

Initial Application Date: 4-4-16

Application # 16-50038391

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: Michael Shean Mailing Address: 711 Gardner Rd  
City: Angier State: NC Zip: 27501 Contact No: 919-427-3313 Email: Oldharley61Man@aol.com

APPLICANT\*: same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Michael Shean Phone # 919-427-3313

PROPERTY LOCATION: Subdivision: 327 Antioch Church Rd, Erwin Lot #: 4A Lot Size: 1.44Ac  
State Road # NCSR 1735 State Road Name: Antioch Church Rd Map Book & Page: 2016/75  
Parcel: 060 ISOLE DOLEY PIN: 0596-97-0689-000  
Zoning: R-10 Flood Zone: NO Watershed: NA Deed Book & Page: 3370, 588 Power Company\*: Duke Energy  
Erwin  
New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

- SFD: (Size 68 x 40) # Bedrooms: 1 # Baths: 1 Basement(w/wo bath): \_\_\_\_\_ Garage: X Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Monolithic Slab: X  
(Is the bonus room finished? ( ) yes (X) 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 \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply: \_\_\_\_\_ County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well 2) \*Must have operable water before final

Sewage Supply: X 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 (X) no

Does the property contain any easements whether underground or overhead ( ) yes (X) no

Structures (existing or proposed): Single family dwellings: X Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks;**

Front	Minimum _____	Actual <u>86'</u>
Rear	_____	<u>40'</u>
Closest Side	_____	<u>75'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<u>NA</u>	_____

Comments: 4A

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 towards Dunn right on  
N 13<sup>th</sup> st. thru town, left on Iris Bryant Rd. (82)  
Iris Bryant turns into Antioch church Rd. Lots on  
left.

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.

Michael Shean 4/2/16  
Signature of Owner or Owner's Agent 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\*\*



**Town of Erwin**  
**Zoning Application & Permit**  
Planning & Inspections Department · 100 West F St., Erwin, NC 28339  
V 910-897-5140 · Fax 910-897-5543

Permit #

Rev Mar2015

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Michael Shean	Property Owner	
Home Address	711 Gardner Rd	Home Address	Same
City, State, Zip	Angier NC 27501	City, State, Zip	
Telephone	919-427-3313	Telephone	
Email	oldhasley@erwinnc.com	Email	

Address of Proposed Property	327 Antioch Church Rd Erwin NC		
Parcel Identification Number(s) (PIN)	0596-97 0689000	Estimated Project Cost	80,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	New single family home		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	Farm		
Does the Property Access DOT road?	Yes		
Number of dwelling/structures on the property already	0	Property/Parcel size	155 Acres
Floodplain SFHA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Watershed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Wetlands	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>MUST</b> circle one that applies to property	Existing/Proposed Septic System <input checked="" type="checkbox"/> Or Existing/Proposed County/City Sewer <input type="checkbox"/>		

**Owner/Applicant Must Read and Sign**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Michael Shean		4/5/16
Print Name	Signature of Owner or Representative	Date

**For Office Use**

Zoning District	R-10	Existing Nonconforming Uses or Features	
Front Yard Setback	35'	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	10'	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	35'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 10.00	Date Paid: 4-5-16
		Staff Initials: PAID	

Comments	
APR 05 2016	

Signature of Town Representative:	Date Approved/Denied: 4-5-16
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**TOWN OF ERWIN**  
ck#5884

STATEMENT  
are not  
100 year  
shown on  
COJ  
56

Environmental Health

and Dedication  
am the owner of the  
scribed herein,  
subdivision plat  
Erwin and that I  
of subdivisions with  
with minimum  
se noted, and  
as shown.

