



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]
Signature of Owner/Contractor/Officer(s) of Corporation

9-30-20
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: *Donna Austin / Office Manager* Date: 9-30-20



Initial Application Date: _____

Application # _____

CU# _____

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: Demond + Danisha Devane Mailing Address: 10 Bladen Street
City: Spring Lake State: NC Zip: 28390 Contact No: 919-608-3383 Email: dadevane@gmail.com

APPLICANT*: Donna Austin Mailing Address: 22019 US Hwy 17 N
City: Hampstead State: NC Zip: 28443 Contact No: 910-803-0731 Email: donnaaustin@modularsforless.com

ADDRESS: 117 Bumbo Lane Lillington NC 27546 PIN: 100558 0100 01

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: 3674 / 473 477

Setbacks - Front: 113 Back: 166 Side: 118 Corner: _____

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
- Mod: (Size 68 x 30) # Bedrooms 5 # Baths 3 Basement (w/wo bath) _____ Garage: _____ Site Built Deck: 2 On Frame _____ Off Frame ✓
(Is the second floor finished? (✓) yes () no Any other site built additions? (✓) yes () no Porch
- 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: _____ #Employees: _____
- 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
(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): Off frame modular

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.

Donna Austin _____ 9.30.20
Signature of Owner or Owner's Agent Date

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

Owner's Name: Demond & Danisha Devane Date: _____

Site Address: 117 Bomba Lane Lillington NC 27546 Phone: 910-608-3383

Subdivision: _____ Lot: _____

Description of Proposed Work: Build off frame modular home Total Job Cost: \$280,000.00

General Contractor Information

Custom Built Homes of the Carolinas 910 803 0731
Building Contractor's Company Name Telephone

22019 US Hwy 17N Hampstead NC 28443 donnaaustin@modularsforless.com
Address Email Address

75554
License #

Electrical Contractor Information

Description of Work Hook up electric to home Service Size: 200 Amps T-Pole: Yes No

Wells Electric 910-284-0604
Electrical Contractor's Company Name Telephone

165 Firefly Dr Wallace NC 28466 wells-qt@yahoo.com
Address Email Address

21407
License #

Mechanical/HVAC Contractor Information

Description of Work Hook up HVAC to home

East Coast Heating & Air 910-617-4986
Mechanical Contractor's Company Name Telephone

Po Box 2365 keland NC 28451 bmorris22@cc.rr.com
Address Email Address

30071
License #

Plumbing Contractor Information

Description of Work Hook up plumbing for house # Baths 3

HR Curtis Plumbing 919-770-0168
Plumbing Contractor's Company Name Telephone

6314 Carbonator Rd Sanford NC 27330 hrcurtis@windstream.net
Address Email Address

10924
License #

Insulation Contractor Information

N/A _____
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**