

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WH	EN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: H&H CONSTRUCTORS OF FAY.LLC Mailing Address: 2919 BREE City: FAYETTEVILLE State: NC Zip: 28303 Contact No: 910-486-4864	
APPLICANT*: Same as Above Mailing Address: Same as Above	
City: Contact No: Please fill out applicant information if different than landowner	Email:
*Please fill out applicant information if different than landowner  ADDRESS: 594 0W Sulem Drove PIN: 0514-25-8	
Zoning: Flood: Watershed: Deed Book / Page: 38 US:0540	
Setbacks – Front: 16 Back: 71.5 Side: 31.8 Corner:	
PROPOSED USE:	
SFD: (Size 28 x 41 ) # Bedrooms: 3 # Baths: Basement(w/wo bath): Garage 15 Deck: (Is the bonus room finished? () yes () no w/ a closet? () yes () no ()	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Bottom (Is the second floor finished? () yes (_) no Any other site built additions?	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(sites the content of the	te 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
Water Supply: X County Existing Well New Well (# of dwellings using well ) *New Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank X Co (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') or	me time as New Tank) unty Sewer
Does the property contain any easements whether underground or overhead () yes () no	
Structures (existing or proposed): Single family dwellings:XManufactured Homes:	Other (specify):
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating so 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.
***It is the owner/applicants responsibility to provide the county with any applicable information about to: boundary information, house location, underground or overhead easements, etc. The county of incorrect or missing information that is contained within these app  *This application expires 6 months from the initial date if permits have n	r its employees are not responsible for any lications.***

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: 6-1-202
Site Address: 594 Old Salem Drive	Phone: 910-486-4864
Subdivision: COUNTRY SQUIRE ESTATES	Lot: 72
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIA	
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 Informa	tion
	re: 200 Amps T-Pole: X 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 Info	armation
Description of Work SINGLE FAMILY HVAC	mation
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
29077 H-3-1	
License #	a.e.
Plumbing Contractor Informa	
Description of Work SINGLE FAMILY PLUMBING	# Baths <b>2.</b> 5
VANCE JOHNSON PLUMBING	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 MIDPINE RD. FAY. NC 28306	
Address	Email Address
7756-PL License #	
Insulation Contractor Informa	tion
TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301	910-486-8855
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor I 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 <a href="by-signing-below-I have obtained all subcontractors">by-signing-below-I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any-changes">any-changes</a> 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.

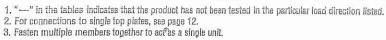
ignature of Owner/Contractor/Officer(s) of Corporation

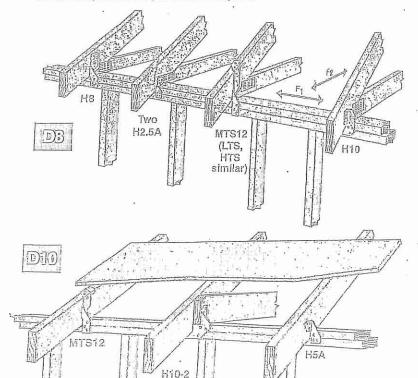
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
Has three (3) 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 is understood to the Central Permitting Department is understood that the Central Permitting Department is understood that the
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## Thus Wester to Wood Double Top Plates



		Fasi	eners	DF/SP Allowable Loads					SPF Allowable Loads			
	Qty		To Plates	Uplift		Parallel to		' Uplift		Parallel to	Perp. to	
	Read	Rafters		(133)	(160)	Plate (F <sub>1</sub> ) (133/160)	Plate (F <sub>2</sub> ) (133/160)		(160)	Platé (É <sub>1</sub> )   (133/160)	Plate (F <sub>2</sub> ) (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	1.1	4-SDS1/x11/2	4-SDS1/x3	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	
LTS12	1.1 3	6-10dx11/2	6-10dx11/2	720	720	· 75:	. 125	620	620	· · · · 75 " Å	. 125	
H8: :::		5-10dx1½	5-10dx11/2	620 .	745		.! = .	530	565	\$ . The state of		
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		910	930	230	400	5,30 .	530`	. 200	. 340	
Hio	t.	8-8dx11/2:-	- B-8dx1½ · :	·/905 -:	:, qee ;;	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	
LTS12	. 2	12-10dx1½*	12-10dx11/2	1440	1440	150	250	1240	1240	150 .:	250	
HTS20	زان ان	12-10dx11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	125	
1165	1	2-10dx11/2	10-10dx11/2	1470	1470	-	- 1	1265	1265	- 1		
116	1	2-10dx11/2	10-10dx11/2	1470	1470				1265		_	
1000000	228	16-8dx1½		1810	1980	1170 4	,1050,	1560	700	1010:	900	
1TS12"	2回3	14-10dx1½/	14-10dx1½	1680	2000,	150	250	1460	720	150	250.	







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



