Initial Application Date: 10-22 15		Application #	2003 1344
11 17.15	OF HARNETT RESIDENTIAL LAND U n, NC 27546 Phone: (910) 893-752	ISE APPLICATION	J# /93 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OI	R OFFER TO PURCHASE) & SITE PLAN ARI	REQUIRED WHEN SUBMITTING	A LAND USE APPLICATION
LANDOWNER: Jonathan Roy Weath	Mailing Address:	5 Atkins Place	Circ.
City: Fuguau Varina State: NC	Zip: <u>27526</u> Contact No: <u>919-74</u>	6-3330 Email: Jonal	han Weathers & icloud co
APPLICANT*:	Mailing Address:		
City: State: 2	Zip: Contact No:		
*Please fill out applicant information if different than landowner	S I I I I		The state of the s
CONTACT NAME APPLYING IN OFFICE:	<u>Suricio</u>	Phone #	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
PROPERTY LOCATION: Subdivision:	Alfus Pa	Lot #:	15 Lot Size: 13 AC & Page: 2003/12
State Road # State Road Name:	28 PIN: 060	Map Book	& Page: ZU JI C
Parcel: CTTT CTTT	Deed Book & Page:	747 Power Company	
*New structures with Progress Energy as service provide			
PROPOSED USE:			
□ SFD: (Sizex) # Bedrooms: # Baths	· Rasement(w/wo hath)· Gara	ge: Deck: Crawl Sp	Monolithic ace: Slab:
	d? () yes () no w/ a closet? (
☐ Mod: (Sizex) # Bedrooms # Baths. (Is the second floor finishe	Basement (w/wo bath) Gara		
Manufactured Home:SWDWTW (Siz	rex) # Bedrooms:	Garage:(site built?) [Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms: Use:_	Hours of Op	eration:	#Employees:
1	Airish hou	15 prontament	s in addition? () no
Addition/Accessory/Other: (Sizex) Use	paul par	Orna I DIM	s in addition? (=134yes (_12) no
Water Supply: County Existing Well	New Well (# of awellings using well) *Must have ope	erable water before final
Sewage Supply: New Septic Tank (Complete Che			١ /
Does owner of this tract of land, own land that contains a			oove? () yes (_\(\subseteq\)) no
Does the property contain any easements whether under	rground or overhead () yes ()		
Structures (existing or proposed): Single family dwellings	SE Manufactured Ho	mes: Othe	r (specify):
Required Residential Property Line Setbacks:	Comments:		
Front Minimum Actual Actual	MAKINA	MOSOL NIL	of point.
Rear	<u> </u>	JUSU UU	U WUIN.
Closest Side			
Sidestreet/corner lot			
Nearest Building on same lot Residential Land Use Application	Page 1 of 2		03/11

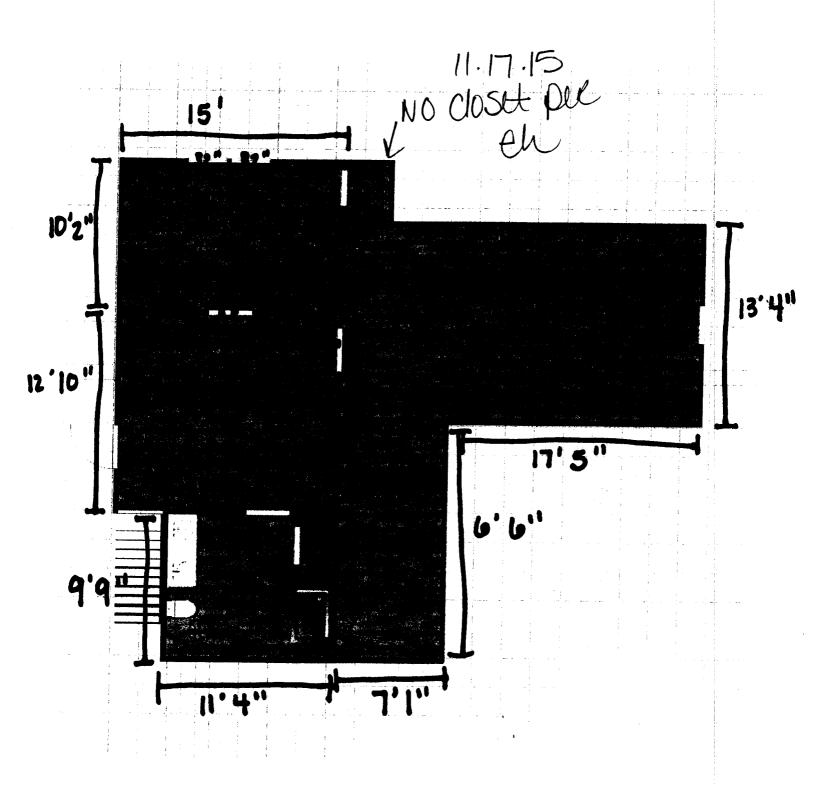
Page 1 of 2
APPLICATION CONTINUES ON BACK

