

Initial Application Date: 12114118 Application # SFD1812-0003 CU# **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 Central Permitting **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** ____ Malling Address: 165 Sommerville Park Rd. State: NC zip: 27603 contact No: (910) 890-3256 Email: Wr bare foot @ yahoo. com APPLICANT*: _____ Mailing Address:_ City: State: Zip: Contact No: _
*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Robert Barefoot Rocky Run Ln., Lillaston, NC PIN: PROPOSED USE: # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Crawl Space: (Is the bonus room finished? (X) yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame (is the second floor finished? () yes () no Any other site built additions? (yes () no TW (Size x) # Bedrooms: ___ Garage: ___site built? Manufactured Home: SW DW 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: V County Existing Well New Well (# of dwellings using well (Need to Complete New Well Application at the same time as New Tank)

Expansion Relocation Existing Sentic Tank ___) *Must have operable water before final r: ____ New Septic Tank ___ Expansion ___ Relocation ___ Existing Septic Tank ___ County Sewer (Complete Environmental Health Checklist on other side of application if Septic) 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 Structures (existing or proposed): Single family dwellings:___ Manufactured Homes: ___ Other (specify):_ If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

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**

APPLICATION CONTINUES ON BACK

strong roots • new growth



Application # <u>SFD1812-00</u>23

* 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

mation on license!	•
Owner's Name: T+L Coats, LLC	Date: <u>_12 -14-18</u>
Site Address: 321 Racky Run Ln., Lillington, NC 27	546 Phone: (910) 890 · 3256
Subdivision: Rocky Branch	Lot: <u>15</u>
Description of Proposed Work: construction of single f	amily dwelling
General Contractor informatio	. 1
William Robert Barefoot	(910) 890-3256
Building Contractor's Company Name	Telephone
P.O. Box 1411, Coats, NC 27521	wrbare-foot @ vahao.com
Address	Email Address
49822	
License #	
Description of Work <u>installation of electrical</u> Service Size:	
Wester + Pace Electric , Inc. system	(919) 499-5389
Electrical Contractor's Company Name	Telephone
614 Leslie Rd.	
Address	Email Address
U. 12007	
License #	_
Mechanical/HVAC Contractor Inform	<u>mation</u>
Description of Work installation of HVAC system	
ItM Heating and Air Condition Co. Trc.	(910) 897-5501
Mechanical Contractor's Company Name	Telephoné
724 Turlington Rd., Dunn, NC 28334	
Address	Email Address
<u>L.17164</u>	
License # Plumbing Contractor Information	on
Description of Work <u>installation of plumbing system</u>	#Baths $\hat{\mathcal{A}}$
	(910) 676-1925 / 919-894-7270
Fred Arthur Chris Lecuyer III Plumbing Contractor's Company Name	Telephone
115 Keyman Drive, Coats, NC 27521	,
Address	Email Address
L. 30173	
License #	
Insulation Contractor Informati	_ / 3
Parker Bros., Inc. P.o. Box 1045, Clinton, NC Insulation Contractor's Company Name & Address 28229	<u>(910) 564-4132</u>
Insulation Contractor's Company Name & Address 28329	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!

12-14-18

WHR RH

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: Note: 12-14-18	