Owner  
Shean  
Angler, NC 27501

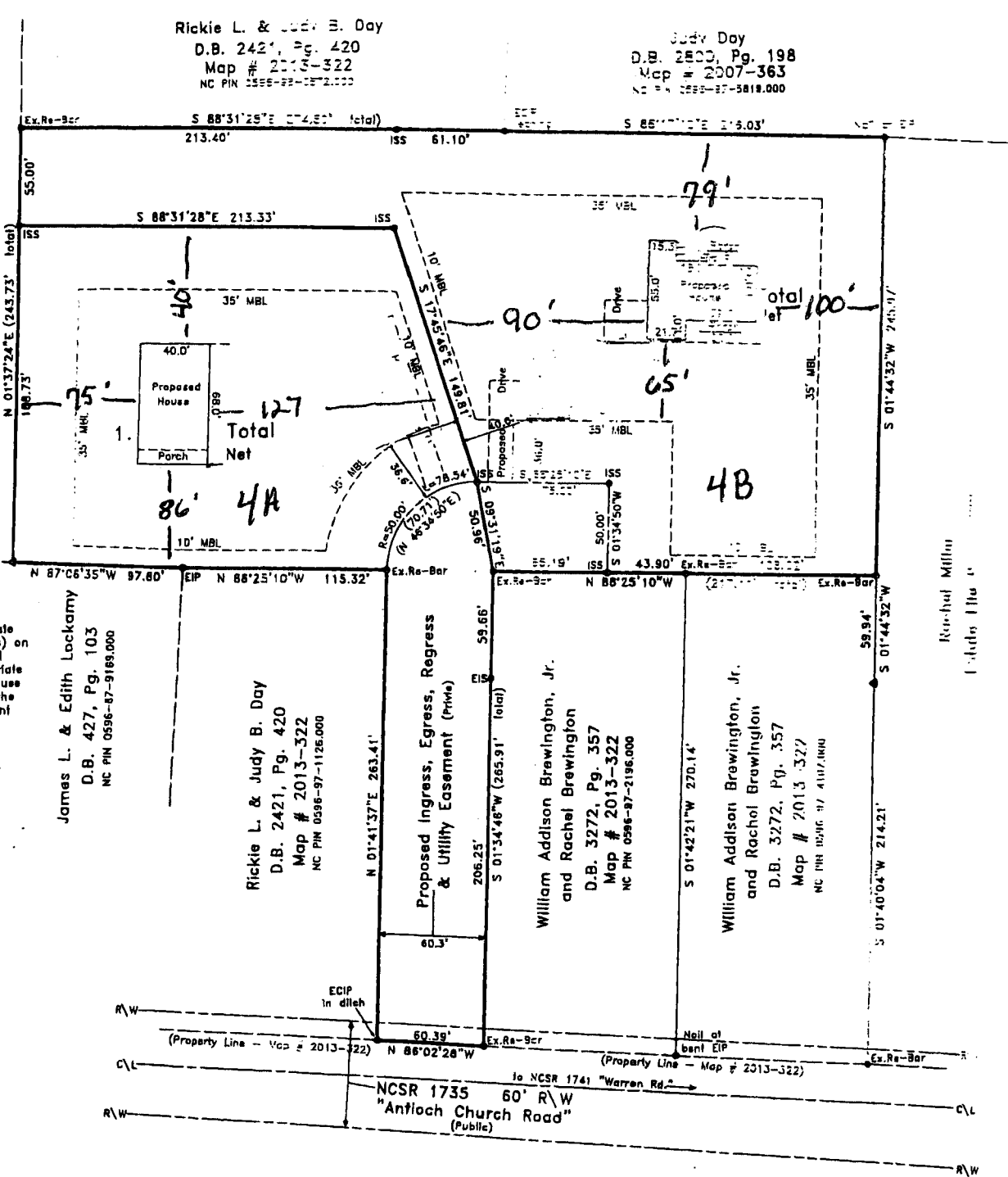
for Recording  
a subdivision plat shown  
to comply with the  
Town of Erwin,  
this plat has been  
in the Office of the  
Small County.

ator Date

E:

g Setbacks:  
Side: 10'

Review Officer of Harnett Co.,  
to which this certification is  
requirements for recording.



