



Initial Application Date: 12-5-19

Application # SFD1912-0011

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: H&H CONSTRUCTORS OF FAY.LLC Mailing Address: 2919 BREEZEWOOD AVE. STE. 400
City: FAYETTEVILLE State: NC Zip: 28303 Contact No: 910-486-4864 Email: stacysimmons@hhom

APPLICANT*: Same as Above Mailing Address: Same as Above

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 553 Old Salem Drive Lot 83 PIN: 0514-35-0970

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 160 Back: 132.4 Side: 37.6 Corner: _____
17.7

PROPOSED USE:

- SFD: (Size 28 x 32) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
- Mod: (Size _____ x _____) # 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: _____ 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 (X) no

Does the property contain any easements whether underground or overhead yes () no

Structures (existing or proposed): Single family dwellings: _____ X _____ 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.

Stacy Simmons
Signature of Owner or Owner's Agent

12-5-19
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: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC Date: 12-5-19
Site Address: 553 Old Salem Drive Phone: 910-486-4864
Subdivision: COUNTRY SQUIRE ESTATES Lot: 83
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL

General Contractor Information

H&H CONSTRUCTORS OF FAYETTEVILLE, LLC 910-486-4864
Building Contractor's Company Name Telephone
2919 BREEZEWOOD AVE. STE 400 FAY. NC 28303 stacysimmons@hhhomes.com
Address Email Address
74158
License #

Electrical Contractor Information

Description of Work SINGLE FAMILY ELECTRIC Service Size: 200 Amps T-Pole: Yes No
JM POPE ELECTRIC, INC. 919-776-5144
Electrical Contractor's Company Name Telephone
409 CHATHAM ST. SANFORD, NC 27330 electricpope@windstream.net
Address Email Address
21326
License #

Mechanical/HVAC Contractor Information

Description of Work SINGLE FAMILY HVAC
CAROLINA COMFORT AIR, INC. 910-891-1239
Mechanical Contractor's Company Name Telephone
703 N. CLINTON AVE. DUNN, NC 28334 carolinacomfortair@yahoo.com
Address Email Address
32825
License #

Plumbing Contractor Information

Description of Work SINGLE FAMILY PLUMBING # Baths 2.5
Double J Plumbing, LLC 919-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Road Burlington, NC 28323 jamesjohnsonplumbing@gmail.com
Address Email Address
21649
License #

Insulation Contractor Information

TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301 910-486-8855
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.

Hay Min
 Signature of Owner/Contractor/Officer(s) of Corporation

12-5-19
 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 *Hay Min / Office Coordinator* Date: 12-5-19