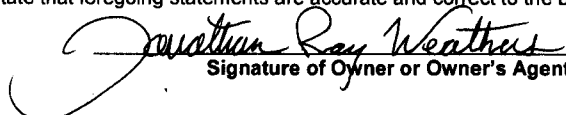


SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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 of Owner or Owner's Agent

10/22/15
Date

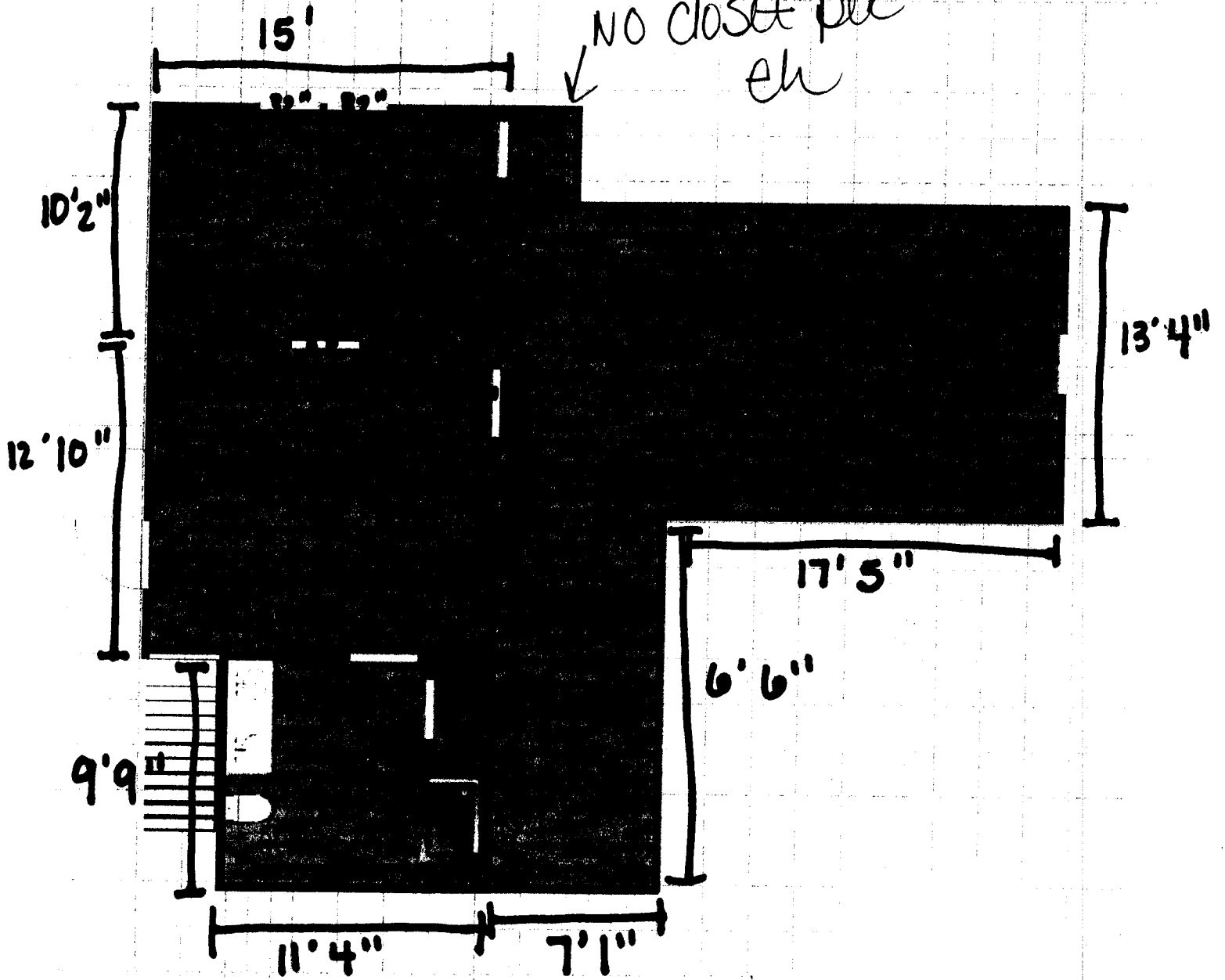
*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****