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 plan	s 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 pro-	ovided.
Construe Kay Weather 10/22/15	
Signature of Owner or Owner's Agent Date	

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

^{***}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.***

Weathers Upstairs Project



Application #

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

Description of the state of the	Phone
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finished I	Bonus Room? Crawl Space Slab actor Information
Building Contractor's Company Name	Telephone
Address	Email Address
icense #	actor Information
Description of Work	Service SizeAmps T-PoleYesNo
AS owner	
Electrical Contractor s Company Name	Telephone
Y	
Address	Email Address
icense # Mechanical/HVAC Ce	ontractor Information
Mechanical/HVAC Concentration of Work Mechanical/HVAC Concentration of Work Mechanical/Contractor s Company Name	ontractor Information Telephone
Mechanical/HVAC Co	ontractor Information Telephone
Mechanical/HVAC Contractor of Work Mechanical Contractor of Company Name Mechanical	Telephone Email Address
Mechanical/HVAC Contractor of Work Mechanical Contractor of Company Name Mechanical Mechanical / HVAC Contractor of Work Mechanical / HVAC C	Telephone Email Address actor Information
Description of Work Mechanical/HVAC Company Name Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical/HVAC Contractor's Company Name Mechanical Contractor's Com	Telephone Email Address actor Information # Baths
Description of Work Mechanical/HVAC Contractor of Work Mechanical Contractor of Company Name Mechanical Contractor of Company Name Mechanical Contractor of Company Name Mechanical/HVAC Contractor of Work Mechanical/HVAC Contractor of Work Plumbing Contractor of Work Mechanical/HVAC Contractor of Work Mechanical	Telephone Email Address actor Information # Baths
Mechanical/HVAC Conservation of Work Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical HVAC Contractor's Company Name Plumbing Contractor's Company Name Plumbing Contractor's Company Name	Telephone Email Address actor Information # Baths
Mechanical/HVAC Conservation of Work Mechanical Contractor's Company Name Mechanical Contractor's Company Name Mechanical/HVAC Contractor's Company Name Plumbing Contractor's Company Name Mechanical/HVAC Contractor's Company Name Mechanical/HVAC Contractor's Company Name Mechanical/HVAC Contractor's Company Name Mechanical/HVAC Contractor's Company Name	Telephone Email Address actor Information # Baths 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 bysigning-below-I have obtained all subcontractors-bermission-to-obtain these-permits and if <a href="mailto: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-or-proposed-use-

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

Seneral Contractor	_		
	Owner	Officer/Agent of the Contractor or Owne	er
confirm under penalties the permit	s of perjury that the	person(s) firm(s) or corporation(s) performi	ng the work
s three (3) or more empl	loyees and has obta	ained workers compensation insurance to co	over them
s one (1) or more subcor	ntractors(s) and has	s obtained workers compensation insurance	to cover
s one (1) or more subcor hemselves	ntractors(s) who ha	s their own policy of workers compensation	insurance
s no more than two (2) e	mployees and no s	ubcontractors	
nt issuing the permit may	y require certificates	s of coverage of worker's compensation insu	rance prior
	s three (3) or more employed sone (1) or more subcontents one (1) or more subcontents one (1) or more subcontents one (2) expension on the project for what issuing the permit make of the permit and at an	s three (3) or more employees and has obta s one (1) or more subcontractors(s) and has s one (1) or more subcontractors(s) who ha hemselves s no more than two (2) employees and no s king on the project for which this permit is so not issuing the permit may require certificates e of the permit and at any time during the p	s three (3) or more employees and has obtained workers compensation insurance to compensation or more subcontractors(s) and has obtained workers compensation insurance is one (1) or more subcontractors(s) who has their own policy of workers compensation themselves is no more than two (2) employees and no subcontractors which the permit is sought it is understood that the Central Permit is suing the permit may require certificates of coverage of workers compensation insurance to compensation in the permit and at any time during the permitted work from any person firm or corporation to contract the contract that the co

