

NORTH CAROLINA	
nitial Application Date: 6-17-2020 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.har	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE AP	
ANDOWNER: H&H CONSTRUCTORS OF FAY.LLC Mailing Address: 2919 BREEZEWOOD AVE. ST	E. 400
State: NC Zip: 28303 Contact No: 910-486-4864 Email: stacysimmons	@hhhom
APPLICANT*: Same as Above Mailing Address: Same as Above	
City: State: Zip: Contact No: Email: Email: Email: State: Zip: Contact No: Email: State: Zip: Contact No: Email: State: Zip: Contact No: Email: State: State: Zip: Contact No: Email: State:	
Please fill out applicant information if different than landowner ADDRESS: 14 Vork Court CSQ 74 PIN: 0514-35-0513	
Zoning: Flood: Watershed: Deed Book / Page:	
Setbacks – Front: 16 Back: 92-2 Side: 39.5 Corner:	
PROPOSED USE:	
SFD: (Size <u>\(\frac{\frac{1}{28}}{28} \) # Bedrooms: \(\frac{3}{2} \) # Baths \(\frac{2.5}{2} \) Basement (w/wo bath): Garage: \(\frac{280}{280} \) Deck: Crawl Space: Slab: (Is the bonus room finished? () yes () no \(\w/ \) a closet? () yes () no (if yes add in with # bedrooms)</u>	Monolithic Slab:s)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no	Off Frame
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: #Emp	ployees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition?	() yes () no
Water Supply: X CountyExisting WellNew Well (# of dwellings using well) *Must have operable water by (Need to Complete New Well Application at the same time as New Tank) Sewage Supply:New Septic TankExpansionRelocationExisting Septic TankX 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 Does the property contain any easements whether underground or overhead () yes () no	
Structures (existing or proported): Single family dwellings:X Manufactured Homes: Other (specify):	
Structures (existing or proposed): Single lanning dwellings	

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. 6-17-2020 Date 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: 6-17-2020
Site Address: 14 York Cow+	Phone: 910-486-4864
Subdivision: COUNTRY SQUIRE ESTATES	Lot: 74
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIA	
General Contractor Informati	<u>on</u> 910-486-4864
H&H CONSTRUCTORS OF FAYETTEVILLE, LLC	THE ROOM MONEY DESCRIPTION
Building Contractor's Company Name	Telephone stacysimmons@hhhomes.com
2919 BREEZEWOOD AVE. STE 400 FAY. NC 28303	Email Address
Address	Email Address
74158 License #	
Electrical Contractor Informat	tion
Description of Work SINGLE FAMILY ELECTRIC Service Size	
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	rmation
	madon
Description of Work SINGLE FAMILY HVAC	910-891-1239
CAROLINA COMFORT AIR, INC.	Telephone
Mechanical Contractor's Company Name 703 N. CLINTON AVE. DUNN, NC 28334	carolinacomfortair@yahoo.com
Address	Email Address
29077 H-3-1	Email Address
License #	
Plumbing Contractor Information	tion_
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	
Address	Email Address
7756-PL	
License #	Com.
Insulation Contractor Informa	
TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301	910-486-8855 Telephone
Insulation Contractor's Company Name & Address	relephone

*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.

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

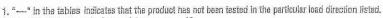
6-17-2020

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						
Sign w/Title Date: 6-17-2020						

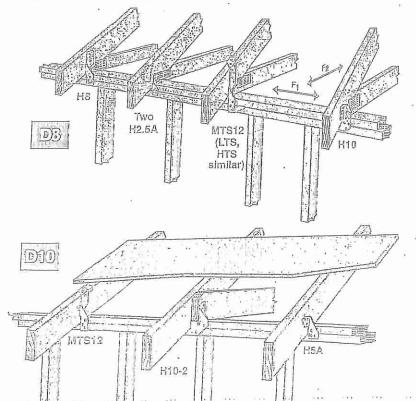
THUSS/Rafter to Wood Double Top Plates



i. Model No.		Fast	eners	DF/SP Allowable Loads			SPF Allowable Loads				
	Nodel Qty		To	U	plift	Parallel to		` Uplift		Parallel to	
		Rafters	Plates	(133)	(160) Plate (F ₁) (133/160)			(160)	Plate (F ₁) (133/160)	Plate (F ₂ (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
HGA10	. 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	7	5-8d	5-8d	600	600	110	110	520	535	110	110
LTS12	N.A.S	6-10dx1½	6-100x11/2	720	720	· 75	. 125	620	620.	75 . 1	125
H854:		5-10dx11/2	5-10dx1½	, 620 .	7.45		.] = ' :	530	£65	4, 14,	1.4.30
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	250	260
H5	. 2	8-8d	/ 8-8d	910	930	230	400	5,30 .	530	. 200	. 340
Hio	41.	8-80x1½;···	- 8-Bdx1½-	·/905	. 990	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
LISIZ	. 2	12-10dx1½	12:10ax11/2	1440	1440	150	250	1240	1240	150	250
HTS20		12-10dx11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	·: "125
H16S	í	2-10dx11/2	10-10dx11/2	1470	1470	- 1		1265	1265	-	-]
H16	1	2-10dx11/2	10-10dx11/2	1470	1470	-	_=	1265	1265		-
Hiories II	(2) N	16-8dx1%		1810				1560	1700	7.1010;;;	¥ 900.
MTS12!	2	14-j.0dx11/2	74-70dx1%	1680	2000	150 (250	1460	1720	- f150 % r	250 .**



For connections to single top plates, see page 12.
 Fasten multiple members together to acras 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 2½" must be used when connectors are installed on the