****This application expires 6 months from the initial date if permits have not been issued****

Weathers Upstairs Project

11.17.15

NO closet per
eh



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 Jonathan Weathers 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

AS owner
Building Contractor's Company Name _____ Telephone _____
Jonathan R. Weathers
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No
AS owner
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
AS owner
Mechanical Contractor's Company Name _____ Telephone _____
Jonathan R. Weathers
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work AS owner # Baths _____
Jonathan R. Weathers
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

AS owner
Insulation Contractor's Company Name & Address _____ Telephone _____
Jonathan R. Weathers

*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

Jonathan R. Weathers
Signature of Owner/Contractor/Officer(s) of Corporation

2/3/16
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 _____

Sign in Title Jonathan R. Weathers Date 2/3/16

Application Number	15-50037344	Page	3
Property Address	15 ATKINS PLACE CIR	Date	2/03/16
PARCEL NUMBER	04-0664- - -0200- -28-		
Application description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	ATKINS PLACE		
Property Zoning	RES/AGRI DIST - RA-20R		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
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 ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL INSULATION PERMIT					
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type RESIDENTIAL MECHANICAL PERMIT					

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.

	Page	4
Application Number	15-50037344	Date 2/03/16
Property Address	15 ATKINS PLACE CIR	
PARCEL NUMBER	04-0664- - -0200- -28-	
Application description . . .	CP ADD & ALTER RESIDENTIAL	
Subdivision Name	ATKINS PLACE	
Property Zoning	RES/AGRI DIST - RA-20R	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	409	M409	R*GAS PIPING	_____	__/__/__
Permit type			RESIDENTIAL MECHANICAL PERMIT		
999	407	M407	R*MECH ABOVE CEILING	_____	__/__/__
999	405	M405	R*MECHANICAL UNDERGROUND	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
Permit type			RESIDENTIAL PLUMBING PERMIT		
999	305	M305	R*PLUMB SEWER CONNECTION	_____	__/__/__
999	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
999	309	P309	R*PLUMB UNDER SLAB	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
999	315	P315	R*PLUMB HW HEATER	_____	__/__/__

HARNETT COUNTY CENTRAL PERMITTING

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Application Number	15-50037344	Date	2/03/16
Property Address	15 ATKINS PLACE CIR		
PARCEL NUMBER	04-0664- - -0200- -28-		
Application type description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	ATKINS PLACE		
Property Zoning	RES/AGRI DIST - RA-20R		

Owner

Contractor

WEATHERS JONATHAN & LAUREN
 15 ATKINS PLACE CIRCLE
 FUQUAY VARINA NC 27526

OWNER

Applicant

WEATHERS JONATHAN #15
 15 ATKINS PLACE LN
 FUQUAY VARINA NC 27526
 (919) 796-3330

--- Structure Information 000 000 FINISH BONUS ROOM, BATH NO CLOSET
 Flood Zone FLOOD ZONE X
 Other struct info SEPTIC - EXISTING? EXISTING
 WATER SUPPLY COUNTY

Permit	RESIDENTIAL BUILDING PERMIT		
Additional desc	932 SQ FT		
Phone Access Code	1114156		
Issue Date	2/03/16	Valuation	89000
Expiration Date	2/02/17		

Permit	RESIDENTIAL ELECTRICAL PERMIT		
Additional desc			
Phone Access Code	1125038		
Issue Date	2/03/16	Valuation	0
Expiration Date	2/02/17		

Permit	RESIDENTIAL INSULATION PERMIT		
Additional desc			
Phone Access Code	1125046		
Issue Date	2/03/16	Valuation	0
Expiration Date	2/02/17		

Permit	LAND USE PERMIT		
Additional desc			
Phone Access Code	1114164		
Issue Date	2/03/16	Valuation	0

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 15-50037344
Expiration Date 8/01/16
Page 2
Date 2/03/16

Permit RESIDENTIAL MECHANICAL PERMIT
Additional desc
Phone Access Code 1125053
Issue Date 2/03/16 Valuation 0
Expiration Date 2/02/17

Permit RESIDENTIAL PLUMBING PERMIT
Additional desc
Phone Access Code 1125061
Issue Date 2/03/16 Valuation 0
Expiration Date 2/02/17

Special Notes and Comments
T/S: 10/23/2015 10:51 AM DJOHNSON --
ATKINS PLACE LOT 15
15 ATKINS PLACE

