

09/09/11

Application #

43417

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 _____ 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 _____

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

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

4-6-2018
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 _____

Application Number	18-50043417	Page	2
Property Address	95086 *UNASSIGNED	Date	4/06/18
PARCEL NUMBER	07-0690-15-01-0014- -04-		
Application description	CP FARM BUILDING/ETC.		
Subdivision Name	DAYWOOD LANGDON		
Property Zoning	COATS		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL PLUMBING PERMIT					
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	315	P315	R*PLUMB HW HEATER	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Application Number 18-50043417 Date 4/06/18
Property Address 95086 *UNASSIGNED
PARCEL NUMBER 07-0690-15-01-0014- -04-
Application type description CP FARM BUILDING/ETC.
Subdivision Name DAYWOOD LANGDON
Property Zoning COATS

Owner Contractor

WILKINS JOSEPH & THERESA OWNER
345 KINNIS CREEK DRIVE
ANGIER NC 27501
(919) 639-4847

Applicant

WILKINS TERESA
345 KINNIS CREEK DR
ANGIER NC 27501
(919) 754-7057

--- Structure Information 000 000 72X60 BARN W/BATHROOM/ELECTRICAL*FARM**
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE BARN
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTY

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code 1237197
Issue Date 4/06/18 Valuation 0
Expiration Date 4/06/19

Permit RESIDENTIAL PLUMBING PERMIT
Additional desc
Phone Access Code 1237205
Issue Date 4/06/18 Valuation 0
Expiration Date 4/06/19

Special Notes and Comments
T/S: 02/28/2018 10:53 AM DJOHNSON --
TAKE 421 TO 27 TO 55 THEN LEFT ON 55
1/2 MILES ON THE RIGHT.

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 4/06/18 53 Receipt no: 312160

Year	Number	Amount
2018	50043417	
95086	*UNASSIGNED	
COATS, NC	27521	
B1	BP - PERMIT FEES	\$110.00
PLUMB & ELECTRICAL		

JOSEPH & THERESA WILKINS

Tender detail		
CK CHECK PAYMEN	3697	\$110.00
Total tendered		\$110.00
Total payment		\$110.00

Trans date: 4/06/18 Time: 10:14:53

** THANK YOU FOR YOUR PAYMENT **