



Application # MPRES1811-0012

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Mitchchell Hargrave Date: 11-13-18
Site Address: 108 Old Post Rd. Erwin, NC Phone: 919-820-2378
Subdivision: _____ Lot: _____
Description of Proposed Work: Replace heat-pump

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Air Controls LLC Sanford, NC
Electrical Contractor's Company Name _____ Telephone _____
PO Box 4876, Sanford 27331
Address _____ Email Address _____
28499
License # _____

Mechanical/HVAC Contractor Information

Description of Work Replace heat-pump
Air Controls Telephone 919-770-5379
Mechanical Contractor's Company Name _____ Telephone _____
PO Box 4876 Sanford 27331 Email Address aircontrol@windstream.net
Address _____ Email Address _____
27422
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

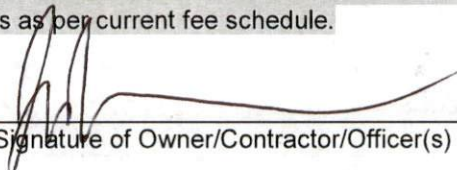
Insulation Contractor's Company Name & Address _____ Telephone _____

***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.



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

11/13/2018

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

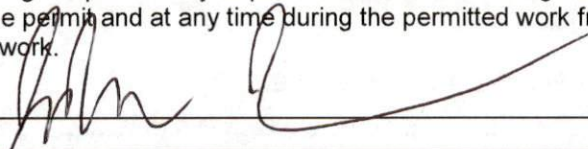
The undersigned applicant being the:

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 the work set forth in the permit:

- 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:  _____ Date: 11/13/18



Town of Erwin
Zoning Application & Permit
 Planning & Inspections Department

COPY

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	Jeremy Fayer	Property Owner	
Home Address	PO Box 4876	Home Address	108 Old Post Rd.
City, State, Zip	Sanford, NC 27331	City, State, Zip	Erwin, NC 28339
Telephone	919-770-5379	Telephone	919-820-2378
Email	aircontrol@windstream.net	Email	

Address of Proposed Property		108 Old Post Rd.	
Parcel Identification Number(s) (PIN)	0597-62-9170.	Estimated Project Cost	6875.00
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		Replace AC	
Description of any proposed improvements to the building or property		No improvements - HVAC change out	
What was the Previous Use of the subject property?		Commercial	
Does the Property Access DOT road?		Yes	
Number of dwelling/structures on the property already	1	Property/Parcel size	.51
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 <input type="checkbox"/> Or Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>	

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.

Jeremy Fayer		11-13-18
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	B2	Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Side Yard Setback		Requires Town Zoning Inspection(s) <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O. <input type="checkbox"/>	
Rear Yard Setback		Zoning Permit Status	Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>
		Fee Paid: <input checked="" type="checkbox"/>	Date Paid: <input type="checkbox"/> Staff Initials: JB

Comments	No improvements HVAC Change out
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Signature of Town Representative: Snow Bond	Date Approved/Denied: 11/13/18
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