

Initial Application Date: 1/9/18

Application # 1850043030

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: DANIEL W. MATTHEWS Mailing Address: 6615 PAULS CHURCH RD
City: FUGUY VARIWA State: NC Zip: 27526 Contact No: 919-868-8187 Email: WESMATHFU@GMAIL.COM

APPLICANT: WES MATTHEWS Mailing Address: 6615 PAULS CHURCH RD
City: FUGUY VARIWA State: NC Zip: 27526 Contact No: 919-868-8187 Email: WESMATHFU@GMAIL.COM
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: WES MATTHEWS Phone # 919-868-8187

PROPERTY LOCATION: Subdivision: 6615 PAULS CHURCH RD, FUGUY VARIWA Lot #: _____ Lot Size: 1.76 AC.

State Road # 1415 State Road Name: PAULS CHURCH RD Map Book & Page 207 / 207

Parcel: 08 0644 007802 PIN: 0644-88-6191000

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page 2939 / 785 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic
- Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)
- Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size 14.8 x 31.6) Use: Bonus Room w/ Bath Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

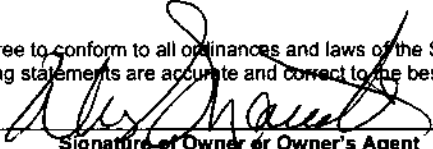
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: NO CHANGE OF HOME FOOT PRINT

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N., TURN LEFT ON
RAWLS CHURCH ROAD. 1.3 MILES ON LEFT

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 plans 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 provided.



Signature of Owner or Owner's Agent

1/9/18
Date

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.

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

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 DANIEL W. + SARAH A. MATTHEWS Date 1/9/18
Site Address 6615 RAWLS CHURCH RD. FUGATA Phone 919-968-8187
Directions to job site from Lillington 701 NORTH, TURN LEFT ON RAWLS CHURCH RD. 1.3 MILES ON LEFT

Subdivision Lot
Description of Proposed Work ATTIC BONUS ROOM ADDITION # of Bedrooms 3
Heated SF 1850 Unheated SF 900 Finished Bonus Room? Crawl Space Slab

General Contractor Information

OWNER, WES MATTHEWS 919 968-8187
Building Contractor's Company Name Telephone
SAME WESMATT@GMAIL.COM
Address Email Address
70453

Electrical Contractor Information

Description of Work WIRE BUNDLE Service Size 90 Amps T-Pole Yes NO
WES SAME
Electrical Contractor's Company Name Telephone
SAME
Address Email Address
21204

Mechanical/HVAC Contractor Information

Description of Work ADD 1.5 TONS HEAT PUMP SPLIT
HVAC SPECIALISTS 919-669-9509
Mechanical Contractor's Company Name Telephone
5843 COGES BURY RD., FUGATA, NC
Address Email Address
22035

Plumbing Contractor Information

Description of Work ADD ONE BATH + SINK # Baths 1 ADD, 3 TOTAL
BOBBY EVANS PLUMBING 919-422-9302
Plumbing Contractor's Company Name Telephone
2783 OLD FAIRGROUND RD., ANGER
Address Email Address
NC 27501
23807

Insulation Contractor Information

INSULATING INC., RALEIGH NC 919-772-9000
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

WES MATTHEWS
Signature of Owner/Contractor/Officer(s) of Corporation

1/9/18
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 WES MATTHEWS
Sign w/Title WES MATTHEWS Date 1/9/18