

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

Amy Flanary
Signature of Owner/Contractor/Officer(s) of Corporation

12-13-2017
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 *Amy Flanary*

Date *12-13-2017*

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	3
Application Number	17-50042724	Date 12/13/17
Property Address	4086 CHALYBEATE SPRINGS RD	
PARCEL NUMBER	08-0654- - -0119- - -	
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	105	B105	R*OPEN FLOOR	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
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 INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	__/__/__

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Owner

Contractor

FLANARY GARY
 4086 CHALYBEATE SPRINGS RD
 FUQUAY-VARINA NC 27526
 (479) 601-1580

OWNER

Applicant

FLANARY GARY
 4086 CHALYBEATE SPRINGS RD
 FUQUAY-VARINA NC 27526
 (479) 601-1580

--- Structure Information 000 000 8X29 2 BATH AND MUDROOM ADDITION
 Flood Zone FLOOD ZONE X
 Other struct info # BATHS 2
 # BEDROOMS 2.00
 SEPTIC - EXISTING? EXISTING
 WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
 Additional desc
 Phone Access Code 1219112
 Issue Date 12/13/17 Valuation 0
 Expiration Date 12/13/18

Permit RESIDENTIAL ELECTRICAL PERMIT
 Additional desc
 Phone Access Code 1219120
 Issue Date 12/13/17 Valuation 0
 Expiration Date 12/13/18

Permit RESIDENTIAL INSULATION PERMIT
 Additional desc
 Phone Access Code 1219146
 Issue Date 12/13/17 Valuation 0
 Expiration Date 12/13/18

Permit LAND USE PERMIT
 Additional desc

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Application Number	17-50042724	Page	2
Phone Access Code	1219153	Date	12/13/17
Issue Date	12/13/17	Valuation	0
Expiration Date	6/11/18		

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1219161		
Issue Date	12/13/17	Valuation	0
Expiration Date	12/13/18		

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1219179		
Issue Date	12/13/17	Valuation	0
Expiration Date	12/13/18		

Special Notes and Comments

T/S: 11/08/2017 04:41 PM DJOHNSON --
 TAKE 401 N TO CHALYBEATE SPRINGS RD
 TURN RIGHT GO 1/4 MILE AND PROPERTY IS
 ON THE LEFT (NORTH SIDE OF RD)

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 12/13/17 53 Receipt no: 184137

Year	Number	Amount
2017	50042724	
4086 CHALYBEATE SPRINGS RD		
FUGUAY-VARINA, NC 27526		
B1	BP - PERMIT FEES	
		\$350.00

GARY FLANERY

Tender detail	
CP CREDIT CARD	\$350.00
Total tendered	\$350.00
Total payment	\$350.00

Trans date: 12/13/17 Time: 14:55:06

** THANK YOU FOR YOUR PAYMENT **