2011/08/02 13:16:23 Initial Application Date: COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** Mailing Address: _ Contact No: 9/9-29/1/04 Email: 12 Matthews 0560 CONTACT NAME APPLYING IN OFFICE: JAMES MATTHEWS Phone # 919-291-1104 PROPERTY LOCATION: Subdivision: CARALINA LAKES State Road Name: SANDPIPER 9596-00-308/1000 Zoning: [ADOL Flood Zone: X Watershed: No Deed Book & Page: 3629 / 0997 Power Company*: *New structures with Progress Energy as service provider need to supply premise number _____ PROPOSED USE: Monous SFD: (Size 16 x 57) # Bedrooms 3 # Baths 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Mod: (Size ____x ___) # Bedrooms __ # Baths __ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___ (Is the second floor finished? (___) yes (___) no Any other site built additions? (___) yes (___) no Manufactured Home: ___SW __DW __TW (Size ___ x ___) # Bedrooms: ___ Garage: ___(site built?___) Deck: ___(site built?___) Duplex: (Size ____x ___) No. Buildings: _____ No. Bedrooms Per Unit: Home Occupation: # Rooms:______ Use:_____ Hours of Operation: Addition/Accessory/Other: (Size ____x___) Use:_______Closets in addition? (__) yes (__) no Water Supply: _____ County ____ Existing Well _____ New Well (# of dwellings using well ______) *Must have operable water before final New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (__) yes (__) no Does the property contain any easements whether underground or overhead (__) yes (__/no Structures (existing or proposed): Single family dwellings: Manufactured Homes:_____ Other (specify):_____ Comments:

Residential Land Use Application

2011/08/02 13:16:23 3 /3

SPECIFIC DIRECTIONS	s to the property from Caralina	11	Into Carolle 1/2 on Sa	na Jahn	Subdv.
If permits are granted I a I hereby state that forego	oing statements are accurate	ances and laws of the State and correct to the best of	te of North Carolina regi f my knowledge. Permi	ulating such work and to the subject to revocation 9/26/18 Date	the specifications of plans submitted if false information is provided.

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 DEVELOPER	2 LLC Date 9/26/18	
Site Address 256 SAND PIPER SANFORD NC	Phone 9/9-29/-//04	
Directions to job site from Lillington Into Carolina Lake	or Subar. TIL on	
Carolina Way, T/R on SardPipie	,	
Subdivision CAROLINA LAKES	Lot 65-H	
Description of Proposed Work 5FD	# of Bedrooms <u>3</u>	
Heated SF 2692 Unheated SF 647 Finished Bonus Room? General Contractor Information	Crawl Space Slab	
J'MATTHEWS BUILDER/DEVELOPER LLC	919-291-1104	
Building Contractor's Company Name	Telephone	
782 PEMNY RD, ANGIER, NC 27501	d matthews 056 es mail: com	
Address	Email Address	
65214		
License # Electrical Contractor Information	on.	
Description of Work SFD Service Size	200 Amps T-Pole Yes No	
RST ELETRIC	919-894-3907	
Electrical Contractor's Company Name	Telephone	
3376 ZACK'S MILL RD. ANGIER, NC 27501		
Address	Email Address	
22446-L License #		
Mechanical/HVAC Contractor Information	mation	
Description of Work SED		
CERTIFIED HEATING & AIR CONDITIONING	910-858-0000	
Mechanical Contractor's Company Name	Telephone	
PO BOX 1071 HOPE MILLS, NC 28348		
Address	Email Address	
20012		
License # Plumbing Contractor Information	on	
Description of Work SFD	# Baths	
GILBERT PLUMBING CO.	910-214-1274	
Plumbing Contractor's Company Name	Telephone	
1638 TIMOTHY RD. DUNN, NC 28334		
Address	Email Address	
10929		
License # Insulation Contractor Information	on	
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.

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 7/26/18 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the 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 Company or Name J MATTHEWS BUILDER/DEVELOPER LLC

Sign w/Title James D. Maliatur gen-manager Date 9/26/18



