

Initial Application Date: 7/18/17

Application # 1750041863

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: Donna Holt Phillip Faulk Mailing Address: 2581 Barbecue Ch Rd  
 City: SANFORD State: NC Zip: 27332 Contact No: 919 842 2814 Email: phillip@ptfaulk.com  
 APPLICANT: Donna Holt Phillip Faulk Mailing Address: 2581 Barbecue Ch Rd  
 City: SANFORD State: NC Zip: 27332 Contact No: 919 842 -2814 Email: phillip@ptfaulk.com

CONTACT NAME APPLYING IN OFFICE: Phillip Faulk Phone # 919-842-2814

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 13.98  
 State Road # 209 State Road Name: Barbecue Church Rd Map Book & Page 2004, 217  
 Parcel: 03 9578 006 PIN: 9578-03-5812.000  
 Zoning: R200 Flood Zone: X Watershed: NA Deed Book & Page: 1911 / 3 Power Company\*: \_\_\_\_\_  
 \*New structures with Progress Energy as service provider need to supply premise number 11 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)
- 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 38 x 67) Use: Storage Add. Residential Only 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: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>51.8</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>72.2</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: Storage shop  
animal storage / garage /  
farm storage

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Phillip Faulk  
Signature of Owner or Owner's Agent

7-18-17  
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 GIS



## LEGEND



Recycle\_Center



Landfills



Surrounding County Boundaries



Federal Property

SITE PLAN APPROVAL

DISTRICT RA20R USE Storage

**2**

#BEDROOMS

2/18/17

Date

Planning Administrator



1 inch = 100 feet

Harnett County GIS

GIS/E-911 Addressing

July 18, 2017

NAME: Phillip Faulk

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System Code 800**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. animal wash  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

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.**

Phillip Faulk  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-18-17  
DATE

STATE OF NORTH CAROLINA  
COUNTY OF LEE

17E 175

LAST WILL AND TESTAMENT

OF

DONNA S. HOLT

FILED  
2007 MAR -3 AM 10:25  
REGISTERED COUNTY CLERK

I, DONNA S. HOLT, being of sound mind, but considering the uncertainty of my earthly existence, do hereby make, publish and declare this to be my Last Will and Testament, in the manner and form as follows:

ITEM I

My Executor, or Alternate Executrix, whichever the case may be, is directed to pay all just debts owed by me at the time of my death, including taxes, funeral expenses and costs of administration.

ITEM II

I will, devise and bequeath all of the property owned by me at the time of my death to my husband, GARY L. HOLT, absolutely and in fee simple.

ITEM III

In the event, however, that my husband, GARY L. HOLT, should predecease me, or that we should die as the result of a common disaster, then in either of said events, I will, devise and bequeath all of the property owned by me at the time of my death to my daughter, LISA H. FAULK, absolutely and in fee simple.

ITEM IV

I hereby designate my husband, GARY L. HOLT, as Executor of my Will, to serve without bond. In the event, however, that my husband, GARY L. HOLT, should predecease me or be unable to serve, I designate my daughter, LISA H. FAULK, as Alternate Executrix of my Will, also to serve without bond. I do give and grant unto my Executor or Alternate Executrix, whichever the case may be, the power and authority to sell any property, both real and personal, at either public or private sale without any Order of Court.

IN TESTIMONY WHEREOF, I do hereunto set my hand and seal, this 28th day of November, 1989.

*Donna S. Holt*

DONNA S. HOLT

(SEAL)

SEYMOUR  
&  
SEYMOUR  
ATTORNEYS AT LAW  
SARASOTA, FLORIDA

The foregoing instrument was signed, sealed, published and declared by DONNA S. HOLT, to be her Last Will and Testament, in our presence, and we at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 28th day of November, 1989.

Melissa D. Butler residing at Darford, N.C.  
WITNESS

W. W. Seymour, Jr. residing at Sanford, N.C.  
WITNESS

STATE OF NORTH CAROLINA  
COUNTY OF LEE

Before me, the undersigned authority, on this day personally appeared DONNA S. HOLT, Testatrix, and Melissa D. Butler, and W. W. Seymour, Jr., witnesses respectively whose names are signed to the foregoing instrument, and all of these persons being by me first duly sworn, DONNA S. HOLT, the Testatrix, declared to me and to the witnesses in my presence that the instrument is her Will and that she had willingly signed or directed another to sign for her, and that she executed it as her free and voluntary act for the purposes therein expressed; and each of the witnesses state to me, in the presence and hearing of the Testatrix, that they signed the Will as witnesses and that to the best of their knowledge, the Testatrix was eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Donna S. Holt  
Donna S. Holt, Testatrix

Melissa D. Butler  
Witness

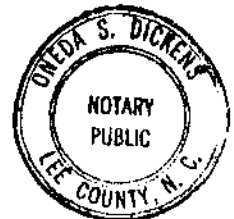
W. W. Seymour, Jr.  
Witness

Subscribed, sworn and acknowledged before me by DONNA S. HOLT, the Testatrix and sworn to before me by Melissa D. Butler, and W. W. Seymour, Jr. witnesses, the 28th day of November, 1989.

Oneda S. Dickens  
Notary Public

My Commission Expires: October 25, 1991

SEYMOUR  
&  
SEYMOUR  
ATTORNEYS AT LAW  
SANFORD, N. C.



