

36303

Harnett County Central Permitting  
PO Box 65 Lillington NC 27548  
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 FOSIY Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ 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

Jean-Paul Fij  
Signature of Owner/Contractor/Officer(s) of Corporation

6/26/15  
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 Jean-Paul Fij Date 6/26/15

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.

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Application Number . . . . .	15-50036303	Date	6/26/15
Property Address . . . . .	3394 NC 27 E		
PARCEL NUMBER . . . . .	07-0690- - -0062- -01-		
Application type description	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name . . . . .	W C GARDNER PROPERTY		
Property Zoning . . . . .	COATS		

Owner

Contractor

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FOISY JEAN-PAUL & AMY P  
 PO BOX 734  
 COATS NC 27521

OWNER

Applicant

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FOISY JEAN PAUL AND AMY  
 3394 NC 27 E  
 COATS NC 27521

--- Structure Information 000 000 26X24 DETACHED CARPORT  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . PROPOSED USE DETACHED GARAGE  
 SEPTIC - EXISTING? EXISTING  
 WATER SUPPLY COUNTY

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Permit . . . . .	RESIDENTIAL BUILDING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1091842		
Issue Date . . . . .	6/26/15	Valuation . . . . .	23088
Expiration Date . . . . .	6/25/16		

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Special Notes and Comments  
 T/S: 06/02/2015 08:51 AM DJOHNSON --  
 27 TOWARDS COATS FROM LILLINGTON AND  
 HOUSE IS ON RIGHT BEFORE YOU GET TO  
 COATS ACROSS FROM WHERE COY BROADWELL  
 HAS THE TREES ON THE LEFT.

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\_\_\_\_\_

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
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	_____	___/___/___