

170040856

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 Michele Faulkner - Richard Martin Date 3-28-2017

Site Address 1169 Lawrence rd Phone 910-709-6824

Directions to job site from Lillington 421 -> Semper Blvd onto Main St East onto Lawrence Rd 1 1/2 miles on right

Subdivision N/A 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 _____

License # [Signature]

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



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

3-28-2017

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 _____ Date 3-28-2017

Plan Box # File

Date 3/11/17

Job Name Faircloth

Martin

App # 46856

Valuation 44,400

SQ Feet —

Garage 1200

= 1200

Inspections for SFD/SFA

 **SCANNED**

Crawl

Slab

Mono

Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey

Envir. Health

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

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 17-50040856 Date 3/28/17
Property Address 1169 LAWRENCE RD
PARCEL NUMBER 13-9681- - -0200- -03-
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

FAIRCLOTH MICHELLE C OWNER
13074 NC 27 W
BROADWAY NC 27505

Applicant

FAIRCLOTH MICHELE
1169 LAWRENCE RD
BROADWAY NC 27505
(919) 499-8680

--- Structure Information 000 000 24X50 STORAGE / GARAGE
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE STORAGE/GARAGE
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code 1181494
Issue Date 3/28/17 Valuation 0
Expiration Date 3/28/18

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1184704
Issue Date 3/28/17 Valuation 0
Expiration Date 9/24/17

Special Notes and Comments
421 OUT OF LILLINGTON R ON COOL SPRINGS
RD L ONTO HOLLY SPRINGS CHURCH RD R
ONTO HOLLIE PINES RD L ONTO LAWRENCE RD
HOUSE APPROX 1.5 MIOLES ON R GREY VINYL
HOUSE

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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	111	B111	R*BLDG SLAB INSP/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	_____	___/___/___