

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 . . . . .	16-50038526	Page	3
Property Address . . . . .	4820 BAILEYS XRDS RD	Date	5/10/16
PARCEL NUMBER . . . . .	07-1611- - -0007- - -		
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	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE 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	_____	___/___/___
Permit type . . . . NOTIFICATION PERMIT					
999	800	H800	ENVIR. HLTH. CONFIRMATION	JM AP	5/03/16
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	___/___/___
999	806	P806	PLANNING REVIEW	_____	___/___/___
999	802	B802	BLDG PLAN REVIEW	_____	___/___/___
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	___/___/___

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Application type description CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
WEEKS DOUGLAS & J	OWNER
RT 1 BOX 219-D	
BENSON NC 27504	
(919) 894-5613	

Applicant  
-----  
WEEKS DOUGLAS  
4820 BAILEYS XRDS RD  
BENSON NC 27504  
(919) 894-5613

--- Structure Information 000 000 6X12 STORAGE ADDITION AND 14X16 SUNROOM  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
SEPTIC - EXISTING? EXIST SEPTIC  
WATER SUPPLY COUNTY

Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1137587  
Issue Date . . . . . 5/10/16 Valuation . . . . . 10952  
Expiration Date . . . . . 5/10/17

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1139278  
Issue Date . . . . . 5/10/16 Valuation . . . . . 0  
Expiration Date . . . . . 5/10/17

Permit . . . . . RESIDENTIAL INSULATION PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1139294  
Issue Date . . . . . 5/10/16 Valuation . . . . . 0  
Expiration Date . . . . . 5/10/17

Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1139302

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Application Number . . . . . 16-50038526 Page 2  
Issue Date . . . . . 5/10/16 Date 5/10/16  
Expiration Date . . . . . 11/06/16 Valuation . . . . . 0

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Permit . . . . . NOTIFICATION PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1136282  
Issue Date . . . . . 4/21/16 Valuation . . . . . 0

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Special Notes and Comments  
T/S: 04/21/2016 01:29 PM LBENNETT --  
COATS 27 HWY- TAKE LEFT ON EBENEZER  
CHURCH RD - WHEN YOU GET TO BAILEYS  
XRDS RD TAKE A LEFT - FIRST HOUSE ON  
THE RIGHT

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\_\_\_\_\_  
\_\_\_\_\_

09/09/11

Application #

1650038526

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 Douglas Weeks Date 10 May 16  
Site Address 4820 BAILEYS CRD. Phone 919-894-5613  
Directions to job site from Lillington 27-Awy OUT of center to Benson Lake  
Elvinger Rd to Bailey CRD 1st house on right

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF 224 Unheated SF 74 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Douglas Weeks 919-894-5613  
Building Contractor's Company Name Telephone  
SAME  
Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work SELF Service Size \_\_\_\_\_ Amps T-Pole  Yes  No  
Electrical Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_

**Insulation Contractor Information**

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

Douglas Weeks  
Signature of Owner/Contractor/Officer(s) of Corporation

10 - Aug - 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 w/Title \_\_\_\_\_ Date \_\_\_\_\_