

50	and a firm	NU	KIH CARULINA		
Initial Application Date:	101118		Appli	cation#	
	(20)			CU#	19.
Central Permitting	COUNTY 108 E. Front Street, Lilling		ENTIAL LAND USE APPLICA one: (910) 893-7525 ext:2 F		rnett.org/permits
**A RECORDED S	SURVEY MAP, RECORDED DEED	(OR OFFER TO PURCHAS	SE) & SITE PLAN ARE REQUIRED W	IHEN SUBMITTING A LAND USE AF	PLICATION**
LANDOWNER: H&H C	Constructors of Faye	etteville, LLC. <sub>M</sub>	ailing Address: 2919 Bree	ezewood Ave. Ste. 40	00
				Email: Stacysimmo	
APPLICANT*: Same /	As Above	Mailing Address	Same As Above	April	was a same a
City: Fayetteville *Please fill out applicant infor	State: NC	Zip: 28303 Conta	oct No: 910-486-4864	Email:_Stacysimmo	ns@hhhomes.com
CONTACT NAME APPLY	YING IN OFFICE: Stacy S	Simmons	Ph	one # <u>910-486-4864</u>	
ADDRESS: 33	Sunnybrook La	me Oakment	W+ 302 0507 - 4	3-8784	
DEED OR OTP: 33	64:0106		E1809-14-0100		
PROPOSED USE:				5.	
				c: Crawl Space: Slab:	
Mod: (Sizex_		AND AND ADDRESS OF THE PARTY OF	o bath) Garage: Site  Any other site built additions	The state of the s	Off Frame
☐ Manufactured Home	: sw bw tw (	Sizex)#	Bedrooms: Garage:	site built? Deck: site l	built?
Duplex: (Size	x) No. Buildings:	No. Bedro	oms Per Unit:		
☐ Home Occupation: #	Rooms:Us	e:	Hours of Operation:	#Emp	loyees:
Addition/Accessory/	Other: (Sizex) U	se:		Closets in addition? (	☐) yes (☐) no ·
Sewage Supply: Ne	unty Existing Well _ ew Septic Tank Expans e Environmental Health Chec of land, own land that contains	(Need to Compleion Relocation_ klist on other side of a	e New Well Application at the s Existing Septic Tank( oplication if Septic)		
	n any easements whether und	1937	( <u>)</u> yes ( <u>)</u> no		
Structures (existing or pro	pposed): Single family dwellin	gs: Proposed	Manufactured Homes:	Other (specify):	
If permits are granted I ad	ree to conform to all ordinan	ces and laws of the Sta and correct to the best	ate of North Carolina regulating of my knowledge. Permit subje	such work and the specification of the such work and the	ns of plans submitted tion is provided.
***It is the owner/applic to: boundary inform	ants responsibility to proving a contraction, house location, und	de the county with ar erground or overhead	y applicable information abo I easements, etc. The county t is contained within these at	out the subject property, incluor its employees are not responsed to the subject	iding but not limited ponsible for any

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

APPLICATION CONTINUES ON BACK

strong roots • new growth



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.	
Styllus	811101
Signature of Owner/Contractor/Officer(s) of Corporation	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:					