Application # 18-500 43577

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

**SCANNED** 

APR 1 9 2018

\* 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: Ralph Jalmus JR	Date:			
Site Address: 200 No 20 W. Lillington NC 90	546 Phone: 480 JOH5)			
Directions to job site from Lillington: <u>Saras</u> e 30 x 4 0				
Subdivision:	Lot:			
Description of Proposed Work:	# of Bedrooms:			
Heated SF: Finished Bonus Room?	Crawl Space: Slab:			
General Contractor Information	<u>n</u>			
Steel Bwild: 4 Garages  Building Contractor's Company Name	Telephone			
1804 River St Wilkerburo NC 28697	Cophenic			
Address	Email Address			
License #  Electrical Contractor Information	an			
Description of Work Electrical wiring of builting Service Size:	Amps T-Pole:YesNo			
Ourer Installed	480-221-1576			
Electrical Contractor's Company Name	Telephone			
7200 NC 27 W. Lillington, NC. 27540	rion and 27 Quahoo.com			
Address	Email Address			
License #				
Mechanical/HVAC Contractor Inform	<u>nation</u>			
Description of Work				
Mechanical Contractor's Company Name	Telephone			
Address	Email Address			
Addiess				
License #				
Plumbing Contractor Information				
Description of Work	# Baths			
Discribing Contractoria Company Nama	Telephone			
Plumbing Contractor's Company Name	теернопе			
Address	Email Address			
License #  Insulation Contractor Information	on.			
nisulation Contractor morniation	<del>NII</del>			
Insulation Contractor's Company Name & Address	Telephone			

\*NOTE: General Contractor / owner 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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

19 April 2018

is as per current fee schedule.

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

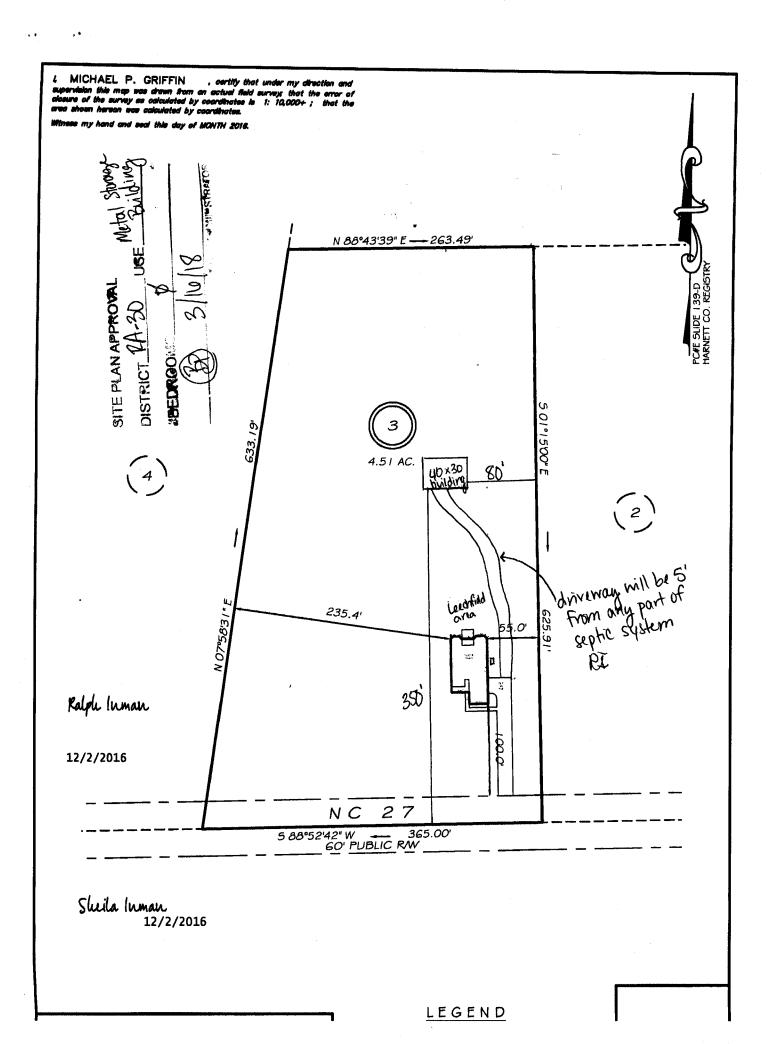
Affidavit for Worker's Compens The undersigned applicant being the:	ation N.C.G.S. 87-14
General Contractor Owner Offic	er/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s set forth in the permit:	), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wor	kers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	d workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their ow covering themselves.	n policy of workers' compensation insurance
Has no more than two (2) employees and no subcontra	ctors.
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work.	rage of worker's compensation insurance prio
Company or Name:	
Sign w/Title: (R) \l	Date: 4 mah 18

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.