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 Application Number 15-50037344 Date 2/03/16 Property Address 15 ATKINS PLACE CIR Application description . . . CP ADD & ALTER RESIDENTIAL Subdivision Name ATKINS PLACE Property Zoning RES/AGRI DIST - RA-20R Required Inspections Phone Insp Seq Insp# Code Description Initials Date Permit type . . . RESIDENTIAL BUILDING PERMIT 999 429 R429 FOUR TRADE FINAL 999 425 R425 FOUR TRADE ROUGH IN 131 R131 ONE TRADE FINAL 125 R125 ONE TRADE ROUGH IN 329 R329 THREE TRADE FINAL 325 R325 THREE TRADE ROUGH IN 999 999 999 999 999 229 R229 TWO TRADE FINAL 999 225 R225 TWO TRADE ROUGH IN Permit type . . . RESIDENTIAL ELECTRICAL PERMIT 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 213 E213 R*ELECTRICAL UNDERGROUND 999 999 131 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

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 Date 2/03/16 Application Number 15-50037344 Property Zoning RES/AGRI DIST - RA-20R Required Inspections Phone Insp Insp# Code Description Initials Date Seq 409 M409 R*GAS PIPING 999 Permit type RESIDENTIAL MECHANICAL PERMIT 407 M407 R*MECH ABOVE CEILING 999 405 M405 R*MECHANICAL UNDERGROUND 131 R131 ONE TRADE FINAL 999 999 125 R125 ONE TRADE ROUGH IN 999 Permit type . . . RESIDENTIAL PLUMBING PERMIT 305 M305 R*PLUMB SEWER CONNECTION 999 307 P307 R*PLUMB WATER CONNECTION 309 P309 R*PLUMB UNDER SLAB 999 999 131 R131 ONE TRADE FINAL 999

125 R125 ONE TRADE ROUGH IN

315 P315 R*PLUMB HW HEATER

999

999

HARNETT COUNTY (P.O. BOX 65 LILLINGTON, NC 2 For Inspections Bldg Insp schedu	27546 Call: (910)	ITTING 893-7525 Fax: (910) 2pm available next bus	893-2793 siness day	7.
Application type de Subdivision Name	escription	15 ATKINS PLACE CIR 04-06640200 CP ADD & ALTER RESIDE		2/03/16
Owner		Contractor		
WEATHERS JONATHAN & 15 ATKINS PLACE CIR FUQUAY VARINA	CLE	OWNER		
Applicant				
1100d Zone	NC 27526 on 000 000 F FLO SEF	FINISH BONUS ROOM, BAT DOD ZONE X PTIC - EXISTING? TER SUPPLY		ING
Permit	932 SQ FT 1114156 2/03/16 2/02/17	BUILDING PERMIT Valuation .		89000
Permit	RESIDENTIAL 1125038 2/03/16	ELECTRICAL PERMIT Valuation .		0
Permit	1125046 2/03/16	Valuation .		0
Permit	LAND USE PER 1114164 2/03/16	RMIT 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 Expiration Date	8/01/16	5-50037344	Page Date	2/03/16
Permit	RESIDENTIAL 1125053 2/03/16 2/02/17	MECHANICAL PERMIT Valuation		0
 Permit Additional desc Phone Access Code . Issue Date Expiration Date	RESIDENTIAL 1125061 2/03/16 2/02/17	PLUMBING PERMIT Valuation		0

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