

Birch Plan  
(B) Elevation



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**

Owner's Name: Johnson Building Company Inc Date: 4-22-19  
Site Address: 3594 Ashe Ave Dunn N.C Phone: (919) 368-2324  
Subdivision: Ashe Trail Lot: 3  
Description of Proposed Work: New Construction

**General Contractor Information**

Johnson Building Company (919) 368-2324  
Building Contractor's Company Name Telephone  
546 Dogeye Rd Benson N.C. 27504 Johnsonbuildingcompany@gmail.com  
Address Email Address  
79917

**Electrical Contractor Information**

Description of Work All Electrical Work Needed Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Parnell Electric Inc 910-237-2751  
Electrical Contractor's Company Name Telephone  
6400 Allie Cooper Rd Godwin N.C. parnellelectric@gmail.com  
Address 28344 Email Address  
24236-U

**Mechanical/HVAC Contractor Information**

Description of Work All Heat and Air Needs for House  
Stephenson Heat and Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Dr. Garner N.C. stephensonhvac@aol.com  
Address Email Address  
18644

**Plumbing Contractor Information**

Description of Work Water Line and Plumb House # Baths 2  
Brent Adams Plumbing 919-669-7979  
Plumbing Contractor's Company Name Telephone  
P.O. Box 45 Benson 27504 N/A  
Address Email Address  
17359

**Insulation Contractor Information**

Tatum Insulation 919-661-0999  
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.

T. [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

4-22-19  
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:

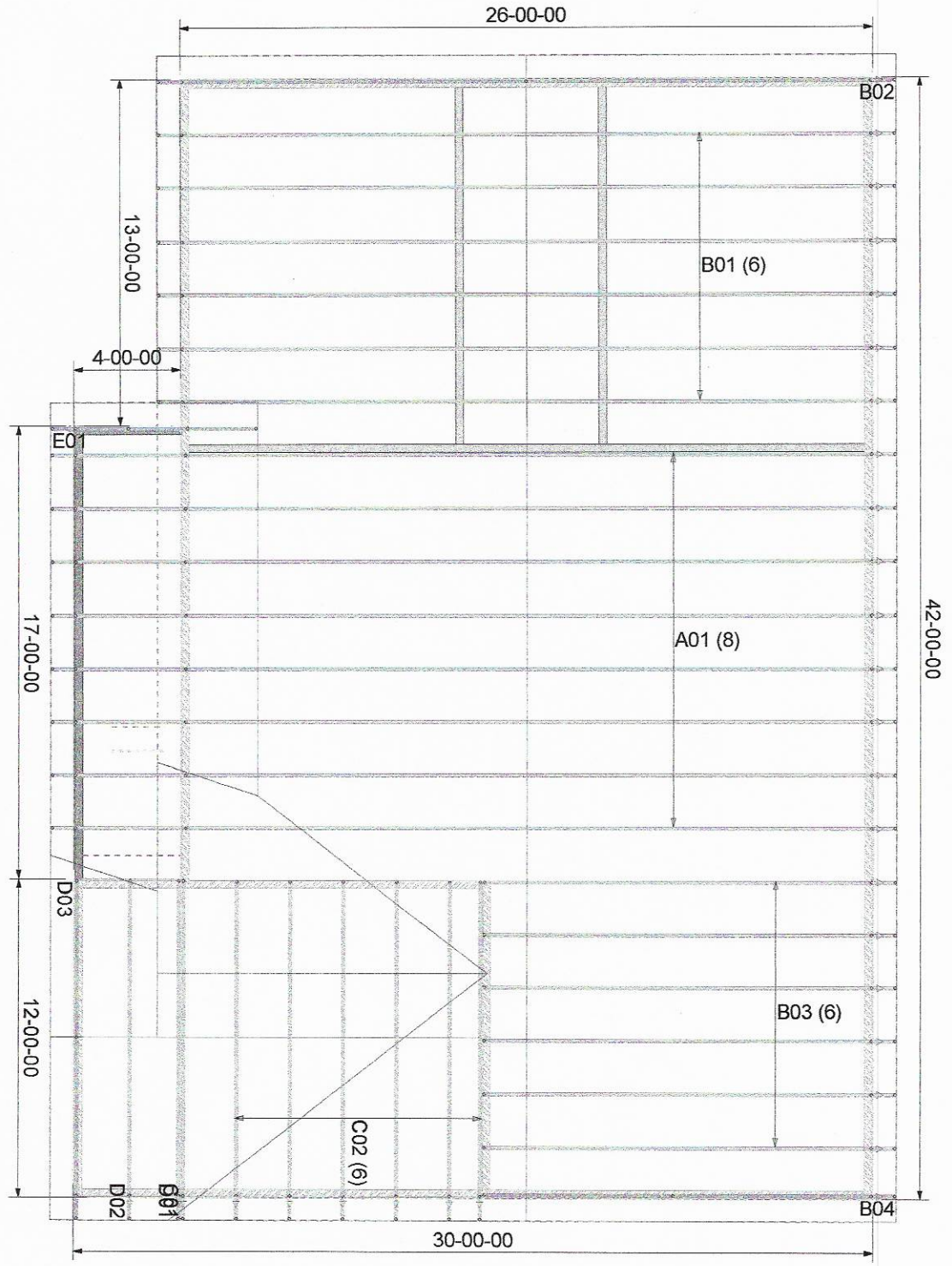
- Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
- Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance 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: T. [Signature] President      Date: 4-22-19



