

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: | Date: |
|---|---------------------------------------|
| Site Address: | |
| Subdivision: | |
| Description of Proposed Work: New SFD | |
| General Contractor In | formation |
| Weaver Homes, Inc. | 919-606-4696 |
| Building Contractor's Company Name | Telephone |
| 350 Wagoner Drive Fayetteville, NC 28303 | cdb1971@gmail.com |
| Address | Email Address |
| 75971 | |
| License # | |
| Electrical Contractor In | nformation |
| Description of Work New SFD Serv | vice Size: 200 Amps T-Pole: Yes No |
| Ringled Electrical Contractors Electrical Contractor's Company Name | 910 - 237 - 5696 |
| | Telephone |
| P6B 65074 | — — — — — — — — — — — — — — — — — — — |
| Address | Email Address |
| 20555-L | |
| License # Mechanical/HVAC Contract | tor Information |
| | |
| Description of Work New SFD | 919-291-0450 |
| Mainstream Mechanical | Telephone |
| Mechanical Contractor's Company Name | Тегерпопе |
| 412 Lazy Banch Drive Benson, NC 27504 | Email Address |
| Address | Linaii Address |
| 31005 | |
| License # Plumbing Contractor In | nformation |
| Description of Work New SFD | # Baths |
| Double J Plumbing | 910-814-7705 |
| | Telephone |
| Plumbing Contractor's Company Name 614 Byrd Road Bunnlevel, NC 28323 | relephone |
| Address | Email Address |
| 21649 | |
| License # | |
| Insulation Contractor In | nformation |
| Insulation, Inc. | 919-770-1974 |
| 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. | |
| 11/8/15 | |
| 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: Date: | |
| | |

Print this page



Property Description:

TR#1 CLYDE L PATTERSON MAP#2019-199

Harnett County GIS

PID: 130610 0354 PIN: 0620-03-1869.000

REID: 0025236 Subdivision:

Taxable Acreage: 11.680 AC ac Caclulated Acreage: 11.3 ac Account Number: 1500033783

Owners: LYNN JOEL VINCENT & REBMAN-LYNN TERRI DIANE

Owner Address: 5126 SPRING HILL CHURCH RD LILLINGTON, NC 27546

Property Address: 5126 SPRING HILL CHURCH RD LILLINGTON, NC 27546

City, State, Zip: LILLINGTON, NC, 27546

Building Count: 0 Township Code: 13

Fire Tax District: Boone Trail Parcel Building Value: \$0 Parcel Outbuilding Value: \$0 Parcel Land Value: \$36310 Parcel Special Land Value: \$0

Total Value: \$36310 Parcel Deferred Value: \$0 Total Assessed Value: \$36310 Neighborhood: 01300 Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft Sale Month and Year: 10 / 2019

Sale Price: \$40000

Deed Book & Page: 3744-0169

Deed Date: 2019/10/08 Plat Book & Page: 2019-199 Instrument Type: WD

Vacant or Improved: QualifiedCode: Q Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$0 Prior Outbuilding Value: \$0 Prior Land Value: \$192390 Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$192390

