

Application # ___

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

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

Owner's Name: Augn Coxarelli	Date 7-25-24
	Phone 724-681-672
Subdivision:	Lot
Description of Proposed Work: Circuit for Sumpfun	Total Job Cost (000
General Contractor Information	
Building Contractor's Company Name	Telephone
Address	Email Address
HEATED SQ FT GARAGE	
License #	SQFI
Description of Work Sump Pump Circuit Service Size	ion
Harty Elydric 110	919 639-685 /
Electrical Contractor's Company Name	Telephone
1836 Hwy 55 3 Willow Springre	hartselectricacosma,
Address	Email Address
23339 - U License #	
Mechanical/HVAC Contractor Infor	mation_
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
/ National Property of the Pro	Littali Address
License #	
Plumbing Contractor Informati	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Training Contractor's Company Name	relephone
Address	Email Address
License # Insulation Contractor Information	on
<u></u>	
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.

7.25-2021 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 set forth in the permit:	the work	
Has three (3) or more employees and has obtained workers' compensation insurance to cover	er them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to them.	cover	
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation incovering themselves.	surance	
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 insurate to issuance of the permit and at any time during the permitted work from any person, firm or corporate carrying out the work.	nce prior	
Sign w/Title: Date:		



Town of Erwin Zoning Application & Permit

Permit # 25-0010

Planning & Inspections Department

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.

the proposed use of the subject property? Be specific.	Telephone Telephone Tay-(-81-67a) Typn, Coscarelli ayahoc.co Frwin a 1003 Estimated Project Cost # 500 Sledrical circuit + outlet for Sump pump in crawl space mpcircuit + @ outlets Residential 1423 Property/Parcel size No Wetlands Yes _No
City, State, Zip Telephone Grand Local Spring NC 21592 Telephone Grand Local Spring NC 21592 Email Marke electricae again Local Address of Proposed Property Parcel Identification Number(s) (PIN) What is the applicant requesting to build / what is the proposed use of the subject property? Be specific. Description of any proposed improvements to the building or property What was the Previous Use of the subject property? Does the Property Access DOT road? Number of dwelling/structures on the property already Floodplain SFHAYesNo WatershedYesMUST circle one that applies to property Existing/Propose Existing/Propose	City, State, Zip Erwin, NC 28335 Telephone 724-681-6721 Email Pyen, Coscare II Cythoc Co Frwin Entire Cost \$1500 Estimated Project Cost \$1500 Slectrical circuit + outlet for outlet for outlet for outlet sumplies outlets Residential Yes I Property/Parcel size No Wetlands Yes No
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MUST circle one that applies to property Existing/Propose Existing/Propose	
Existing/Propose	d Septic System Or
	ELECTION OF THE PROPERTY OF TH
Owner/Addition	
and belief. The undersigning party understands that any incorresponding the undersigning party application. Upon issuance of this permit, the undersigning party egulations, and the laws of the State of North Carolina regulation. The undersigning party authorizes the Town of Erwin to review to this application as approved.	y agrees to conform to all applicable town ordinances, zoning g such work and to the specifications of plans herein submitted.
Tudy Paul Signature de Owner	Harte Clockrei 7-252024 Date
For Office Use	
Zoning District (h) Existing Nonconform	ng Uses or Features NA
Front Yard Setback Other Permits RequiredConditional Use _BuildingFire Marshal _Other Requires Town Zoning Inspection(s)FoundationPrior to C. of O.	
Side Yard Setback	
Rear Yard Setback 66 Cb Fee Paid: WWW	Date Paid: Staff Initials: ONE
Comments Trades From Hornett (conty
Signature of Town Representative:	Date Approved/Denied: 7/16/74