"Minor Subdivision" of 3.13 Acre  
Parcel 4 as shown on Map # 2013-322  
Deed Book 3370, Page 588

Revisions:	Map For: <b>Michael D. Shean</b>		STREAMLINE LAND SUR NC FIRM C-1898 870 NC 55 W, Coats, N Phone: 910-897-7715 Fax:	
	TOWNSHIP: Duke	COUNTY: Harnett	DATE: 2/9/2016	SURVEYED BY: R.E.
	STATE: NORTH CAROLINA	PID: 061506 0064	SCALE: 1" = 50'	DRAWN BY: M.G.G.
	NC PIN 0596-87-0689.000		FILE: DATA\0596\151217SH	

38391

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

Michael Shean (919) 427-3313  
 Applicant/Owner Phone Number  
711 Gardner Rd Angier NC 27501  
 Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

### PROPERTY INFORMATION

#### Proposed use of well

Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address 327-333 Antioch Church Rd Subdivision/Lot # 4A-4B  
 Parcel # 061506 0064 PIN # 0596-97-0689, 000

#### Directions to the Site

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

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

*I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.*

Michael Shean 4/2/16  
 Property Owner's or Owner's Legal Representative Signature Required Date

Rickie L. & Judy B. Day  
 D.B. 2421, Pg. 420  
 Map # 2013-322  
 NC PIN 0596-87-1126.000

Judy Day  
 D.B. 2800, Pg. 198  
 Map # 2007-363  
 NC PIN 0596-87-5819.000

Rudolph Jackson  
 D.B. 686, Pg. 826  
 NC PIN 0596-87-8824.000

STATEMENT  
 I am the owner of the land described herein, and I hereby certify that the subdivision shown on this map complies with the minimum requirements of the zoning ordinance of the Town of Erwin, and that this plot has been approved for recording in the Office of the Register of Deeds of Harnett County.

NOT available.

have been evaluated by a private professional engineer. In this review, it appears that lot(s) on this map comply with the minimum requirements of the zoning regulations. NOTE that final subdivision approval requires issuance of the appropriate zoning Department permits for specific use consistent with regulations in force at the time of this certification does not represent a guarantee for any site work.

Environmental Health

Ownership and Dedication  
 I am the owner of the land described herein, and I hereby certify that the subdivision shown on this map complies with the minimum requirements of the zoning ordinance of the Town of Erwin, and that this plot has been approved for recording in the Office of the Register of Deeds of Harnett County.

