

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: Adriana Montoya Phone: (919) 669-2069

Owner (s) Mailing Address: 6119 Poole Rd
Raleigh NC 27610

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 818 S. 13th St Erwin NC 28339

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done reconnect inspection

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: [Signature] Date: 02/05/2020

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**



Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep 2014

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	Timothy Hare	Property Owner	
Home Address	797 Main St.	Home Address	
City, State, Zip	Lillington NC 27546	City, State, Zip	Erwin, Va
Telephone	919 820 0429	Telephone	919 609-2069
Email		Email	

Address of Proposed Property	818 S 13th St. Erwin NC		
Parcel Identification Number(s) (PIN)	0597-51-0043	Estimated Project Cost	\$1,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	Car Wash		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	Car Wash		
Does the Property Access DOT road?	YES		
Number of dwelling/structures on the property already	1	Property/Parcel size	.09
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"/>		
MUST circle one that applies to property	Existing/Proposed Septic System Or Existing/Proposed <u>County/City Sewer</u>		

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.

Print Name	Timothy Hare	Signature of Owner or Representative	<i>[Signature]</i>	PAID	2-3-20
					Date

For Office Use

Zoning District	B2	Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	<input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback		Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 25.00	Date Paid: <input type="checkbox"/> Staff Initials: <input type="checkbox"/>

Comments	Existing Conditional Use permit to operate vehicle sales	
Signature of Town Representative:	Don Bonds	Date Approved/Denied: 2/5/2020

ONLY approved for a car wash per Timothy Vann Hare 88@gmail.com. I need electrical inspect this permit. Must follow all state regulations with water (see off. If you want to provide other services you will need to obtain approval from town. NO vehicle sales.

FORM 95 REV 11-64

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