

nitial Application Date: 6 19 2020		Application#					
nitial Application Date:		3.7/2					
COUN Central Permitting 108 E. Front Street, Li	ITY OF HARNETT RESID Illington, NC 27546 Pt	DENTIAL LAND USE APPLI none: (910) 893-7525 ext:2	CATION				
**A RECORDED SURVEY MAP, RECORDED D							
_ANDOWNER: H&H CONSTRUCTOR	S OF FAY.LLC	Mailing Address: 2919 BF	REEZEWOOD AV	E. STE. 400			
City: FAYETTEVILLE State:	NC Zip: 28303 Cont	act No: 910-486-4864	↓ <sub>Email:</sub> stacysim	mons@hhhom			
APPLICANT*: Same as Above							
City: State: State:	Zip: Con	tact No:	Email:				
*Please fill out applicant information if different than landon  ADDRESS: 29 York Court Court	H 80	PIN: 0514-	35-1710				
Zoning:Flood: Water	shed: Deed B	ook / Page:					
Setbacks - Front: 16 0 Back: 47	.3 Side: 22.	Corner:					
	finished? () yes () r	no w/ a closet? () yes (	_) no (if yes add in with # b	bedrooms)			
☐ Mod: (Sizex) # Bedrooms #  (Is the second floor	Baths Basement (w/ finished? () yes ()	(wo bath) Garage: S no Any other site built addit	ions? ( ) yes () no	-rameOff Frame			
☐ Manufactured Home: _SW _DWT	W (Sizex)	# Bedrooms: Garage:_	(site built?) Deck:_	_(site built?)			
☐ Duplex: (Sizex) No. Buildings:_	No. Bed	rooms Per Unit:					
☐ Home Occupation: # Rooms:	_Use:	Hours of Operation:		#Employees:			
Addition/Accessory/Other: (Sizex	_) Use:		Closets in a	ddition? () yes () no			
Water Supply: X County Existing Wesserge Supply: New Septic Tank Ex (Complete Environmental Health Does owner of this tract of land, own land that county the property contain any easements whether	(Need to Comp pansion Relocation Checklist on other side of ntains a manufactured ho	Existing Septic Tank application if Septic) me within five hundred feet (5	X_County Sewer	nik)			
Structures (existing or proposed): Single family do			Other (spe	cify):			
If permits are granted I agree to conform to all ord I hereby state that foregoing statements are accu	A and laws of the	State of North Carolina regula	ating such work and the sn	pecifications of plans submitte			

6-19-2120 Date Signature of wher 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 # \_\_\_\_\_

\* 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.

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC	Date: 6 11 247			
Site Address: 29 York Court	Phone: 910-486-4864			
Subdivision: COUNTRY SQUIRE ESTATES	Lot:			
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIAL	L			
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 #	lan.			
Electrical Contractor Information Description of Work SINGLE FAMILY ELECTRIC Service Size	e 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	rmation			
Description of Work SINGLE FAMILY HVAC				
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 Information	rion			
Description of Work SINGLE FAMILY PLUMBING	# Baths <b>_</b> 910-424-6712			
VANCE JOHNSON PLUMBING	Telephone			
Plumbing Contractor's Company Name	Telephone			
3242 MIDPINE RD. FAY. NC 28306	Email Address			
Address	Elliali Address			
7756-PL License #				
Insulation Contractor Information	<u>tion</u>			
TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301	910-486-8855			
Insulation Contractor's Company Name & Address	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 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

as per current fee schedule.	6-19-2020
gnature of Owner/Contractor/Officer(s) of Corporation	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 is suing 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/Title  Date: 6-19-2120
Sign w/Title Date: V Ct 2000

## THUS Refter to Wood Double Top Plates



1.		Fasieners		1	DF/SP Allowable Loads				SPF Allowable Loads			
Model Qty No. Regd		1152	Uplift		Parallel to Plate (F <sub>1</sub> )	Parallel to Perp. to	Uplift		Parallel to Plate (F <sub>1</sub> )	Perp. to Plate (F <sub>2</sub>		
		(133)	(160)	(133/160)			(160)	(133/160)	(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	
HGAID	. 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	2,65	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	11 6	6-10dx1½	6-10dx11/2	,720	720	· 75·	. 125.	620	620.	· · · · 75 il		
	. J"	5-10dx1½	5-10dx11/2	, 62Ö .	7,45		. ) <u></u> :	530	\$65°	F	1. d. 4v.	
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	
		8-8dx11/s	B-Bdx11/2	·/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	
Līsi2	. 2	12-10dx1/2	12-10dx11/2	1440;	1440	150	250, -	1240	1240	150	250	
HTS20		12-10dx11/2	12-10dx11/2	1450	1450	75	125	1245	1245	75	125	
H16S	1	2-10dx11/2	10-10dx11/2	1470	1470			1265	1265		· · · · ·	
H16	1	2-10dx11/2	10-10dx11/2	1470	1470	_	, <del></del> -	1265	1265		-	
Hioway	2	16.8dx1½**	*** *** * * * * * * * * ** **	1810			1.050		1700	1010,47	900	
MTS121	2/2/2	4-10dx1½/-	14-10dx1½	1660	2000	150 🥽	250	1460	1720	150	250	

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



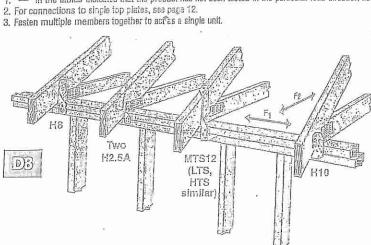
Install diagonally across from each other for minimum 2x truss.



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 connectors are installed on the same side.

11)(1)





1. "--" in the tables indicates that the product has not been tested in the particular load direction listed.

