

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: Alexander Lockamy Phone: (910) 658-5206

Owner (s) Mailing Address: 194 Roosevelt Rd
Erwin, NC 28339

Land Owner Name (s): Same Phone: _____

Construction or Site Address: Same

PIN # 0587-90-3227.000 Parcel # 120586 0015

Job Cost: _____ Description of Work to be done srvc Reconnect

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 # _____

X Structure Owner / Contractor Signature: Alexander Lockamy Date: 12/31/18

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**



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #

Rev Sep2014

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	ALEXANDER LOCKAMY	Property Owner	SAME
Home Address	194 ROOSEVELT RD.	Home Address	
City, State, Zip	ERWIN NC, 28339	City, State, Zip	
Telephone	910-658-5206	Telephone	
Email	Alexander.Lockamy@erwinnc.gov	Email	

Address of Proposed Property	194 ROOSEVELT RD. ERWIN NC. 28339		
Parcel Identification Number(s) (PIN)	0587-90-3227	Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	NOTHING, HOUSE CATERED ON FIRE, BURN SAME ELECTRICAL WIRING, NEED ELECTRICAL PERMIT, TO RECONNECT W/ WIRE		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	residential		
Does the Property Access DOT road?	yes		
Number of dwelling/structures on the property already	1	Property/Parcel size	.46
Floodplain SFHA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MUST circle one that applies to property	Existing/Proposed Septic System <input type="checkbox"/> Or Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>		

500
yr.
Flood
plain

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.

		12/31/18
Print Name ALEXANDER LOCKAMY	Signature of Owner or Representative	Date

For Office Use

Zoning District	RD	Existing Nonconforming Uses or Features	
Front Yard Setback	40-40'	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	12'	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	40-40'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: \$10	Date Paid: 12/31/18
			Staff Initials: SB/BD

Comments	need-min electrical permit to reconnect panel
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Signature of Town Representative:	Date Approved/Denied: 12/31/18
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NO improvements to house

DEC 31 2018

TOWN OF ERWIN
pd cash