

Structures (existing or proposed): Single family dwellings:___

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
ANDOWNER: H&H CONSTRUCTORS OF FAY.LLC Mailing Address: 2919 BREEZEWOOD AVE. STE. 400
Email: stacysimmons@hhhom
APPLICANT*: Same as Above Mailing Address: Same as Above
City: State: Zip: Contact No: Email: Email:
ADDRESS: 486 Old Salem Drave Lot U6 PIN: 0514-26-7046
Coning:Flood:Watershed:Deed Book / Page: 3752:0917
Setbacks – Front: 16 Back: 88.7 Side: 26.9 Corner:
PROPOSED USE:
SFD: (Size 28 x 11) # Bedrooms 3 # Bath 25 Basement (w/wo bath):Garage 251 Deck:Crawl Space:Slab:Monolithic Slab: _
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
Vater Supply: X 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) Obes 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

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.

Manufactured Homes:_

Other (specify):

Signature of Owner or 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



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: _ 1- 2020
Site Address: 486 Old Salem Drive	Phone:	910-486-4864
Subdivision: COUNTRY SQUIRE ESTATES	Lot:	66
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL		
General Contractor Information	1	
H&H CONSTRUCTORS OF FAYETTEVILLE, LLC	910-486-4864	
Building Contractor's Company Name	Telephone	
2919 BREEZEWOOD AVE. STE 400 FAY. NC 28303	stacysimmons@	Dhhhomes.com
Address	Email Address	
74158		
License #		
Description of Work SINGLE FAMILY ELECTRIC Service Size:		Pole: X Yes No
JM POPE ELECTRIC, INC.	919-776-5144	ole. Mr Les Tildo
Electrical Contractor's Company Name	Telephone	
409 CHATHAM ST. SANFORD, NC 27330	electricpope@v	vindstream net
Address	Email Address	in dou dam.not
21326	Ellian Algaroco	
License #		
Mechanical/HVAC Contractor Inform	<u>iation</u>	
Description of Work SINGLE FAMILY HVAC		5
CAROLINA COMFORT AIR, INC.	910-891-1239	
Mechanical Contractor's Company Name	Telephone	
703 N. CLINTON AVE. DUNN, NC 28334	carolinacomfort	air@yahoo.com
Address	Email Address	
29077 H-3-1		
License #		
Plumbing Contractor Informatio		
Description of Work SINGLE FAMILY PLUMBING	_# Baths_ 2. 5	
VANCE JOHNSON PLUMBING	910-424-6712	
Plumbing Contractor's Company Name	Telephone	
3242 MIDPINE RD. FAY. NC 28306	9-2	
Address	Email Address	
7756-PL		
License #		
Insulation Contractor Informatio		
TRICITY INSULATION INC. 418 PERSON ST. FAY, NC 28301 Insulation Contractor's Company Name & Address	910-486-8855 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 <a href="https://any.com/an

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.

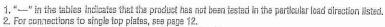
Signature of Owner/Contractor/Officer(s) of Corporation

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 carrying out the work.
Sign w/Time June Office Wordinator Date: 6-1-2020

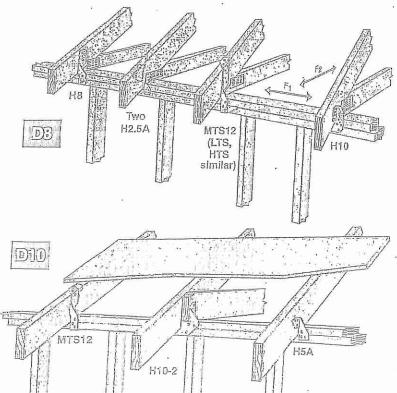
Thus Mafter to Wood Double Top Plates



1,		Fasi	eners	eners DF/SP Allowable Loads				SPF Allowable Loads :			
Model Ciy No. Req	Qty	γα	To			Parallel to Perp. to	o Uplift		Parallel to		
	Rafters	Plates	(133)	(160) Plate (F ₁ (133/160) (1,60	Platé (É ₁ (133/160		
H2.5	1	5-8d	5-8d	415	415	150	150	365	365	130	130
H5A	1	3-8d	3-8d	350	420	115	180	245	245	100	120
HGATO	. 1	4-SDS1/4X11/2	4-SDS1/4x3	435	435	1165	940	375	.375	870	815
H5	1	4-8d	4-8d	455	465	115	200	265	265	100	170
H1	1	6-8dx11/2	4-8d	490	585	485	165	400	400	415	140
H2.5A	1	5-8d	5-8d	600	600	110	110	520	535	110	110
LTSj2	3,48	6-10dx1½	6-10dx11/2	720	720	· 75:	, 125.	620	620.	75 . 1	125
H8 :::	14.1	5-10dx1½	5-10dx1½	620.	745.		. ! 	530	565		
H10-2	1	6-10d	6-10d	760	760	455	395	655	655	390	340
H2.5	2	10-8d	10-8d	830	830	300	300	730	730	260	260
H5	2	8-8d	8-8d	910	930	230	400	530	530	. 200	. 340
H10	.d.	8-8dx11/2	- B-8dx1/2	·/905		585	. 525	780	850	505	450
MTS12	1	7-10dx11/2	7-10dx11/2	840	1000	75	125	730	860	75	125
H1	2	12-8dx11/2	8-8d	980	1170	970	330	800	800	830	280
H2.5A	2	10-8d	10-8d	1200	1200	220	220	1040	1070	220	220
ŢS12 .	2	12-10dx1½	12-10dx11/2	1440	1440	150	250	1240	1240	150	250 :
TS20		12-10dx11/2	12-10dx1½	1450	1450	75	125	:1245	1245	75	125
1165	1	2-10dx11/2	10-10dx11/2	1470	1470	_	-	1265	1265	-	
116	1	2-10dx11/2	10-10dx11/2	1470	1470	-	_	1265	1265	_	
110	200	16,8ax1/2	16-8dx1½				7,050		1700	01010	900.
TS12	2/4	4-10dx1½//-	14-j0dx1½	1680 2	2000; "	150	250	1460	1720	150	250.4



3. Fasten multiple members together to act as a single unit.





Hurricane Tie installations to Achieve Twice the Load (Top View)



Install diagonally across from each other for minimum 2x truss,



Nailing into both sides of a single ply 2x truss may cause the wood to split. A minimum rafter thickness of 21/2" must be used when connectors are installed on the



H16

