

09/09/11

Application #

38023

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 Melanie Johnson Date \_\_\_\_\_

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

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

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

Description of Proposed Work 20x20 Deck # of Bedrooms \_\_\_\_\_

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

**General Contractor Information**

Melanie Johnson  
Building Contractor s Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

8/5/16  
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 Melanie Johnson

Date 8/5/16

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 . . . . . 16-50038023 Date 8/05/16  
Intersection . . . . .  
Property Address . . . . . 516 C W JOHNSON LN  
PARCEL NUMBER . . . . . 10-0567- - -0016- -04-  
Application type description CP MODULAR HOME  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20R

Owner Contractor  
-----  
JOHNSON RANDY C & MELANIE B RAVEN ROCK MOBILE HOME MOVER  
516 C W JOHNSON LANE 3335 NC 87 HWY.  
LILLINGTON NC 27546 SANFORD NC 27332  
(919) 775-3600

Applicant  
-----  
JOHNSON RANDY C  
JOHNSON MELANIE B  
516 C W JOHNSON LN  
LILLINGTON NC 27546  
(919) 902-8296

--- Structure Information 000 000 76X30.4 3BDR MOD W/ 12X24 F.PORCH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

-----  
Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . 20X20 DECK ADDITION  
Phone Access Code . 1152073  
Issue Date . . . . . 8/05/16 Valuation . . . . . 0  
Expiration Date . . 8/05/17

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Special Notes and Comments  
T/S: 02/16/2016 03:18 PM JBROCK ----  
LEFT ON TITAN ROBERTS RD R ONTO C W  
JOHNSON LN ALL THE WAY BACK

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\_\_\_\_\_  
\_\_\_\_\_

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___