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

Application # 40153

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

Application for Residential Building and Trades Permit

Owners Name Trma Crisip				
site Address <u>84 Smoketree</u>	Phone			
Directions to job site from Lillington				
Subdivision		Lot		
escription of Proposed Work		# of Bedrooms		
Heated SF Unheated SF General	Finished Bonus Room? al Contractor Information	Crawl Space	Slab	
Building Contractor's Company Name		Telephone		
Address License #		Email Address	***************************************	
Description of Work	eal Contractor Information Service Size	Amps T-Pole	eYesNo	
Electrical Contractor's Company Name		Telephone		
Address License #	/HVAC Contractor Informs	Email Address		
Description of Work	TIVAS SOIMAGOS IIIGANIS	BIVII		
Mechanical Contractor's Company Name		Telephone		
Address		Email Address		
icense #	ng Contractor Information			
Description of Work		# Baths		
Plumbing Contractor's Company Name		Telephone		
Address		Email Address		
icense # Insulation	on Contractor Information			
nsulation Contractor's Company Name & Add	iress	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 at 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.

Ima Crispin 1/12/17
Signature of Owner/Contractor/Officer(s) of Corporation 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 Jemes Cris Pin Date 11717

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. _____ Application Number 16-50040153 Date 1/12/17 Property Address 84 SMOKETREE DR . . 08-0653- - -0018- -41-PARCEL NUMBER Application type description CP ADD & ALTER RESIDENTIAL Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor -----SILVERIO MARCELO G & IRMA OWNER 84 SMOKETREE DRIVE FUQUAY-VARINA NC 27526 Applicant _____ CRISPIN IRMA #38 84 SMOKETREE DR NC 27526 FUQUAY-VARINA (919) 308-3754 --- Structure Information 000 000 16X20 COVERED PORCH ADDITION Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXISTING WATER SUPPLY COUNTY ______ Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1168996 Issue Date 1/12/17 Expiration Date . . . 1/12/18 Valuation 8880 ______ Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1174523
Issue Date . . . 1/12/17 Valuation
Expiration Date . . 1/12/18 _____ LAND USE PERMIT Permit Additional desc . . Phone Access Code . 1174531
Issue Date . . . 1/12/17 Valuation 0
Expiration Date . . 7/11/17

Special Notes and Comments

T/S: 11/14/2016 09:16 AM DJOHNSON --

SOUTH RIDGE FARMS LOT 38

84 SMOKETREE DR

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Application Property A PARCEL NUM Application Subdivision	on Number 16-50040153	Page Date 001841- RESIDENTIAL					
Required Inspections							
Phor Seq Insp		Initials	Date				
Permit type RESIDENTIAL BUILDING PERMIT							
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