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Rabel		19	April	810C
Signature of Owner/Con	ractor/Officer(s) of Corporation	Date	1	

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:					



NAME: INMAN	)		APPLICATION #:_	18-50043577
IF THE INFORMATION I PERMIT OR AUTHORIZ depending upon documenta 910-893-7525    Environmental H   • All property lines must be     • Place "orange out buildings,     • Place orange     • If property is t evaluation to be for failure to     • All lots to be for failure to     • After preparing 800 (after seleconfirmation n     • Use Click2Gov     Environmental H     • Follow above i     • Prepare for in possible) and     • After uncovering if multiple per given at end o	Department Application THIS APPLICATION IS ATION TO CONSTRUCT Sation submitted. (Complete option 1 lealth New Septic Systimons must be made clearly flagged approximate house corner flags" at swimming pools, etc. Fenvironmental Health of hickly wooded, Environmental Health of hickly wooded,	FALSIFIED, CHANGED, OF SHALL BECOME INVALID. site plan = 60 months; Completer Complete	Permit and/or Autland Rand The SITE IS ALTERED, The permit is valid for either the plat = without expiration) CONFIRMATION # Derty flags" on each conveen corners. Seed structure. Also flagille veloped at/for Central silve viewed from road to that you clean out the plat freely around site. Do infirmation. \$25.00 returns at 910-893-7525 option at 910-893-7525 option. Pleas	THEN THE IMPROVEMENT er 60 months or without expiration orner iron of lot. All property ag driveways, garages, decks, I Permitting. assist in locating property. Indergrowth to allow the soil on the grade property. In 1 to schedule and use code ealth inspection. Please note ag for permits.  Ites, and lift lid straight up (if mobile home park) I a select notification permit se note confirmation number
SEPTIC If applying for authorization	ion to construct please indi	icate desired system type(s):	can be ranked in order of p	preference, must choose one.
{} Accepted {} Alternative	{}} Innovative {}} Other	{}} Conventional	{}} Any	
		nent upon submittal of this a ATTACH SUPPORTING		ollowing apply to the property in
{_}}YES {}NO	Does the site contain a	ny Jurisdictional Wetlands?		
{_}}YES {_} NO	Do you plan to have an	<u>irrigation system</u> now or ir	the future?	
{_}}YES {}NO \	Does or will the building	ng contain any <u>drains</u> ? Pleas	se explain	
{}}YES	Are there any existing	wells, springs, waterlines or	Wastewater Systems on	this property?
{_}}YES {} NØ	Is any wastewater goin	g to be generated on the site	other than domestic sew	rage?
{_}}YES {}NO	Is the site subject to ap	proval by any other Public A	Agency?	
{_}}YES {_/} NO	Are there any Easemen	nts or Right of Ways on this	property?	
{_}}YES _{} NO	Does the site contain a	ny existing water, cable, pho	one or underground electr	ric lines?
/	I6	hite at 800 622 4040 to 1	and the times with the time.	

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE DATE

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: BPETRICH Type: CP Drawer: 1
Date: 3/16/18 51 Receipt no: 292490

Year Number 2018 50043577 7100 NC 27 W LILLINGTON, NC 27546 R4 BP - ENV HEALTH FEES Amount

\$100.00

RALPH INMAN

Tender detail CP CREDIT CARD Total tendered Total payment \$100.00 \$100.00 \$100.00

Trans date: 3/16/18 Time: 14:17:28

\*\* THANK YOU FOR YOUR PAYMENT \*\*

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JBROCK
Type: CP Drawer: 1
Date: 5/04/18 52 Receipt no: 342488

2018 50043577 7100 NC 27 W LILLINGTON Amount LILLINGTON, NC 27546 B1 BP - PERMIT FEES

DET METAL GARAGE

\$395.00

RALPH INMAN

fender detail CP CREDIT CARD Total tendered Total payment \$305.00 \$305.00 \$305.00

Trans date: 5/04/18 Time: 13:42:24

\*\* THANK YOU FOR YOUR PAYMENT \*\*

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Oper: BPETRICH Type: CP Drawer: 1
Date: 3/16/18 51 Receipt no: 292490

7ear Number 2018 50043577 7180 NC 27 W LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES Year Humber Amount

\$100.00

EXISTING TANK

RALPH INMAN

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