



Application # MRES19040038

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: Russell Spencer Date: 4-10-19  
Site Address: 301 South Isabella Street Phone: 910-890-0977  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: install 7.5 Kw generator and transfer switch

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work install 7.5 Kw generator Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
CMC Electric LLC Telephone 919-291-0989  
Electrical Contractor's Company Name \_\_\_\_\_  
PO Box 1833 Clayton NC 27528 Email Address info@cmc.electrical.com  
Address \_\_\_\_\_  
268044 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work install 7.5 Kw generator  
Conady's Heating & Air Telephone 919-243-1648  
Mechanical Contractor's Company Name \_\_\_\_\_  
548 Jack Rd Clayton NC 27520 Email Address ray@conadys HVAC.com  
Address \_\_\_\_\_  
33452 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

4-10-18  
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: \_\_\_\_\_



# TOWN OF COATS

# ZONING PERMIT APPLICATION

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 4-10-19 Date: 4/10/19 Fee: \$50.00  
Parcel ID\*: 0706901646002 Area Zoned As: R-6

**APPLICANT:**

**PROPERTY OWNER:**

Name (Print) CMC Electric / Joy Standridge  
Address PO Box 1833  
City, State Clayton NC  
Zip Code 27528  
Phone # 919-291-0989

Name Russell Spencer  
Address 301 South Isabella Street  
City, State Coats NC  
Zip Code 27521  
Phone # 910-890-0977

Location of Property: IN-TOWN  ETJ  ETJ (contiguous)

Present Use of Property: install 7.5 kw generator and transfer switch

**PROPOSED USE OF PROPERTY:**

Single Family Dwelling: # Rooms: 2 # Bedrooms: 2 Square Feet: 1089  
 Multi Family Dwelling: # of Units: \_\_\_\_\_ # Bedrooms (per unit): 2 Square Feet (per unit) \_\_\_\_\_  
 Mobile Home (single lot): Single wide: \_\_\_\_\_ Double Wide: \_\_\_\_\_  
 Mobile Home Park: Section 16, Zoning Ordinance must apply  
 Business: Total # of employees per day \_\_\_\_\_ Type of business \_\_\_\_\_  
 Others (specify): \_\_\_\_\_

Existing structure: Renovate: \_\_\_\_\_ Addition:  Demolish: \_\_\_\_\_

**WATER AND SEWER SUPPLY:**

Water:  Private  Public  Proposed  Existing  
Sewer:  Private  Public  Proposed  Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: Joy Standridge Date: 4-5-19

**ZONING ADMINISTRATOR USE ONLY**

Notes: \_\_\_\_\_

**APPROVED**

TOWN OF COATS ZONING  
VALID FOR 12 MONTHS

Approved:  Denied:

Zoning Administrator: Nick Holcomb Date: 4/10/19

**THIS PERMIT IS VALID FOR 12 MONTHS**



# MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1904-0038

<b>JOB ADDRESS:</b> 301 S ISABELLA ST	<b>PERMIT SUBTYPE:</b> UP TO 2 UNIT REPLACEMENT INCLUDES ELECTRICAL	<b>PARCEL NO:</b> 0690-81-7937.000
<b>DESCRIPTION:</b> Instll 7.5kw generator & trnsfr switch	<b>DATE ISSUED:</b>	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> Residential - 0.34 acres (100.0%)	

<b>APPLICANT:</b> Canady's Heating & Air Conditioning, LLC 548 Jack Rd Clayton, NC 27520	<b>PHONE:</b> (919)243-1648 <b>EMAIL:</b>
<b>CONTRACTOR:</b> Canady's Heating & Air Conditioning, LLC 548 Jack Rd Clayton, NC 27520	<b>PHONE:</b> (919)243-1648 <b>EMAIL:</b>
<b>OWNER:</b> SPENCER RUSSELL L 301 S ISABELLA ST COATS, NC 27521 COATS, NC 27521-8333	<b>PHONE:</b> <b>EMAIL:</b>

### REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			



# Cash Register Receipt

Harnett County

**Receipt Number**  
**R3162**

DESCRIPTION	QTY	PAID
PermitTRAK		\$90.00
MRES1904-0038 Address: 301 S ISABELLA ST APN: 0690-81-7937.000		\$90.00
RESIDENTIAL MECHANICAL FEES		\$90.00
UP TO 2 UNIT REPLACEMENT	0	\$90.00
<b>TOTAL FEES PAID BY RECEIPT: R3162</b>		<b>\$90.00</b>

Date Paid: Thursday, April 25, 2019

Paid By: CMC ELECTRIC LLC

Cashier: LL

Pay Method: EMV 392561|240786533

