

09/09/11

Application #

43461

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 \_\_\_\_\_

OWNER  
= CALE  
BARNES

**General Contractor Information**

owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone 919-464-9464

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

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work HARTE POOL & WIRING Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
POOL INSTALL

Electrical Contractor's Company Name \_\_\_\_\_ Telephone 919-605-3612

Address WILLOW SPRING, NC Email Address harte pool wiring and lighting@gmail.com

30707

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 # \_\_\_\_\_

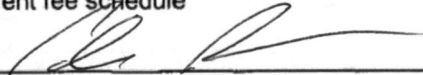
**Insulation Contractor Information**

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

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

5/14/18  
\_\_\_\_\_  
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 5/14/18

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Application Number . . . . .	18-50043461	Page	3
Property Address . . . . .	235 SWAN LN	Date	5/14/18
PARCEL NUMBER . . . . .	04-0692- - -0006- -16-		
PIN . . . . .	0692-28-5285.000		
Application description . . . . .	CP SWIMMING POOL		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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Permit type . . . . . RESIDENTIAL BUILDING PERMIT					
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
999	229	R229	TWO TRADE FINAL	_____	__/__/__
999	225	R225	TWO TRADE ROUGH IN	_____	__/__/__
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__
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	_____	__/__/__

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

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Application Number . . . . . 18-50043461 Date 5/14/18  
Property Address . . . . . 235 SWAN LN  
PARCEL NUMBER . . . . . 04-0692- - -0006- -16-  
PIN . . . . . 0692-28-5285.000  
Application type description CP SWIMMING POOL  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner Contractor  
-----  
BARNES HAROLD C & KRISTI OWNER  
107 SKYLAR LANE  
FOUR OAKS NC 27524

Applicant  
-----  
BARNES HAROLD

--- Structure Information 000 000 30X37 INGROUND POOL W/PATIO  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE INGROUND POOL  
SEPTIC - EXISTING? EXISTING

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Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1242650  
Issue Date . . . . . 5/14/18 Valuation . . . . . 0  
Expiration Date . . . . . 5/14/19

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1242643  
Issue Date . . . . . 5/14/18 Valuation . . . . . 0  
Expiration Date . . . . . 11/10/18

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1242627  
Issue Date . . . . . 5/14/18 Valuation . . . . . 0  
Expiration Date . . . . . 5/14/19

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Special Notes and Comments  
T/S: 03/05/2018 01:20 PM BPETRICH --  
235 SWAN LANE ANGIER 27501  
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Application Number . . . . . 18-50043461

Page 2  
Date 5/14/18  
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Special Notes and Comments  
POPES LAKE #3

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\_\_\_\_\_  
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## HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS                      Type: CP    Drawer: 1  
Date: 5/14/18 53                  Receipt no: 356163

Year	Number	Amount
2018	50043461	
235 SWAN LN		
ANGIER, NC 27501		
B1	BP - PERMIT FEES	\$125.00
POOL		

HAROLD BARNES

Tender detail	
CA CASH PAYMENT	\$125.00
Total tendered	\$125.00
Total payment	\$125.00

Trans date: 5/14/18                  Time: 15:15:49

\*\* THANK YOU FOR YOUR PAYMENT \*\*