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A CONTRACTOR OF THE CONTRACTOR	NORTH CAROLINA					
Initial Application Date: 6-19-2020	Application #					
	CU#					
COUNTY OF HARNETT RES Central Permitting 108 E. Front Street, Lillington, NC 27546 F	IDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits					
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCH	HASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**					
LANDOWNER: H&H CONSTRUCTORS OF FAY.LLC	Mailing Address: 2919 BREEZEWOOD AVE. STE. 400					
City: FAYETTEVILLE State: NC Zip: 28303 Col	ntact No: 910-486-4864 Email: stacysimmons@hhhom					
APPLICANT*: Same as Above Mailing Address	Same as Above					
City: State: Zip: Co	ntact No:Email:					
*Please fill out applicant information if different than landowner ADDRESS: 43 York Gurt Lot 79	PIN: 0514-35-1790					
Zoning: Flood: Watershed: Deed	Book / Page:					
Setbacks – Front: 16 Back: 57.0 Side: 25-8						
PROPOSED USE:						

Monolithic

	Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On (Is the second floor finished? () yes () no Any other site built additions? () yes () no	FrameOn 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:	#Employees:
	Addition/Accessory/Other: (Sizex) Use:Closets in a	addition? () yes () no
Sev	tier Supply:XCountyExisting WellNew Well (# of dwellings using well) *Must have operable (Need to Complete New Well Application at the same time as New Tawage Supply:New Septic TankExpansionRelocationExisting Septic TankX_County Sewer (Complete Environmental Health Checklist on other side of application if Septic) es owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above (100) see the property contain any easements whether underground or overhead (100) yes (100) no	enry)
	uctures (existing or proposed): Single family dwellings:X Manufactured Homes: Other (spe	ecify):

SFD: (Size 28 x 41) # Bedrooms # Baths Basement(w/wo bath): __Garage: 251 Deck: 60 Crawl Space: V Slab:

(Is the bonus room finished? (___) yes (___) no w/ a closet? (___) yes (___) no (if yes add in with # bedrooms)

6-19-2020 Date Signature of Owner 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.***

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.

*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: 4-11-202			
	Phone: 910-486-4864			
Site Address: 43 York Court	70			
Subdivision: COUNTRY SQUIRE ESTATES	Lot:19			
Description of Proposed Work: NEW SINGLE FAMILY RESIDENTIA	AL .			
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 #				
Description of Work SINGLE FAMILY ELECTRIC Service Size	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	ormation			
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 Informa				
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 # Insulation Contractor Information	ation			
TRICITY INSULATION INC. 418 PERSON ST. FAY. NC 28301	910-486-8855			
Insulation Contractor's Company Name & Address	Telephone			
DESCRIPTION CATHERAGICES CONTIDENT INCHIC & AUGUSCO	Constitution of the state of th			

*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

<u>(-[9-2020</u> Date

is as per current fee schedule.

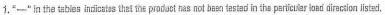
nature of www.er/Contractor/Officer(s) of Corporation

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 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 Work! Date: 6-19-2120

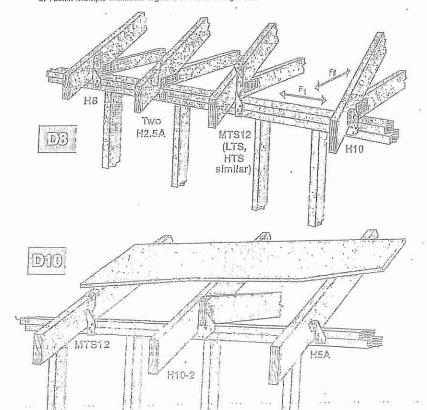
THUS Wafter to Wood Double Top Plates



Ti	T	Fasteners			DF/SP Allowable Loads				SPF Allowable Loads			
Wodel	Qįy		To Plates	Uplift		Parallel to			lplift.	Parallel to		
No.	Reqd			(133)	(160) Plate (F ₁) (133/160)) (160) Platé (F ₁) (133/169)	Plate (F ₂ (133/160	
H2.5	1	5-8d	5-8d	415	415	150	150	365	365	130	130	
H5A	1	3-80	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	
Hi	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	KA A	: 6-10dx1½	6-10dx11/2	,720	.720	75	. 125.	620	620.	75 .7	125	
He	:::J.;:"	5-10dx1½	5-10dx11/2	, 620	7.45		1 54	530	565	1. 1. 1. 1. 1.		
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	530	530	. 200	. 340	
	-1.	8-8dx11/2	- B-Bdx11/2	-(905=	. 990	585	. 525	780	850	505	450	
MTS12	7	7-10dx11/2	7-10dx1½	840	1000	75	125	730	860	75	125	
Hi	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	P. C.	12-10dx11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	125	
H168	1	2-10dx11/2	10-10dx11/2	1470	1470		-	1265	1265			
H16	1	2-10dx11/2	10-10dx11/2	1470	1470	100	_	1265	1265	_	-	
1100		16-8dx1½	16-8dx11/2			\$ 1170 B		:1560	[700]	1010	900	
MTS12!	2/2	4-10dx11/2/-	14-10dx1½	1680	2000.	150	250	1460	1720	1150	250.5	



2. For connections to single top plates, see page 12.
3. 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 mey cause the wood to split. A minimum rafter thickness of 21/2" must be used when connectors are installed on the



