

11/29/18

Application # PRES1811-0010

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: WILLIAMS, LORA & BOBBY Phone: 910-591-0272

Owner (s) Mailing Address: 418 GREENFOREST CIR.
DUNN, NC, 28334

Land Owner Name (s): WILLIAMS, LORA & BOBBY Phone: 910-591-0272

Construction or Site Address: 418 GREENFOREST CIR. DUNN, NC, 28334

PIN # 0598-22-4965 Parcel # 070588 0146 09

Job Cost: \$24,320 Description of Work to be done SHOWER REPLACEMENT W/VALVE & TUB
REPLACEMENT W/VALVE, NEW VANITY & FLOOR

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:

FROM N. MAIN STREET TAKE A RIGHT ON US 401 SOUTH, LEFT ON TIMBER CREEK LN; RIGHT ON GREEN
FOREST CIR.

Subdivision: MYRTLEWOOD Lot #: 18

I REBATH OF THE TRIANGLE will provide the PLUMBING labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 8776, 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.

REBATH OF THE TRIANGLE
Contractor's Company Name
8817 WESTGATE PARK DR #112; RALEIGH, NC, 27617
Address
8776
License #

919-782-7599
Telephone
JOSH@TRIANGLEREBATH.COM
Email Address

Structure Owner / Contractor Signature:  Date: 11/28/18

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	Property Owner
Re Bath of the Triangle	Lora Williams
Home Address	Home Address
8817 Westgate Park Dr.	418 Greenforest Cir.
City, State, Zip	City, State, Zip
Raleigh, NC, 27617	Dunn, NC 28334
Telephone	Telephone
919-782-7599	710-571-0272
Email	Email
josh@triangle rebath.com	

Address of Proposed Property	418 Greenforest Cir, Dunn, NC, 28334		
Parcel Identification Number(s) (PIN)	0598-22-4965.000	Estimated Project Cost	\$35K
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	2 * bathroom remodels (just internal plumbing work)		
Description of any proposed improvements to the building or property	two bathroom remodels; one tub to shower conversion, and a replacement tub and shower in other room		
What was the Previous Use of the subject property?	Residential		
Does the Property Access DOT road?	yes		
Number of dwelling/structures on the property already	Property/Parcel size	.61	
Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.

Print Name	Signature of Owner or Representative	Date
Josh Barton		11/28/18

For Office Use

Zoning District	Existing Nonconforming Uses or Features	
Front Yard Setback	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	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
	Fee Paid: <input type="checkbox"/>	Date Paid: <input type="checkbox"/> Staff Initials: <input type="checkbox"/>

Comments	
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Signature of Town Representative:	Date Approved/Denied: 11/28/18
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According to Harnett County GIS this property is in both Erwin & Harnett County zoning. It appears that the majority of the house is in RA-30 HC zoning. They can do the improvements to the bathroom in RD (in Erwin) zoning.