Residential Land Use Application

Initial Application Date: 9/2///	Application # SFO 1869 - 603 4
COUNTY OF HARNETT RESIDENTIAL LAND US  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	E APPLICATION ext:2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE F	i , minimariota orgapormito
LANDOWNER J MATTHEWS BUILDER DEVELOPER Mailing Address:	
City: ANGIER State: NC Zip 27501 Contact No: 919-29	
APPLICANT*: 5AME Mailing Address:	tom
City:	Email: jd matthews 05 GB gmill Com
CONTACT NAME APPLYING IN OFFICE: TAMES MATTHEWS	Phone # 919-291-1104
PROPERTY LOCATION: Subdivision: <u>AROUNA LAKES</u>	Lot #:55 B Lot Size: 0,31
State Road # State Road Name: <u>CAROLINA WAY</u> Parcel: 03 9 5 8 5 0 2 00 5 5 PIN: <u>9'585-49</u>	Map Book & Page:/
Zoning: A 20 Flood Zone: Watershed: NO Deed Book & Page: 1779 16	9 443 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
PROPOSED USE:	
SFD: (Size 5 4 x 5 6) # Bedrooms: 4 # Baths 2 Basement(w/wo bath): Garage: (Is the bonus room finished? () yes () no w/ a closet? () yes	Deck: Crawl Space: Slab:
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any other site built	Site Built Deck: On Frame Off Frame t additions? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Gar	rage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use: Hours of Operation	on:#Employees:
□ Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well	
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	100
Does owner of this tract of land, own land that contains a manufactured home within five hundred fe	eet (500') of tract listed above? () yes ()no
Does the property contain any easements whether underground or overhead () yes (	
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify):
Required Residential Property Line Setbacks: Comments:	
Front Minimum_35_ Actual	
Rear	
Closest Side	
Sidestreet/corner lot	
Nearest Building on same lot	

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SPECIFIC DIRECTIONS TO THE	HE PROPERTY FROM LILLINGTON	: Into C/L	T/L B	on Caralina Way
If permits are granted I agree to I hereby state that foregoing sta	o conform to all ordinances and laws of tements are accurate and correct to the second	the best of my knowledge. Permit	lating such work an subject to revocation	and the specifications of plans submitted on if false information is provided.  9/26/18

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Application for Residential Building and Trades Permit

Owner's Name JMATTHEWS BUILDER/ DEUELSPER	LLC Date 9/26/18			
Site Address 460 CAROLINA WAY SANFORD, NC	Phone 9/9-29/-//04			
Directions to job site from Lillington, Into Carolina Lake	s Subdr. T/L on			
Carolina Way, Fot 14 mile on right				
Subdivision CAROLINA KAKES	Lot 55-B			
Description of Proposed Work 5FD	# of Bedrooms 4			
Heated SF 2663 Unheated SF 80/ Finished Bonus Room? No General Contractor Information	Crawl Space Slab			
JMATTHEWS BUILDER/DEVELOPER LLC	919-291-1104			
Building Contractor's Company Name	Telephone			
782 PEMNY RD, ANGIER, NC 27561 Address	J <u>d Mattlews 056 @5 Mail∶(o</u> m Email Address			
652/4 License #				
Electrical Contractor Information	n			
	Amps T-Pole Yes No			
RST ELETRIC Electrical Contractor's Company Name	<u>919-894-3907</u> Telephone			
3376 ZACK'S MILL RD. ANGIER, NE 27501	. C.Op C.			
Address	Email Address			
22446-L				
License #  Mechanical/HVAC Contractor Inform	artion			
Description of Work SED	aton			
CERTIFIED HEATING & AIR CONDITIONING	910-858-0600			
Mechanical Contractor's Company Name	Telephone			
PO BOX 1071 HOPE MILLS, NC 28348				
Address	Email Address			
License # Plumbing Contractor Information	n			
Description of Work SFD	# Baths			
GILBERT PLUMBING CO.	911)-214-1274			
Plumbing Contractor's Company Name	Telephone			
1638 TIMOTHY RD. DUNN, NC 28334				
Address	Email Address			
10929				
License # Insulation Contractor Information				
TRI-CITY INS.	910-486-8855			
Insulation Contractor's Company Name & Address	Telephone			

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 9/26/18 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the 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 Company or Name J MATTHEWS BULLDER/ DEVELOPER LLC

Sign w/Title Januar D. Mallatun gen-manager Date 9/26/18



