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

Application # 38aag

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

Site Address	Date H	
Directions to job site from Lillington		
Subdivision	Lot13	
Description of Proposed Work		
Heated SF Unheated SF Finished Bonus Room ² General Contractor Informa		b
Building Contractor's Company Name	Telephone	
Address	Email Address	
Olener		
.icense # Electrical Contractor Informa	ation	
Description of Work Service Size	zeAmps T-PoleYes	No
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
Olever		
License # <u>Mechanical/HVAC Contractor Inf</u>	ormation	
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Medianical Cuntractors Cumpany Name	rolephone	
•••••••••••••••••••••••••••••••••••••••		
	Email Address	
Address	Email Address	
Address		
Address License # Plumbing Contractor Informs		
Address License # Plumbing Contractor Information of Work	<u>ation</u> # Baths	
Address License # Plumbing Contractor Information of Work	ation # Baths Telephone	
Address License #	<u>ation</u> # Baths	
Address License # Plumbing Contractor Informs Description of Work Plumbing Contractor's Company Name Address License #	# Baths Telephone Email Address	
Address License # Plumbing Contractor Information of Work Plumbing Contractor's Company Name	# Baths Telephone Email Address	

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

Signature of Owner/Contracto	r/Officer(s) of Corpo	ration Date
Affida The undersigned applicant be		Compensation N C G S 87-14
General Contractor	Owner _	Officer/Agent of the Contractor or Owner
Do hereby confirm under pena set forth in the permit	alties of perjury that	the person(s) firm(s) or corporation(s) performing the work
Has three (3) or more e	employees and has o	obtained workers compensation insurance to cover them
Has one (1) or more su	bcontractors(s) and	has obtained workers compensation insurance to cover
Has one (1) or more su covering themselves	bcontractors(s) who	has their own policy of workers compensation insurance
Has no more than two	(2) employees and r	no subcontractors
Department issuing the permit	t may require certific	is sought it is understood that the Central Permitting sates of coverage of worker's compensation insurance prior ne permitted work from any person firm or corporation
Company or Name		
\wedge		

Plan Box #	1e		ate bb Name	4.8.16 Wilkir	25
App # <u>3822</u>	29_	Valuation 4	<u>4.40</u> 0	SQ Feet_ Garage =	1200
Inspections for SF				_	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Ele. Under Address Mono Slab Rough In Insulation Final	^r Slab	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Surve	y	Envir. Health		Other	
Additions / Other Footing Foundation Slab Mono Open Floor Rough In Insulation Final					

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 16-50038229 Date 4/19/16 Intersection Property Address 345 KINNIS CREEK DR Subdivision Name KINNIS CREEK SUBDIVISION Property Zoning RES/AGRI DIST - RA-40 Owner Contractor _____ _______ WILKINS JOSEPH & THERESA OWNER 345 KINNIS CREEK DRIVE ANGIER NC 27501 (919) 639-4847 Applicant ______ WILKINS JOSEPH WILKINS THERESA 345 KINNIS CREEK DR ANGIER NC 27501 (919) 639-4847 --- Structure Information 000 000 36X50 ADD GARAGE Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXT TANK WATER SUPPLY COUNTY _____ Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Issue Date . . . 4/19/16 Valuation 44400 Expiration Date . . 4/19/17 ______ Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1135870 Issue Date \dots 4/19/16 Expiration Date \dots 4/19/17 Valuation ______ Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1135862
Issue Date . . . 4/19/16
Expiration Date . . 10/16/16 Valuation _____ Special Notes and Comments T/S: 03/14/2016 11:17 AM JBROCK ----_____ HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
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Special Notes and Comments 345 KINNIS CREEK DR

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Prop PARO App: Subo	perty Ado CEL NUMBI lication division	lress ER descri Name	16-50038229 345 KINNIS CREEK D 04-06720095	R 13- IDENTIAL VISION	3 4/19/16		
Required Inspections							
Seq	Phone Insp#		Description	Initials	Date		
Permit type RESIDENTIAL BUILDING PERMIT							
10 10 999 999 999 999	103 111	B103 B111 R131 R125					