

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Date \\-\ \0-2\
Date 11-10-21 Nay Varin Phone (920) 562-2713
1 NC, 27526
Total Job Cost 46,860.03
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843-469-5777
relepnone
m.polce Otherelyco.com Email Address
6Q FT
on : 200_Amps T-Pole:Yes \(\sqrt{No} \)
843-464-5777 Telephone
m.polce@theselvco.com
Email Address
mation
Telephone
Email Address
on
-
Baths
Telephone
Email Address
<u>on</u>
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.

111021 Date

Markie for

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

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:
$\sqrt{}$ 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: Manual Pour Date: 11 16 2



Application # _____

Initial Application Date: \\-\6-2|

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Exic Kieselharst Mailing Address: LORD Car acles of Park
City: Fuguay Varina State: NC Zip: 27526 Contact No: (920) 562-2773 Email: exievel 2005@youhoo. Com
APPLICANT CONT.
City and the Energy & Lighting Mailing Address: 8351 Palmetto Commerce Parkway #203
APPLICANT*Sustainable Energy & LightingMailing Address: 8351 Palmetto Commerce Parkway #203 City: Laddon State: SL Zip: 29456 Contact No: 843-469-5777 Email: m. police Othe Selsico. Commerce *Please fill out applicant information if different than landowner
ADDRESS: 680 Cokesbury Park Lane PIN: 0635-69-3196.000
Zoning: Flood: Watershed: Deed Book / Page:
Setbacks – Front: Back: Side: Corner:
PROPOSED USE:
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
TOTAL HTD SQ FTGARAGE
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 () no
Does the property contain any easements whether underground or overhead () yes () no
Structures (existing or proposed): Single family dwellings: 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 of Owner or Owner's Agent ***It is the owner/applicants responsibility to provide the counts with the counts wi
Signature of Owner or Owner's Agent ***It is the owner/applicants responsibility to provide the county with any are likely in the county with a second

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

strong roots • new growth

Application #
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: Evic Kiefelhorst Phone: (920) 562-2773 Owner (s) Mailing Address: 680 Cokesbury Park Lane, Fuguay Varina, NC, 27526
Land Owner Name (s): Eric Kicselhorst Phone: (920) 5(02-2773 Construction or Site Address: 680 Cokerbury Park Lane, Fugury Varina, NC, 27576 PIN # (5635-69-3196.000 Parcel # (5635-69-3196.000)
Job Cost: \$146,800.03 Description of Work to be done 30 stolar panels installed on roof.
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: The onto US-401 N. The onto Christian Light Rd. The onto Oakridge Duncan Rd. The onto NT-42: The onto Cokerbury Rd. TR ento Cokerbury Rd. TR ento Cokerbury Park Ln., Turn right onto Cokerbury park to Ln., 0.2 derthation on your left.
COT #7.
(Contractors Name) I am the building owner or my NC state license number is 84338 , 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.
Sustainable Energy & Lighting solutions Contractor's Company Name 8351 Palmutto Communce PKNY, #203, Ladson, SC Address 84338 License # Barrian Address Email Address

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

By signing this application you affirm that you have obtained permission from the above listed license holder to

Structure Owner / Contractor Signature: Moulson Form



This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

□ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC	213 DE SECTION MAI DE REQUIRED TO COMPLETE ANY INSPECTION"		
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accepted	{} Innovative {} Conventional {} Any		
{}} Alternative	{}} Other		
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{}}YES	Does the site contain any Jurisdictional Wetlands?		
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	Does or will the building contain any drains? Please explain.		
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	Is the site subject to approval by any other Public Agency?		
{_}}YES	Are there any Easements or Right of Ways on this property?		
{}}YES	Does the site contain any existing water, cable, phone or underground electric lines?		
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.		

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site

Accessible So That A Complete Site Evaluation Can Be Performed.