

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: Steven Murphy Phone: 919-524-1000
Owner (s) Mailing Address: 3508 Lela Ct

Land Owner Name (s): Steven Murphy Phone: 919-524-1000
Construction or Site Address: 4507 Hwy 55 East Erwin NC
PIN # 0598-92-2261 Parcel # _____

Job Cost: \$4000 Description of Work to be done: Install new HUAC unit

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:
OFF 421 South heading towards Dunn left on Hwy 55

Subdivision: _____ Lot #: _____

I Dariss Davis will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23371, 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.

DSD HUAC
Contractor's Company Name
2113 Belfore Dr
Address
23371
License #

919-628-2183
Telephone
DDavis@ddhuac1k.com
Email Address

Structure Owner / Contractor Signature: Dariss Davis Date: 12/27/2018

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	Steve Murphy	Property Owner	/ / /
Home Address	3508 Lela Ct	Home Address	/ / /
City, State, Zip	Raleigh, NC 27606	City, State, Zip	/ / /
Telephone	9195241000	Telephone	/ / /
Email	Stevemurphy31@gmail.com	Email	/ / /

Address of Proposed Property		4507 Hwy 55 East Erwin, NC	
Parcel Identification Number(s) (PIN)	070598 0150 (PID)	Estimated Project Cost	\$4000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		Install new HVAC unit/Daycare	
Description of any proposed improvements to the building or property		Install new HVAC unit	
What was the Previous Use of the subject property?		Daycare	
Does the Property Access DOT road?		Yes	
Number of dwelling/structures on the property already	1	Property/Parcel size	3 acres
Floodplain SFHA <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>	Watershed <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>	Wetlands <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>	
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.

Steve Murphy	<i>Steve Murphy</i>	12/21/2018
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 <input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other	
Side Yard Setback	12'	Requires Town Zoning Inspection(s) <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.	
Rear Yard Setback	40'	Zoning Permit Status <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
Fee Paid: —		Date Paid: —	Staff Initials: —

Comments	Has a CUP to operate Day care
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Signature of Town Representative: <i>Snow Bowde</i>	Date Approved/Denied: 12/21/18
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PIN - 0598-92-2261