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nitial Application Date:	18-21/20	Application #					
Central Permitting	COUNTY OF HA 108 E. Front Street, Lillington, N	ARNETT RES C 27546	IDENTIAL LAND USE APPLICA Phone: (910) 893-7525 ext;2	TION Fax: (910) 893-2793	www.harnett.org/permits		
A RECORDED SUR\	/EY MAP, RECORDED DEED (OR OF	FER TO PURC	IASE) & SITÉ PLAN ARE REQUIRED \	WHEN SUBMITTING A LAN	ID USE APPLICATION		
ANDOWNED H&H CO	NSTRUCTORS OF F	AY.LLC	Mailing Address: 2919 BRE	EZEWOOD AV	/E. STE. 400		
City: FAYETTEVILLE	State: NC Zip:	28303 _{Co}	910-486-4864	_{Email:} stacysim	nmons@hhhom		
APPLICANT*: Same as	Above	Mailing Addres	ss: Same as Above				
City:	State: Zip:	Co	ntact No:	Email:			
Please fill out applicant informat ADDRESS: 53 York	on if different than landowner Court Lst 7	8	PIN: US14-35-	3608			
Zoning:Flood:	Watershed:	Deed	Book / Page:				
Setbacks – Front:	Back: \$	ide:	Corner: 77.3				
PROPOSED USE:					f - Hali		
SFD: (Size <u>28 x 37</u>)# Bedrooms: # Baths 2 (Is the bonus room finished? (Basement(w	//wo bath):Garage 280 De no w/ a closet? () yes ()	ck: <mark>[00</mark> Crawl Space:_ no (if yes add in with #	Slab:Slab: bedrooms)		
☐ Mod: (Sizex			v/wo bath) Garage: Site) no		Frame Off Frame		
☐ Manufactured Home: _	_SWDWTW (Size	x	_) # Bedrooms: Garage:	(site built?) Deck:	(site built?)		
Duplex: (Sizex_) No. Buildings:	No. Be	drooms Per Unit:				
☐ Home Occupation: # Re	ooms:Use:		Hours of Operation:		#Employees:		
☐ Addition/Accessory/Oth	ner: (Sizex) Use:			Closets in a	ddition? () yes () no		
Water Supply: X_ Count	y Existing Well	New Well (# c	of dwellings using well uplete New Well Application at the) *Must have operable	e water before final		
Sewage Supply: New	Sentic Tank Expansion	Relocation	Existing Septic Tank _ X_	County Sewer	,		
Complete E) Does owner of this tract of la	Environmental Health Checklist cand, own land that contains a man	anufactured h	ome within five hundred feet (500	') of tract listed above?	() yes (X) no		
Does the property contain a	ny easements whether undergro	ound or overh	ead (<u> </u>				
			Manufactured Homes:	Other (spe	ecify):		
15	a to conform to all-ordinances a	and laws of the	State of North Carolina regulating state of Morth Carolina regulating states of my knowledge. Permit sub	og such work and the si	pecifications of plans subm		

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

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: 6-18-2020			
Site Address: 53 York Gwt	Phone: 910-486-4864			
Subdivision: COUNTRY SQUIRE ESTATES	Lot: 7 8			
Subdivision: OCONTRO GOURGE FAMILY DESIDENTIA				
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIA				
General Contractor Informat				
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	ition			
Description of Work SINGLE FAMILY ELECTRIC Service Siz	ze: 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	ormation			
Description of Work SINGLE FAMILY HVAC	20 5 3 5 10 10 10 10 10 10 10 10 10 10 10 10 10			
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 # Plumbing Contractor Informa	efion			
	25			
Description of Work SINGLE FAMILY PLUMBING	# Baths _910-424-6712			
VANCE JOHNSON PLUMBING	Telephone			
Plumbing Contractor's Company Name	relephone			
3242 MIDPINE RD. FAY. NC 28306	Email Address			
Address	Enfail Address			
7756-PL				
License # Insulation Contractor Information	ation			
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 bysigning 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

L-18-2120

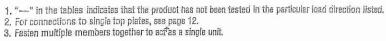
Date

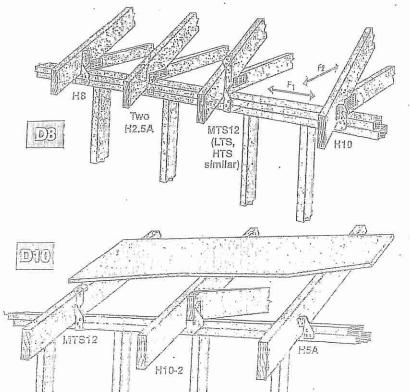
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
General Contractor Owner Officer/Agent of the Contractor or Owner						
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:						
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						
Sign w/Title. Date: 6-18-2020						

THUS WAREN TO WOOD DOUBLE TOP PRESE



Model Qiy No. Read	Fasteners			DF/SP Allowable Loads				SPF Allowable Loads			
		To Plates	U	plift	Parallei t			lplift	Parallel to		
			(133)	(160) Plate (F ₁ (133/160			(160)	Platé (É ₁ (133/160		
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	SAS	6-10dx11/2	6-10dx11/2	,720	720	· 75	. 125.	620	620.	· · 75 . i	. 125
	142.	5-10dx11/2	5-10dx11/2	620	7.45		1.1.41	530	565	F. 1.4	1.4.3.4
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	530	530	. 200	. 340
H10(À1.	8-8dx11/2	- 8-8dx1½	905=	990	585	. 525	780	850	505	450
MTS12	1	7-10dx1½	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	12.	12-10dx11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	125
H163	1	2-10dx11/2	10-10dx11/2	1470	1470	_		1265	1265	-	_
H16	1	2-10dx11/2	10-10dx11/2	1470	1470	-	-	1265	1265	_	_
Hiomeyle	201	16-8dx1½))	16-8dx1½	1810	1980	1170	1,050,	1550	1700	1010	900
MTS121	200	14-10dx1 <i>1</i> /2-1	14-10dx1½	1680	2000	150	250	1460	1720	950	250 .







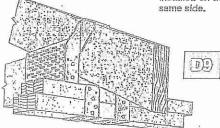
Hurricane Tle installations to Achieve Twice the Load (Top View)



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



H16

