

Application # 30907

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Chad Glasgow Phone: 814-598-1526
Owner (s) Mailing Address: P.O. Box 4512 Chapel Hill, NC 27515

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I _____ will provide the _____ labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

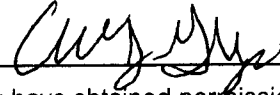
Contractor's Company Name

Telephone

Address

Email Address

License #

Structure Owner / Contractor Signature:  Date: 9-9-15

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

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	15-50036907	Date	9/09/15
Property Address	58 BUCKHORN FARMS LN		
PARCEL NUMBER	05-0625- - -0021- -08-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	T W TRUELOVE ESTATE		
Property Zoning	RES/AGRI DIST - RA-20M		

Owner

Contractor

GLASGOW CHAD & EGGERS KRISTEN
1003 ALSTON VILLAGE LANE
CARY NC 27519

OWNER

Applicant

GLASGOW CHAD
1003 ALSTON VILLAGE LANE
CARY NC 27519

--- Structure Information	000 000	51X56 3BD PATIO SCREEN PORCH	SLAB
Flood Zone		FLOOD ZONE X	
Other struct info		# BEDROOMS	3.00
		PROPOSED USE	SFD
		SEPTIC - EXISTING?	NEW SEPTIC
		WATER SUPPLY	COUNTY

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc	WATER TAP CONNECTION		
Phone Access Code	1107713		
Issue Date	9/09/15	Valuation	0
Expiration Date	9/08/16		

Special Notes and Comments

T/S: 08/18/2015 01:09 PM KGOINS ----
 210 T/L ONTO 401 T/L ONTO CHRISTIAN
 LIGHT ROAD T/L ONTO COKESBURY RD T/L
 ONTO BALL RD T/R ONTO 42 BUCKHORN FARMS
 WILL BE ON THE LEFT
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations