

Received: 01124119

NORTH CAROLINA
Initial Application Date: 0/124119 Application # SFD 1901-0021
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 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
LANDOWNER: MAKK Allison EASOL Mailing Address: 27 Brandon Dr.
City: Lillington State: NC _ zip: 27546 Contact No: 252-916-3615 _ Email:
APPLICANT: Hugh Surles Builders Mailing Address: 126 Brandon Dr.
City: Lillington State NC Zip: 27546 Contact No: 9194227065 Email: hugh Sur los builders @gmAnl. co
ADDRESS: 27 Brandon Or. PIN: 0670-20-7678,000
Zoning: Rud Flood: V/A Watershed: Me Fall Deed Book / Page: 3582 10170
Setbacks – Front: 37 Back: 2523 Side: 49 Corner: 65
PROPOSED USE: /
SFD: (Size 8)'4"x 75'4" # Bedrooms; 3 # Baths: 45 Basement(w/wo bath):Garage:Deck:Crawl Space:Slab:Slab:Slab:
(Is the bonus room finished? (yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank) Sewage Supply: 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
Does the property contain any easements whether underground or overhead () 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 appropriate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

\$ignature of 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 #	:_	

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

tion on license.			
Owner's Name: MARK + Allison EASON	Date: 1/23/19		
Site Address: 27 Brandon Dr Lillinger	Phone: 252-916-3615		
Subdivision: Keith Hills	Lot: 16		
Description of Proposed Work: Now Long tochnon			
General Contractor Information	1		
Hay Surjes Builders LC Building Contractor's Company Name	194227665 Telephone Luch Scried Wildows Ramail.com Email Address		
Building Contractor's Company Name	Telephone		
126 Brandon Dr. Lillington	hugh Scried by I das le amail.com		
Address	Email Address		
62559			
License #			
Description of Work Service Size:	ON Amps. T. Bolo: V Vos. No.		
Description of Work Austin Dean Electrical Contractor Electrical Contractor's Company Name 2793 Baptist Grove Ro. Fugury NC 2526 Address	01d - (00 - (10) (0)		
Flectrical Contractor's Company Name	Telephone		
2793 Robert Cours Rd En AV 2826	A ti das alactrical Quasi cam		
Address	Email Address		
2793-L	Littali Addiess		
License #			
Mechanical/HVAC Contractor Information			
Description of Work			
Description of Work (Arc) in A Comfort Arv Mechanical Contractor's Company Name	919-550-2492		
Mechanical Contractor's Company Name	Telephone		
5010 Mys 70 W	reiophone		
5212 (1wy 70 W) Address	Email Address		
20515	Littali Addie55		
License #			
Plumbing Contractor Information	on		
Description of Work	# Baths 4.5		
LR Glover Plumbing	919-820-0026		
Plumbing Contractor's Company Name	Telephone		
POBOX 764 Benson NC 27504	releptione		
Address	Email Address		
D1795d	Littali Address		
License #			
Insulation Contractor Information			
Live Green 5001 old Pede Rd. RNewh	919 - 453 - 641]		
Insulation Contractor's Company Name & Address	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.

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
Sign w/Title:

