

Initial Application Date 6-18-2020

| The state of the s | COUNTY | | |
|--|----------------|---------------|--|
| 21 | MORTH CAROLINA | | |
| | | Application # | |

| Central | Permitting 1 | COUI 08 E. Front Street, L | NTY OF HARNET illington, NC 2754 | T RESIDENTIAL LAN 6 Phone: (910) 89 | D USE APPLICA 3-7525 ext:2 F | TION Fax: (910) 893-2793 | www.harnett.org/permits | 3 * |
|------------------------------|---|---|--|---|--|---|--|-------------|
| **; | A RECORDED SURVE | EY MAP, RECORDED D | EED (OR OFFER TO | PURCHASE) & SITE PLA | N ARE REQUIRED V | WHEN SUBMITTING A LAI | ND USE APPLICATION** | |
| LANDOWN | FR. H&H COI | NSTRUCTOR | RS OF FAY.L | LC Mailing Addres | _{s:} 2919 BRE | EZEWOOD AV | /E. STE. 400 | |
| City: FAY | ETTEVILLE | State: | NC_ _{Zip:} _2830 | 03 Contact No: 910 | -486-4864 | _ _{Email:} stacysin | nmons@hhhom | |
| APPLICAN' | _{T*:} Same as <i>i</i> | Above | Mailing | Address: Same as | Above | | | |
| City: | | State: | Zip: | Contact No: | | Email: | | |
| *Please fill ou ADDRESS: | t applicant information 42 York | on if different than land | Lst 76 | PIN: 0 | 514-35 | -1582 | | |
| | | | | Deed Book / Page: _ | | | | |
| | | | | 25.7 Corner:_ | The second secon | | | |
| PROPOSE | | | | | | | | |
| | Size 30 x 68 | _) # Bedrooms: <u>3</u> _ # (Is the bonus room | # Baths: Baser finished? () yes | nent(w/wo bath): s () no w/ a closet′ | Garage | k: 80 Crawl Space: o (if yes add in with # | Slab:Slab: bedrooms) | |
| □ Mod: (| | | | nent (w/wo bath) s () no Any other | | | FrameOff Frame | |
| ☐ Manuf | actured Home: _ | _SWDW7 | TW (Sizex_ |) # Bedrooms: _ | Garage: | (site built?) Deck: | (site built?) | |
| ☐ Duple: | c: (Sizex |) No. Buildings:_ | 1 | No. Bedrooms Per Uni | t: | | | |
| ☐ Home | Occupation: # Ro | oms: | Use: | Hours o | of Operation: | | #Employees: | |
| ☐ Addition | on/Accessory/Othe | er: (Sizex |) Use: | | | Closets in a | ddition? () yes () n | Ю. |
| Sewage Su | pply: New S (Complete En r of this tract of lar | Septic Tank Ex vironmental Health nd, own land that cor | Need to pansion Relo Checklist on other ntains a manufacto | ell (# of dwellings usin o Complete New Well ocationExisting S side of application if S ured home within five h | Application at the Septic Tank X | County Sewer | nk) | |
| | | y easements whether | | | () 110 | Other (en | olf A | |
| | · · · · · · · · · · · · · · · · · · · | / | | Manufacture | | | | mittos |
| If permits a I hereby sta | re granted I agree ate that foregoing s | statements are accu | dinances and laws rate and correct to when or Owner's when or Owner's when or Owner's when the control of the correct of the c | the best of my knowle | edge. Permit subj | ect to revocation if fals | pecifications of plans sub se information is provided | muec |
| | | Signature of Ov | wher or Owner's | 4yent | | Date | O 91 D1 103 D9 10 N 22 | 200 |

