



Initial Application Date: 11/27/19

Application # ERES1912-0001

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Arthur Creeley Mailing Address: 94 Donnibrook Run

City: Fuquay Varina State: NC Zip: 27526 Contact No: 607-205-0759 Email: arthurrok@hotmail.com

APPLICANT*: Thompson and Son Energy Mailing Address: 40 Odell School Rd Unit #19

City: Concord State: NC Zip: 28027 Contact No: 704-239-9098 Email: davesteelenc@gmail.com

*Please fill out applicant information if different than landowner

ADDRESS: 94 Donnibrook Run Fuquay Varina NC 27526 **PIN:** _____

Zoning: _____ **Flood:** _____ **Watershed:** _____ **Deed Book / Page:** _____

Setbacks – Front: _____ **Back:** _____ **Side:** _____ **Corner:** _____

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic
- Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built?) _____ Deck: _____ (site built?) _____
- Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size 24 x 327w) Use: Roof top PV Solar modules Closets in addition? () yes () no

Water Supply: _____ County _____ Existing 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)**

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes (x) no

Does the property contain any easements whether underground or overhead () yes (x) no

Structures (existing or proposed): Single family dwellings: x Manufactured Homes: _____ Other (specify): _____

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. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

11/27/19
Date

*****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*

APPLICATION CONTINUES ON BACK



Application # _____

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: Arthur Creeley Date: 11/26/19

Site Address: 94 Donnibrook Run Fuquay Varina NC 27526 Phone: 607-205-0759

Subdivision: _____ Lot: _____

Description of Proposed Work: Roof top PV Solar install

General Contractor Information

Thompson and Son Energy 704-239-9098

Building Contractor's Company Name Telephone

40 OdellSchool Rd Unit #19 Concord NC 28027 davesteelenc@gmail.com

Address Email Address

82703

License # _____

Electrical Contractor Information

Description of Work Roof top PV Solar install- 21 Modules Service Size: 200 Amps T-Pole: ___ Yes ___ No

Thompson and Son Energy 704-239-9098

Electrical Contractor's Company Name Telephone

2000 MBA Ct Apt 2305 Concord NC 28027 davesteelenc@gmail.com

Address Email Address

1.32644

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 / owner 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.

11/26/19

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

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.

Sign w/Title:

Date: 11/26/19

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: Arthur Creeley Phone: 607-205-0759

Owner (s) Mailing Address: 94 Donnibrook Run Fuquay-Varina 27526

Land Owner Name (s): Arthur Creeley Phone: 607-205-0759

Construction or Site Address: 94 Donnibrook Run Fuquay-Varina 27526

PIN # _____ Parcel # _____

Job Cost: \$28,155 Description of Work to be done Installing 21 Sunpower 327w modules using Sunpower's

invisimount racking system to the roof of residence. A service change will be performed, separating the meter from the service panel the service size will remain the same. The connection will be in the the service panel.

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:

From Main St head towards E Harnett St, turn left on McKinney Pkwy, .8mi turn left onto US-401N, 2.3mi turn Rt onto Donnibrook Run, 500ft residence will be on Rt

Subdivision: _____ Lot #: _____

I Thompson and Son Energy will provide the GC/Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 82703, 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.

Thompson and Son Energy

704-239-9098

Contractor's Company Name

Telephone

40 Odell School Rd Unit # 19

davesteelenc@gmail.com

Address

Email Address

82703

License #

Structure Owner / Contractor Signature: _____ Date: 11/27/19

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**