**= BEARING WALLS ARE SHADED**  
**ALL POINT LOADS ARE < 3000#**

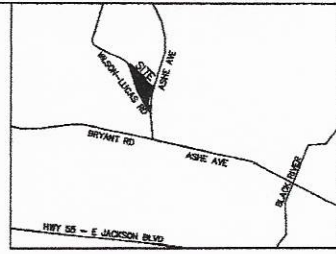


Customer:		<b>Customer</b>	
Job Name:	Lot # Subdivision	Plan Model:	Plan Name
Level:	Roof, Floor, Walls?	Drawn By:	Job #:
Scale: N.T.S.	Date: xx/xx/20xx	ABC	17-010001XX
BMC, NC & SC 1-800-672-2145			

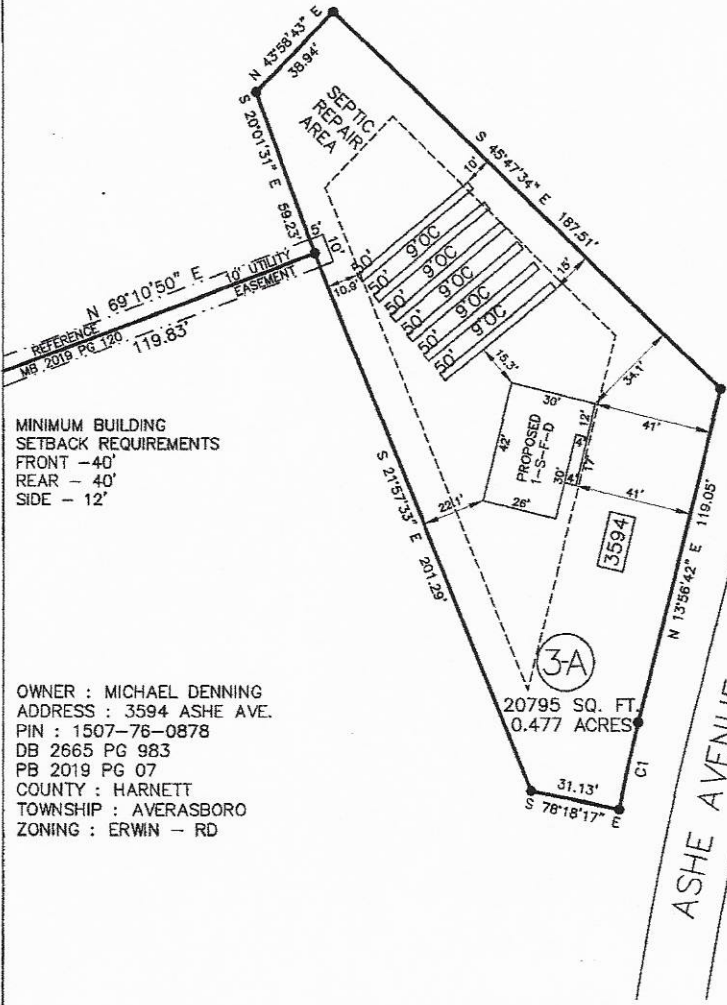
THIS IS A TRUSS PLACEMENT DIAGRAM ONLY. These trusses are designed as individual building components to be incorporated into the building design at the specification of the building designer. It is the builder's responsibility to verify that the structure can support the entire roof or floor truss system. See engineered drawings for required lateral bracing and other information for each truss design identified on this placement drawing. The building designer is responsible for permanent bracing of the roof and floor system and for the overall structure. For general guidance regarding bracing, consult the BCSI-B1 SUMMARY SHEET, provided by BMC. THE BUILDER IS CAUTIONED TO seek professional advice or follow the bracing guidelines of BCSI-B1 while installing the trusses in order to prevent toppling or downsloping of inadequately braced trusses.

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	1129.39'	31.12'	31.12'	N 12°29'02" E

PRELIMINARY  
NOT FOR SALES, RECORDING,  
OR CONVEYANCE



VICINITY MAP N.T.S.



MINIMUM BUILDING  
SETBACK REQUIREMENTS  
FRONT - 40'  
REAR - 40'  
SIDE - 12'

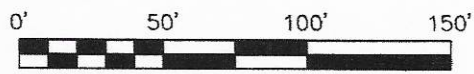
OWNER : MICHAEL DENNING  
ADDRESS : 3594 ASHE AVE.  
PIN : 1507-76-0878  
DB 2665 PG 983  
PB 2019 PG 07  
COUNTY : HARNETT  
TOWNSHIP : AVERASBORO  
ZONING : ERWIN - RD

LEGEND  
IPF - IRON PIPE FOUND ●  
PROPERTY LINE ————  
EASEMENT - - - - -  
SETBACKS - - - - -



I CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL  
FIELD SURVEY PERFORMED UNDER MY DIRECTION AND  
SUPERVISION. (REFERENCE BM 2019 PG 07) THIS MAP IS  
NOT INTENDED TO MEET GS 47-30 STANDARDS.

*John B. Lowdermilk*  
JOHN B. LOWDERMILK, PLS L-4829



**PLOT PLAN-LOT 3-A  
ASHE TRAIL SUBDIVISION**  
PREPARED BY:  
JOHN LOWDERMILK, PLS  
7310 COVERED BRIDGE RD  
WENDELL, NC 27591  
919 810-6406

Scale: 1"=50'	Date: 04/17/19	LT:
Drawn:	Checked:	Job: