

Application # EPES 2001-0009

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: Jerome Pope Phone: 919-820-0142

Owner (s) Mailing Address: 1145 Red Hill Church Road

Land Owner Name (s): Jerome Pope Phone: 919-820-0142

Construction or Site Address: 1145 Red Hill Church Road

PIN # _____ Parcel # _____

Job Cost: 8375 Description of Work to be done install 22 Kw generator

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 Chris Conrad will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 26804U, 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.

CMC Electric LLC
Contractor's Company Name
PO Box 1833 Clayton NC 27520
Address
26804U
License #

919-291-0989
Telephone
joy@cmcelectrical.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 1-2-20

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	Joy Standridge	Property Owner	Jerome Pope
Home Address	PO Box 1833	Home Address	1145 Red Hill Church Rd
City, State, Zip	Clayton NC 27520	City, State, Zip	Dunn NC 28334
Telephone	919-291-0989	Telephone	919-820-0142
Email	joy@cmcelectrical.com	Email	jpope218@gmail.com
Address of Proposed Property			
Parcel Identification Number(s) (PIN)		Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.			
install 22 KW generator			
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		Property/Parcel size	
2			1.0
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 County/City Sewer			

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.

Joy Standridge	Joy Standridge	1-6-20
Print Name	Signature of Owner or Representative	Date

For Office Use

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

Comments	
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Signature of Town Representative: <i>Anna Borden</i>	Date Approved/Denied: 1/6/2020
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Installing a generator, no changes to the structure of the house

* For the existing home on lot with an active E-911 address