Owner  
 Michael D. Shean  
 1000 Road, Angler, NC 27501

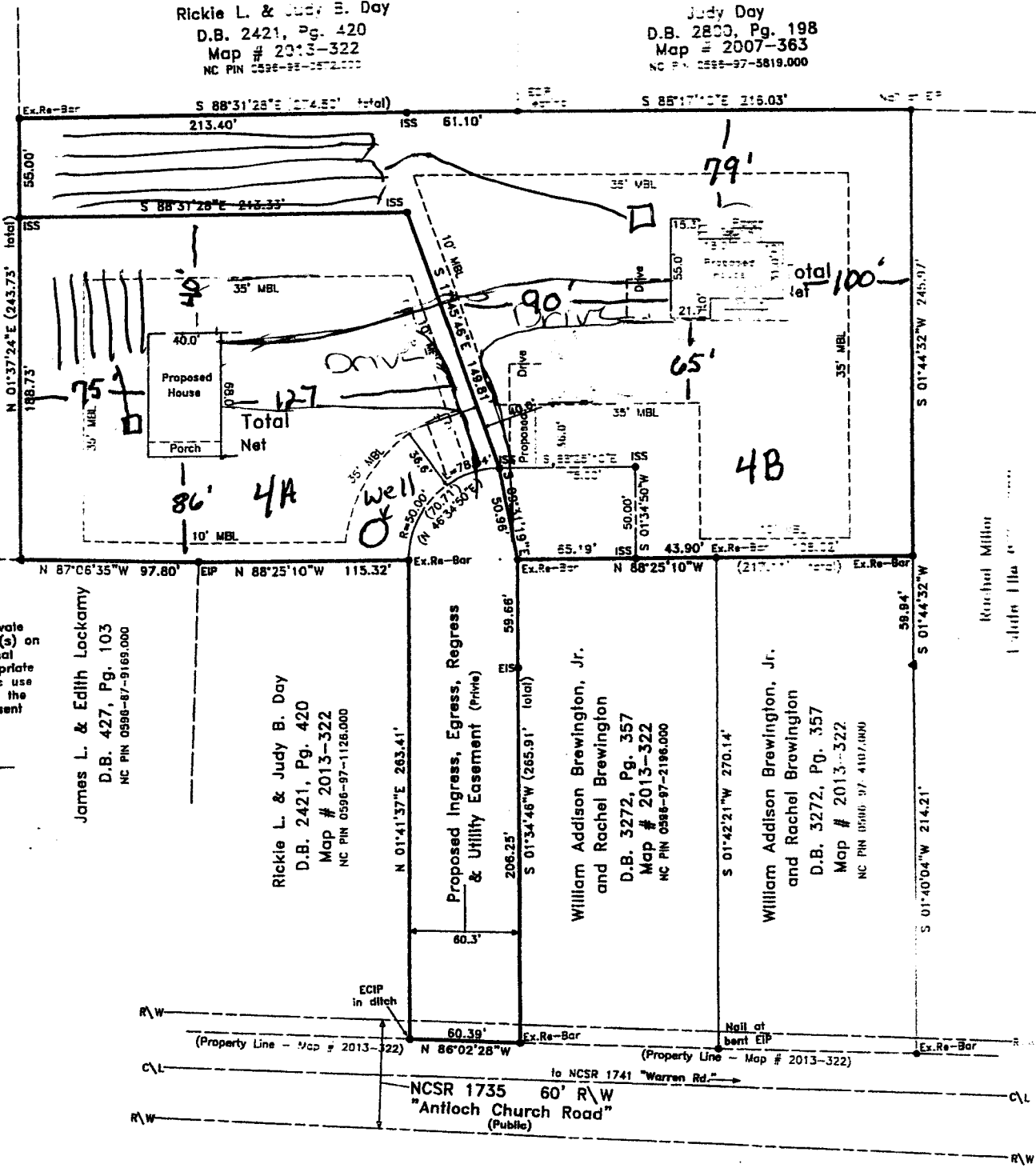
Approval for Recording  
 I hereby certify that the subdivision shown on this map complies with the minimum requirements of the zoning ordinance of the Town of Erwin, and that this plot has been approved for recording in the Office of the Register of Deeds of Harnett County.

Administrator Date  
 Carolina

NOTE:

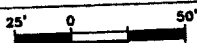
Building Setbacks:  
 Front: 35' Side: 10'

Review Officer of Harnett County  
 I hereby certify that this subdivision complies with the minimum requirements for recording.



"Minor Subdivision" of 3.13 Acre  
 Parcel 4 as shown on Map # 2013-322  
 Deed Book 3370, Page 588

Revisions:		Map For: <b>Michael D. Shean</b>		<b>STREAMLINE LAND SUR</b> NC FIRM C-1898 870 NC 55 W, Coats, N Phone: 910-897-7715 Fax:	
TOWNSHIP: Duke		COUNTY: Harnett		DATE: 2/9/2016	SURVEYED BY: R.E.
STATE: NORTH CAROLINA		PID: 061506 0064		SCALE: 1" = 50'	DRAWN BY: M.G.G.
NC PIN 0596-87-0689.000		FILE: DATA\0596\151217SH			



NAME: \_\_\_\_\_

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. \_\_\_\_\_
- 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.

Michael Shean  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-4-16  
DATE

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 . . . . . 16-50038391 Date 4/27/16  
 Property Address . . . . . 327 ANTIOCH CHURCH RD  
 PARCEL NUMBER . . . . . 06-1506- - -0064- - -  
 Application type description CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . .  
 Property Zoning . . . . . ERWIN

Owner

Contractor

-----

SHEAN MICHAEL D  
 711 GARDNER RD  
 ANGIER NC 27501

OWNER

Applicant

-----

SHEAN MIKE  
 711 GARDNER RD  
 ANGIER NC 27501  
 (919) 427-3313

--- Structure Information 000 000 68X40 1BDR MONO W/ GARAGE  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 1000000.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW TANK  
 WATER SUPPLY COUNTY

-----  
Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . .