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: 6-18-207 | | | |
|---|--|--|--|--|
| Site Address: 42 York Court | Phone: 910-486-4864 | | | |
| Subdivision: COUNTRY SQUIRE ESTATES | Lot: 76 | | | |
| 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 # | T | | | |
| Description of Work SINGLE FAMILY ELECTRIC Service Size | e: 200 Amps T-Pole: XYes 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 # | was stick | | | |
| Mechanical/HVAC Contractor Info | manon | | | |
| Description of Work SINGLE FAMILY HVAC | 040,004,4000 | | | |
| CAROLINA COMFORT AIR, INC. | 910-891-1239 | | | |
| Mechanical Contractor's Company Name | Telephone carolinacomfortair@yahoo.com | | | |
| 703 N. CLINTON AVE. DUNN, NC 28334 | Email Address | | | |
| Address 29077 H-3-1 | Elliali Address | | | |
| License # | | | | |
| Plumbing Contractor Informat | ion | | | |
| Description of Work SINGLE FAMILY PLUMBING | # Baths 2 | | | |
| 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 Informat | don | | | |
| 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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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.

nature 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 using 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 Work. Office Work Date: 6-18-2120 | | | | | | |
| | | | | | | |

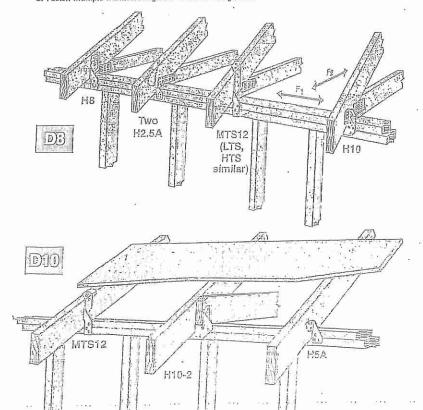
THUS/Rafter to Wood Double Top Plates



| ř. | Qty Requ | Fasteners | | | DF/SP Allowable Loads | | | | SPF Allowable Loads | | | |
|--------------|-------------|----------------------|--------------|---------|-----------------------|--|-----------|------|---------------------|--------------------------------------|-----------------------------------|--|
| Wodel No. | | Qty Requi Rafters | To Plates | Uplift | | Parallel to | | | plift | Parallel to | | |
| | | | | (133) | (160 |) Plate (F ₁) (133/160) | | | (160) | Platé (F ₁) (133/160) | Plate (F ₂ (133/150 | |
| H2.5 | 1 | 5-8d | 5-8d | 415 | 415 | 150 | 150 | 365 | 365 | 130 | 130 | |
| Н5А | 1 | 3-8d | 3-8d | 350 | 420 | 115 | 180 | 245 | 245 | 100 | 120 | |
| HGAIO | . 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 | |
| LTS12 | इत् ह | 6-10dx1½ | 6-10dx11/2 | ,720 | .720 | · 75 | . 125 | 620 | 620. | 75 . 1 | 125 : 4 | |
| | 1.14" | 5-10dx11/2 | 5-10dx1/2 | 620 | 7.45 | | | 530 | 665 | F. 7.24 | 1.4.4. | |
| 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 | 5,30 | 530 | . 200 | . 340 | |
| | 1.1. | 8-8dx11/2::: | -8-8dx11/2 | √905≈ | (, óee) | 585 | .· 525 .· | 780 | 850 | 505 | 450 | |
| MTS12 | 7 | 7-10dx11/2 | 7-10dx1½ | 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 | .11. | 12-10dx11/2 | 12-10dx1½ | 1450 | 1450 | 75 | 125 | 1245 | 1245 | 75 | 125 | |
| H16S | ĩ | 2-10dx11/2 | 10-10dx11/2 | 1470 | 1470 | | | 1265 | 1265 | - | - | |
| H16 | 1 | 2-10dx11/2 | 10-10dx11/2 | 1470 | 1470 | _ | - | 1265 | 1265 | - | - | |
| 110 | 271 | 16-8dx14/2 | 16-8dx1½ | 1810 | 1980 | \$ 1170 E | 1.050, | 1560 | 1700 | 1010 | 900 | |
| VITS12 | 2 | 4-10dx11/2 | 14-10dx1½ | 1680 | 2000 | 150 | 250 | 1460 | 1720 | 4150 K | 250. | |



2. For connections to single top plates, see page 12.
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 2½" must be used when connectors are installed on the

