

Harnett County Central Permitting

420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org

Ph.: 910-893-7525 - Fax: 910-893-2793 / www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: Lisa Johnson Phone: 919-616-9632

Owner (s) Mailing Address: 504 West ~~D~~ Street Erwin NC

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # _____

Job Cost (Required): 800.00 Description of Work to be done Main Breaker Replacement

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 Danny Pope will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 30755, 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.

A and J Electrical, LLC
Contractor's Company Name

919-616-9632
Telephone

3790 Christian light Rd
Address

DPOPE27526@outlook.com
Email Address

30755
License #

Structure Owner / Contractor Signature: Danny Pope Date: 4-18-2024

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**

Faxed or Mailed application could have an approximately 1-5 day process time



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

Permit #
24-150

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	A and J Electrical, LLC	Property Owner	Lisa Johnson
Home Address	3790 Christian Light Rd.	Home Address	504 West D Street
City, State, Zip	Fuquay Varina, NC 27526	City, State, Zip	Erwin, NC 28339
Telephone	(919) 816-9632	Telephone	(910) 658-4982
Email	d.pope27526@outlook.com	Email	

Address of Proposed Property		504 West D. Street Erwin, NC 28339	
Parcel Identification Number(s) (PIN)		Estimated Project Cost	\$800.00
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		main breaker replacement	
Description of any proposed improvements to the building or property		main breaker replacement	
What was the Previous Use of the subject property?			
Does the Property Access DOT road?			
Number of dwelling/structures on the property already		Property/Parcel size	
Floodplain SFHA <u>Yes</u> <u>No</u>		Watershed <u>Yes</u> <u>No</u> Wetlands <u>Yes</u> <u>No</u>	
MUST circle one that applies to property		Existing/Proposed Septic System <u>Or</u> 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.

Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	MMV	Existing Nonconforming Uses or Features	
Front Yard Setback	15 Ft	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	8 Ft	Requires Town Zoning Inspection(s) <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.	
Rear Yard Setback	15 Ft	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: \$ 0	Date Paid: NA Staff Initials: DMG

Comments	Trades From HC, NO chg in sqft
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Signature of Town Representative:	Date Approved/Denied: 4/19/24
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