Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

## Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

38330

Application #

## <u>Application for Residential Building and Trades Permit</u>

Owner's Name	Date <u>5.20</u>
Site Address 1693 CALLACEDUNCAN RO	Phone
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	Crawl Space Slab
General Contractor Information	1
Building Confractor's Company Name	Telephone
	roophone
Address	Email Address
License # Electrical Contractor Information	n
Description of Work Service Size	
faffin	
Electrical Contractor s Company Name	Telephone
Address	Email Address
nuul 688	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Modifical Contractor's Company Name	i eleptione
Address	Email Address
icense #	_
Plumbing Contractor Information	
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
• · · · · · · · · · · · · · · · · · · ·	• <b>*</b> * • • • • • • • • • • • • • • • • • •
Address	Email Address
Inches M	
icense # Insulation Contractor Information	n
	<del>-</del>
nsulation Contractor's Company Name & Address	Telephone

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-ourrent fee schedule Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner General Contractor 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

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number . . . . . 16-50038330 Date 5/31/16 Property Address . . . . . . 1693 OAKRIDGE DUNCAN RD . . 05-0645- - -0202- -04-PARCEL NUMBER Application type description CP NEW STORAGE BLDG RESIDENTIAL Subdivision Name . . . . . P G TUTOR Property Zoning . . . . . RES/AGRI DIST - RA-30 Owner Contractor ------PIERCE PAUL & TERESA M OWNER 1695 OAKRIDGE DUNCAN RD FUQUAY VARINA NC 27526 Applicant ----PIERCE PAUL #1R 621 AFRON MEADOW LN CARY NC 27518 (919) 602-8539 --- Structure Information 000 000 10X16 PAVILION W/BATHROOM Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . # BEDROOMS PROPOSED USE .00 PAVILION/BTHROM SEPTIC - EXISTING? EXISTING WATER SUPPLY Permit . . . . . RESIDENTIAL BUILDING PERMIT Additional desc . . Additional desc . . Phone Access Code . 1142512 Issue Date . . . . 5/31/16
Expiration Date . . 5/31/17 Valuation . . . . Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1142520 Issue Date . . . 5/31/16 Valuation . . . . Expiration Date . . . 5/31/17 Permit . . . . . RESIDENTIAL INSULATION PERMIT Additional desc . . Phone Access Code . 1142553
Issue Date . . . 5/31/16
Expiration Date . . 5/31/17 Valuation . . . . \_\_\_\_\_\_ Permit . . . . . LAND USE PERMIT Additional desc . .

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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 Application Number . . . . . 16-50038330
Phone Access Code . 1142538 Date 5/31/16 Issue Date . . . . 5/31/16 Expiration Date . . 11/27/16 Valuation . . . . \_\_\_\_\_ Permit . . . . . RESIDENTIAL PLUMBING PERMIT Additional desc . . Phone Access Code . 1142546 Valuation . . . . 0 5/31/16 Issue Date . . . . 5/31/16
Expiration Date . . 5/31/17 Special Notes and Comments T/S: 11/10/2015 04:23 PM DJOHNSON --TAKE 42 TO DUNCAN. MAKE A LEFT ON OAKRIDGE DUNCAN RD PROPERTY IS ON RIGHT HAND SIDE T/S: 01/28/2016 03:12 PM DJOHNSON -- T/S: 01/29/2016 09:44 AM DJOHNSON --\*\*\*\*PREMISE NO 06020416\*\*\*\*\*\* PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State

and local laws, ordinances & regulations

	P.O. BOX LILLINGTO For Inspe	65 ON, NC ections	27546 S Call: (910) 893-7525 Fax: (910 Buled before 2pm available next b	) 893-2793 ousiness day	•
Pro PAR App Sub	perty Ado CEL NUMBI lication division	dress ER descri Name	16-50038330 1693 OAKRIDGE DUNCA 05-06450202- ption CP NEW STORAGE BLDG P G TUTOR RES/AGRI DIST - RA-	N RD -04- RESIDENTIA	5/31/16
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Seq	Phone Insp#		Description	Initials	Date
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Per	mit type		. RESIDENTIAL INSULATION PERMIT		
999	129	I129	R*INSULATION INSPECTION		_/_/_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65 LILLINGTON, NC For Inspection Bldg Insp sche	27546 s Call: (91	0) 893-7525	5 Fax: (910) lable next bu	893-2793 siness day.	
Application Numbe Property Address PARCEL NUMBER Application type Subdivision Name Property Zoning .	description	. 1695 OAF . 05-0645- CP NEW S . P G TUTO	KRIDGE DUNCAN 0202- STORAGE BLDG OR	RD -04- RESIDENTIAL	1/16
Owner		(	Contractor		
PIERCE PAUL & TER 1695 OAKRIDGE DUN FUQUAY VARINA	CAN RD		OWNER		
Applicant					
 PIERCE PAUL #1R 621 AFRON MEADOW : CARY (919) 602-8539 Structure Information	NC 27518	) 14X14 GA			
Flood Zone Other struct info				3.00	0
		PROPOSED U	JSE EXISTING?	3.00 GAZEBO EXISTING WELL	
 Permit	PESTDEN"	TAI. BIITI.DI	ING PERMIT		
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Special Notes and T/S: 11/10/2015		DJOHNSON -	· <del></del>		
 T/S: 11/10/2015	04:23 PM		 		

HARNETT COUNTY CENTRAL PERMITTING