Phone Access Code . 1137173

Issue Date . . . . . 4/27/16

Valuation . . . . . 0

Expiration Date . . 4/27/17

-----  
Special Notes and Comments

T/S: 04/04/2016 03:20 PM JBROCK ----  
 421 S TO ERWIN R ON N 13TH ST THEN L ON  
 IRIS BRYANT RD SPLIT GO STRAIGHT IS  
 ANTIOCH CHURCH RD ON LEFT  
 XXX  
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
 INSULATION AND LAND USE.  
 XXX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

-----

\_\_\_\_\_

\_\_\_\_\_



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.

Page 2  
Date 4/27/16

Application Number . . . . . 16-50038391  
Property Address . . . . . 327 ANTIOCH CHURCH RD  
PARCEL NUMBER . . . . . 06-1506- - -0064- - -  
Application description . . . CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . .  
Property Zoning . . . . . ERWIN

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .  
Phone Access Code . . . 1137173

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
10-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
30-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
30-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
30-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
30-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
30-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
40-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
40-60	131	R131	ONE TRADE FINAL	_____	___/___/___
40-60	329	R329	THREE TRADE FINAL	_____	___/___/___
40-60	229	R229	TWO TRADE FINAL	_____	___/___/___
40-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

38391

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 Michael Shean Date 4/27/16  
Site Address 133 Antiock Church Rd. Erwin Phone 919-427-3313  
Directions to job site from Lillington 421 Towards Erwin Right on Main St  
Left C IGA Right on Warren Rd Right on Antiock  
Church Rd 327 on Right  
Subdivision \_\_\_\_\_ Lot 4A  
Description of Proposed Work SFD # of Bedrooms 1  
Heated SF 800 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**  
Building Contractor's Company Name Michael Shean Telephone 919 427-3313  
Address 711 Gardner Rd Angier NC 27501 Email Address oldsharkeyblman@aol.com  
License # \_\_\_\_\_

**Electrical Contractor Information**  
Description of Work New home Service Size 200 Amps T-Pole  Yes  No  
Power Lines Electric Jones Electric Telephone 910-483-1188  
Electrical Contractor's Company Name \_\_\_\_\_  
Address PO Box 87185 Fayetteville Email Address \_\_\_\_\_  
3185L 28304  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**  
Description of Work Heat pump  
Certified Heating & Air Telephone 910-858-0000  
Mechanical Contractor's Company Name \_\_\_\_\_  
Address 207 David Parnell Parkton 28371 Email Address \_\_\_\_\_  
20012 group 3 class-1  
License # \_\_\_\_\_

**Plumbing Contractor Information**  
Description of Work Dell Haire Plumbing LLC # Baths 2  
Dell Haire Plumbing LLC Telephone 910-229-5964  
Plumbing Contractor's Company Name \_\_\_\_\_  
Address 620 Gillispie St. Fayetteville 28304 Email Address \_\_\_\_\_  
32866 P-1  
License # \_\_\_\_\_

**Insulation Contractor Information**  
Insulation Contractor's Company Name & Address A-1 insulation Telephone 910-850-3462

\*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

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

\_\_\_\_\_  
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

Michael Shear

Sign w/Title

MS

Date

4/22/16

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 457603

Filed on: 04/27/2016

Initially filed by: jsbuilders

### Designated Lien Agent

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh,  
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

### Project Property

Lot 4A  
327 Antioch Church Road  
Erwin, NC 28339  
Harnett County

### Property Type

1-2 Family Dwelling

### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

### Owner Information

Mike Shean  
711 Gardener Road  
Angier, NC 27501  
United States  
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Phone: 910-850-0508

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # B4

Date 4-4-16

Job Name Shean

App # 38391

Valuation <sup>#</sup> 136000

SQ Feet 800

Garage 1600

= 2400

Inspections for SFD/SFA

Crawl \_\_\_\_\_

Slab \_\_\_\_\_

Mono  \_\_\_\_\_

Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey \_\_\_\_\_

Envir. Health  \_\_\_\_\_

Other \_\_\_\_\_

.....

Additions / Other

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

76800