric Service LLC

919-524-5051

Electrical Contractor's Company Name

Telephone

PO 704 Fuquay Varina, NC 27526

Address

Email Address

11732 L

License #

Mechanical/HVAC Contractor Information

Description of Work Add Heat Pump

Beasley's Heating & Air Inc

Mechanical Contractor's Company Name

Telephone

57 WC Beasley Lane, Coats 27521

Address

Email Address

9497

License #

Plumbing Contractor Information

Description of Work Add Bath Room # Baths 1

W + W Plumbing

Plumbing Contractor's Company Name

Telephone

PO 1239 Angier 27501

Address

Email Address

14087

License #

Insulation Contractor Information

Tatum Drug Store Rd Garner

919-628-6222

Insulation Contractor's Company Name & Address

Telephone

***NOTE General Contractor 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

L M Langdon
Signature of Owner/Contractor/Officer(s) of Corporation

8/19/14
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

Company or Name

L M Langdon

Sign w/Title

L M Langdon, Gen Cont.

Date

8/19/14

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 08-50021282 Date 1/20/15
Property Address PEARIDG RD
PARCEL NUMBER 04-0684- - -0050- - -
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

DUPREE ROGER H & JANE A L M LANGDON AND ASSOCIATES INC
RT 3 BOX 131 150 LANSING DRIVE
ANGIER NC 27501 BENSON NC 27504
(919) 639-2009 (919) 422-6946

Applicant

DUPREE ROGER

(919) 639-2009

--- Structure Information 000 000 36X40 SUNROOM / BDR / BATH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
SEPTIC - EXISTING? EXS
WATER SUPPLY EXS WELL

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . . .
Phone Access Code . 1049832
Issue Date 1/20/15 Valuation 148437
Expiration Date . . 1/20/16

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc . . .
Phone Access Code . 1050897
Issue Date 1/20/15 Valuation 0
Expiration Date . . 1/20/16

Permit RESIDENTIAL INSULATION PERMIT
Additional desc . . .
Phone Access Code . 1050905
Issue Date 1/20/15 Valuation 0
Expiration Date . . 1/20/16

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1050863

HARNETT COUNTY CENTRAL PERMITTING
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| | | | |
|------------------------------|-------------|---------------------|---------|
| Application Number | 08-50021282 | Page | 2 |
| Issue Date | 1/20/15 | Date | 1/20/15 |
| Expiration Date | 7/19/15 | Valuation | 0 |

| | | | |
|-----------------------------|-------------------------------|---------------------|---|
| Permit | RESIDENTIAL MECHANICAL PERMIT | | |
| Additional desc | | | |
| Phone Access Code | 1050913 | | |
| Issue Date | 1/20/15 | Valuation | 0 |
| Expiration Date | 1/20/16 | | |

| | | | |
|-----------------------------|-----------------------------|---------------------|---|
| Permit | RESIDENTIAL PLUMBING PERMIT | | |
| Additional desc | | | |
| Phone Access Code | 1050921 | | |
| Issue Date | 1/20/15 | Valuation | 0 |
| Expiration Date | 1/20/16 | | |

Special Notes and Comments
210 TOWARD ANGIER GO THUR ANGIER TURN
LEFT ON PEARIDGE RD JOB IS 1ST HOUSE ON
RIGHT 1/4 MILE FROM 210 ADDREAA IS 1307
JB

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

| | | | |
|-------------------------------|----------------------------|------|---------|
| Application Number | 08-50021282 | Page | 3 |
| Property Address | PEARIDG RD | Date | 1/20/15 |
| PARCEL NUMBER | 04-0684- - -0050- - - | | |
| Application description . . . | CP ADD & ALTER RESIDENTIAL | | |
| Subdivision Name | | | |
| Property Zoning | RES/AGRI DIST - RA-30 | | |

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|---|----------------|--------------|--------------------------------|----------|-------------|
| Permit type RESIDENTIAL BUILDING PERMIT | | | | | |
| 999 | 103 | B103 | R*BLDG FOUND & TEMP SVC POLE | _____ | ___/___/___ |
| 999 | 105 | B105 | R*OPEN FLOOR | _____ | ___/___/___ |
| 999 | 101 | B101 | R*BLDG FOOTING / TEMP SVC POLE | _____ | ___/___/___ |
| 999 | 429 | R429 | FOUR TRADE FINAL | _____ | ___/___/___ |
| 999 | 425 | R425 | FOUR TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | ___/___/___ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 329 | R329 | THREE TRADE FINAL | _____ | ___/___/___ |
| 999 | 325 | R325 | THREE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 229 | R229 | TWO TRADE FINAL | _____ | ___/___/___ |
| 999 | 225 | R225 | TWO TRADE ROUGH IN | _____ | ___/___/___ |
| Permit type RESIDENTIAL INSULATION PERMIT | | | | | |
| 999 | 129 | I129 | R*INSULATION INSPECTION | _____ | ___/___/___ |

Jennifer Brock

From: Aaron Garner <aaron.garner@thepropanestore.com>
Sent: Monday, May 04, 2015 10:06 PM
To: Jennifer Brock
Subject: Permit Addition
Attachments: Fuel Piping 2015.pdf

Jenifer,

I spoke with you on the phone today about being added to a permit. The number is 08-50021282. My company is called The Propane Store, LLC. It is located at 4970 NC 55 West, Angier NC 27501. My license number is 32603. I will be installing the propane lines. Attached is a pdf of my fuel piping license. Please let me know if you need anything else. Thanks.

License Number
32603

North Carolina
State Board of Examiners of Plumbing,
Heating & Fire Sprinkler Contractors
State License No. 32603

Expiration Date
December 31, 2015

This is to Certify that:

The Propane Store LLC
4970 NC55 W
Angier, NC 27501

Aaron J Garner
The Propane Store LLC:

Is duly registered, licensed and authorized to engage in the business of
Fuel Piping Contractor

*Within the State of North Carolina until December 31, 2015 , when this
license expires. This authority is granted in accordance with the provisions
of Chapter 87, Article 2 of the General Statutes of North Carolina.*



Witness my hand and seal of the Board

This 1st day of January 2015

William H. Eubank

Chairman