

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

| Telephone | Insulation Contractor's Company Name & Address |
|--|--|
| | Insulation Contractor Information |
| License # | Signature of Owner/Contractor/Officer(s) of Corporation |
| Email Address | Address |
| Telephone | Plumbing Contractor's Company Name |
| # Ddd is | Descripation of whom |
| License # | Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work |
| Email Address | Address |
| Telephone | Mechanical Contractor's Company Name |
| # Units | Description of Work |
| 6 | Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost \$ |
| C (| S.S. |
| | ontractor's C |
| Amps #T-Poles | 200 |
| | Contractor/Officer(s) of Contractor/Officer(s) of Contractor Informactor Infor |
| Email Address | |
| car by hear 40 (by choo, com | 125 whisperia Pina Dr Spring Leke MC28390 |
| 9(0-8)4-2623 | Avacas Cal Day |
| shatt use | Description of Proposed Work: Taskell 1990 + Calle 1990 General Contractor Information: Building Cost \$ |
| 8290 Phone: 919-454-4610 | Rd. Spris Lake NC 7 |
| Date: | Owner's Name: Ancherson Con Con Club Academy |
| The state of the s | COMMERCIAL |
| itting | pany name & phone must match PO Box 65 Lillington, NC 27546 1010-803-7525 Fav 210-803-7539 www.hamatt conformits |
| | contractor. Address. |

*NOTE: General Contractor must fill out and sign the second page of this application

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| carrying out the work. |
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| 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 |
| Has no more than two (2) employees and no subcontractors. |
| Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves. |
| Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them. |
| Has three (3) or more employees and has obtained workers' compensation insurance to cover them. |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: |
| General Contractor Owner Officer/Agent of the Contractor or Owner |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: |
| Signature of Owner/Contractor/Officer(s) of Corporation Date |
| is charged at full price per current/fee schedule. 8-10-2420 |
| changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Expired Permit Coss - 6 months to 3 years permit to leave foo is \$150.00 After 3 years to leave foo |
| 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 if <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use |
| Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No |
| Signature of Officer(s) of Corporation License # |
| Address Email Address |
| Fire Alarm Contractor's Company Name |
| Signature of Officer(s) of Corporation Fire Alarm Contractor Information |
| Address Email Address |
| Sprinkler Contractor's Company Name Telephone |
| Sprinkler Contractor Information |
| |

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| se work more any persons, min or corporation | it is understood that the Central Permitting verage of worker's compensation insurance prior | tractors. | own policy of workers' compensation insurance | ned workers' compensation insurance to cover | vorkers' compensation insurance to cover them. | fficer/Agent of the Contractor or Owner n(s), firm(s) or corporation(s) performing the work | nsation N.C.G.S. 87-14 | 8-10-2420 Date | e fee is \$150.00. After 2 years re-issue fee | y application, that the application is correct in the Building, Electrical, Plumbing and ince. I state the information on the above occur including listed contractors, site plan, ital Health permit changes or proposed use tt County Central Permitting Department of | License # Driveway Access/Permit? Yes No | Email Address | Telephone | License # | Email Address | Telephone | r Information | N T Y |
|--|--|-----------|---|--|--|---|------------------------|-------------------|---|--|---|---------------|-----------|-----------|---------------|-----------|---------------|-------|
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| | Signature of Owner or Owner's Agent Date |
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| | 8-10-2020 |
| | I hereby state that foregoing statements are apparate apparate to the best of my knowledge. Permit subject to revocation if false information is provided. |
| nitted. | 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. |
| | |
| | Comments: |
| | ply:New Septic Tank Expansion (Complete Environmental Health Checklist |
| | Water Supply:CountyExisting Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) |
| | of Accessory/Addition/Other (Size 40 x11.8) use: Temperary Office / School hat / Shaft only |
| | □ Church Seating Capacity: #Bathrooms: Kitchen: Kitchen: |
| | □ Industry Sq. Ft:Type:# Employees:Hours of Operation: |
| | □ Daycare #Preschoolers: #Afterschoolers: #Employees: Hours of Operation: |
| | Business Sq. Ft. Retail Space:Type:#Employees:Hours of Operation: |
| | PROPOSED USE: Multi-Family Dwelling No. Units:No. Bedrooms/Unit: |
| | Zoning: RAZAR Watershed: Flood: Deed Book Page: 3192 / 651. Setbacks - Front: 35 Back: 75 Side: 10 Corner: |
| | Address: 4940 Ray Rol Spring loke NC COMPIN: 0505-66-8036 |
| | City: State: Zip: Contact # Email: Email: *Please fill out applicant information if different than landowner |
| .8 | APPLICANT: Same as above Mailing Address: |
| | COUNTY OF HARNETT LAND USE APPLICATION Control Permitting (Physical) 108 E. Front Street, Lilington, NC 27548 (Mailing) PO Box 65 Lillington NC 27548 Phone: (910) 893-7525 opt #2 Fax: (910) 893-2793 www.harnett.org/permits LANDOWNER: Address: 4970 Land 24 |
| | Initial Application Date: 8-(0-2020 Application # |

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
RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

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