**STATE OF NORTH CAROLINA**  
**CERTIFICATE OF VITAL RECORD**

**HARNETT COUNTY**  
**OFFICE OF REGISTER OF DEEDS**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 N.C. VITAL RECORDS  
**CERTIFICATE OF DEATH**

75

REGISTRATION DISTRICT NO. <b>043</b>	LOCAL NO. <b>00</b>	COUNTY OF DEATH <b>HARNETT</b>	STATE FILE NO. <b>75</b>
1. DECEASED'S LEGAL NAME 1a. FIRST: <b>Donna</b> 1b. MIDDLE: <b>Janet</b> 1c. LAST: <b>Holt</b>		1d. SUFFIX: <b>Scott</b> 1e. LAST NAME PRIOR TO FIRST MARRIAGE:	
2. SEX: <b>F</b>	3. AGE: <b>82</b>	4. DATE OF BIRTH (Month/Day/Year): <b>April 28, 1934</b>	5. BIRTHPLACE (County/State or Foreign Country): <b>Bartholomew, IN</b>
6. DATE OF DEATH (Month/Day/Year): <b>February 11, 2017</b>			
7. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): <b>2641 Barbecue Church Road</b>			
8. CITY OR TOWN: <b>Sanford</b>		9. COUNTY OF DEATH: <b>Harnett</b>	
10. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown 10a. SURVIVING SPOUSE (Give name prior to first marriage): 10b. DECEASED'S USUAL OCCUPATION (Do not use retired): <b>Bookkeeper</b>		10c. KIND OF BUSINESS/INDUSTRY: <b>Insurance Agency</b>	
11. SOCIAL SECURITY NUMBER: <b>244-42-5286</b>		12. RESIDENCE - STATE OR FOREIGN COUNTRY: <b>NC</b>	
13a. CITY OR TOWN: <b>Sanford</b>		13b. COUNTY: <b>Harnett</b>	
13c. ZIP CODE: <b>27332</b>		13d. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MDiv, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)			
15. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese			
17. FATHER'S NAME (First, Middle, Last): <b>Ford M. Scott</b>		18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): <b>Genevieve Taylor</b>	
19. DECEASED'S NAME: <b>Lisa Paulk</b>		19b. RELATIONSHIP TO DECEASED: <b>Daughter</b>	
20a. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): <b>Cameron Grove Cemetery</b>	
20c. ADDRESS (Street and Number, City, State, Zip Code): <b>2581 Barbecue Church Road, Sanford, NC 27332</b>		20d. LOCATION (City or Town and State): <b>Sanford, NC</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR: <i>[Signature]</i>		21b. LICENSE NUMBER: <b>FSL 806</b>	
21c. NAME OF EMBALMER: <b>Ronald E. Boone</b>		21d. LICENSE NUMBER: <b>FSL 100</b>	
22. NAME AND ADDRESS OF FUNERAL HOME: <b>Bridges-Cameron Funeral Home, Inc., 600 West Main Street, Sanford, NC 27332</b>			
23. Part I: Enter the clinical details (of disease, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation unless showing the underlying cause in Part II. Enter only one cause on a line. DO NOT ABBREVIATE. Approximate Interval Onset to death.			
IMMEDIATE CAUSE (First disease or condition resulting in death): <b>Arteriosclerotic Coronary Artery Disease</b> Sequence of conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST: b. <b>Myocardial Infarction</b> c. <b>Chronic Arterial Hypertension</b> d. <b>Diabetes Mellitus</b>			
24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26b. IF YES: <input type="checkbox"/> Declared by Medical Examiner		27. TIME OF DEATH (Approximate):	
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
30. DATE PRONOUNCED (Month/Day/Year):		31a. DATE OF INJURY (Month/Day/Year):	
31b. TIME OF INJURY:		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	
32. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician/nurse/practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, or my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
33a. SIGNATURE AND TITLE OF CERTIFIER: <i>[Signature]</i>		33b. LICENSE NUMBER: <b>NC 34424</b>	
33c. DATE SIGNED (Month/Day/Year): <b>2/17/2017</b>		33d. DATE REGISTERED BY STATE:	
34. FOR LOCAL REGISTRAR (Name): <b>Betty Shroemel, Deputy</b>		35. DATE FILED (Month/Day/Year): <b>02-22-2017</b>	
36. DATE CONNECTED (Month/Day/Year):		37. ITEM(S) CONNECTED:	
38. DATE AMENDED (Month/Day/Year):		39. ITEM(S) AMENDED:	

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 This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Kimberly S. Hargrove  
 Register of Deeds  
 Harnett County

043-1038547

Witness my hand and official seal  
 this the 22nd day of Feb, 2017

By: *[Signature]*  
 Deputy Register of Deeds

DHS-3914 (REVISED 8/15/16) VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.



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 Phillip Faulk Date 7-18-17  
Site Address 2581 Barbecue Ch Rd Phone 919 842 2814  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work shop Bldg # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Phillip Faulk  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
2581 Barbecue Ch Rd  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wire Shop Service Size 200 Amps T-Pole Yes  No  
P.R. Faulk Electric  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone 919-842-2814  
3103 Hal Siler Dr  
Address \_\_\_\_\_ Email Address phillip@prfaulkelectric.com

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 0  
919 842 2814  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address phillip@prfaulkelectric.com

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

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

7-18-17  
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 P.R. Faulk Electric

Sign w/Title Phillip Faulk Date 7-18-17