

CI			TOWN TO CHRULINA			
nitial Application Date:	5/2020			Application #		
	M				CU#	
Central Permitting 10	COUNTY OF I 08 E. Front Street, Lillington,		DENTIAL LAND USE A hone: (910) 893-7525 e	APPLICATION xt:2 Fax: (910	o) 893-2793 v	ww.harnett.org/permits
A RECORDED SURVE	Y MAP, RECORDED DEED (OR C	OFFER TO PURCH	ASE) & SITE PLAN ARE RE	QUIRED WHEN SU	BMITTING A LAND	USE APPLICATION
_ANDOWNER:_H&H Cons	structors of Fayette	ville, LLC.	Mailing Address: 291	9 Breezew	ood Ave. St	te. 400
	State: NCZi					
APPLICANT*: Same As A	Above	Mailing Addre	ss: Same As Abo	ve	-	
City: Fayetteville Please fill out applicant information	State: NC_ Zi	p: <u>28303</u>	ntact No: 910-486-	4864	_Email:_Stacys	simmons@hhhomes.com
CONTACT NAME APPLYING						
ADDRESS: 106 Art	June / oug		PIN: 959	5-41-4	825	
DEED OR OTP: 3705:	0872		FIN	0		
PROPOSED USE: SFD: (Size 32 x 44'2)	# Bedrooms: # Baths: 2 (Is the bonus room finished?	. ≾ Basement(w/ ⟨□) yes (□) i	wo bath): Garage:	Deck: (a)	Crawl Space: add in with # be	Slab: Monolithic Slab: drooms)
) # Bedrooms # Baths (Is the second floor finished?					off Frame
Manufactured Home:	SW DW TW (Size_	x)	# Bedrooms: Gara	age:isite buil	t?Deck:	site built?
Duplex: (Sizex) No. Buildings:	No. Bed	rooms Per Unit:			
☐ Home Occupation: # Roo	ms:Use:		Hours of Operation	on:		#Employees:
Addition/Accessory/Other	:: (Sizex) Use:				_ Closets in addi	ition? () yes () no
Nater Supply: County Sewage Supply: New Se (Complete Env Does owner of this tract of land	eptic Tank Expansion _	(Need to Comp Relocation	lete New Well ApplicationExisting Septic Tan application if Septic)	on at the same tin ik County S	ne as New Tank) Sewer	
Does the property contain any						
Structures (existing or propose	d): Single family dwellings:	roposed	_Manufactured Homes:		Other (specify	v):
f permits are granted I agree t	o conform to all ordinances a	and laws of the S	State of North Carolina re	egulating such w	ork and the spec	ifications of plans submitte

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.

Signature of Owner or Owner's Agent

Date Synature of Owner or Owner's Agent

Date

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 currer 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: 8 3 20 4
Site Address: Ob Artilly Lane	Phone: 910-486-4864
Subdivision: Manor at Lexington Plantation	Lot: 669
Description of Proposed Work: NEW SINGLE FAMILY RESIDEN	TIAL
General Contractor Inform	
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 Inform	mation Size: <u>200</u> Amps T-Pole: ∑Yes ☐ No
	919-776-5144
JM POPE ELECTRIC, INC.	Telephone
Electrical Contractor's Company Name	electricpope@windstream.net
409 CHATHAM ST. SANFORD, NC 27330	Email Address
Address 21326	Email / Iddi ess
License #	
Mechanical/HVAC Contractor I	nformation
Description of Work SINGLE FAMILY HVAC	
CAROLINA COMFORT AIR, INC.	919-934-1060
Mechanical Contractor's Company Name	Telephone
5212 US HWY 70 BUSINESS CLAYTON, NC 27520	carolinacomfortair@yahoo.com
Address	Email Address
29077	
License #	
Plumbing Contractor Infor	mation
Description of Work SINGLE FAMILY PLUMBING	# Baths
DELL HAIRE PLUMBING	910-424-6712
Plumbing Contractor's Company Name	Telephone
PO BOX 65048, 620 GILLESPIE ST. FAY., NC 28306	DELLHAIREPLUMBING@HOTN
Address	Email Address
32886P-1	
License #	
Insulation Contractor Infor	
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 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.

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 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 carrying out the work. Sign w/Title Date: US Duro

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1288264

Filed on: 08/05/2020 Initially filed by: StacySimmons

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com age_baset(up.com)

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@llensnc.com@neta.ac.gathlens.com

1-2 Family Dwelling

Owner Information

H & H Constructors of Fayetteville, LLC 2919 Breezewood Ave. Suite 400 Fayetteville, NC 28303 United States

Email: stacysimmons@hhhomes.com

Phone: 910-486-4864

Project Property Print & Post

MLP000669 Lct 669 Manor at Lexington

Place 106 Artiliery Lane Cameron, NC 28326 Harnett County

Property Type

Date of First Furnishing

07/13/2020

Contractors: Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

https://apps.liensnc.com/scr/appointment/details.html?entryNumber=1288264&printable=Y

TRESRATOR DOUD DOUD TOP Plates



			eners DF/SP Allowable Loads				SPF Allowabie Loads				
	Qty		To	L	JpJift .	Parallel t			lplift	Parallel to	
	Req	Rafters	Plates	(133) (160)	Plate (F ₁) (183/160)) (160)) Platé (É _{1.}) (133/160)	Plate (F ₂ (133/160
H2.5	1 7	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	1.1	4-SDS1/4x11/2	4-SDS1/xx3	435	435	1165	940	375	.375	870	815
H5	1	. 4-8d	4-8d	455	465	115	1 200	265	265	100	170
H1	11	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	13.13	6-10dx1½	6-10dx11/2	720	1.720	· 75	, 125.	620	620.	· · · 75 _ A	. 125
Harry	india.	5-10dx1½	5:10ax11/2	620 .	7,45	. :	. : - :	530	565	\$.7. 4 .	144.
H10-2	1	6-10d	6-10d	760	760	455	395	655	655	390	340
H2.5	2	10-8d	10-86	830	830	300	300	730	730	260	260
H5	· 2	8-8d		910	_980.	230	400	530	520,	. 200	. 340
		s 8-60x11/2	8-8dx11/2	√905×); <u>0</u> ee(;	585	, · 525 ,	780	850	505	450
MTS12	1	7-10dx11½	7-10dx11½	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
1512	. 2	12-100x1/2	12-100x1/2	:440 ;	1440	150	250	1240	1240	150	250 :
TS20	1:	12-10dx11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	125
1168	1	2-10dx11/2	10-10dx11/2	1470	1470		-	1265	1265		_
116	1	2-10dx11/2	10-10dx1½	1470	1470	_ 1	_	1265	1265		
10 10	Z H	16-8dx1½;	36-8dx11/21	jěfoj	1980	17702	7.050	1550	1700	/:ofo://	g 600 30
1TS12	2	14-10dx1327	74-10dx1%1	1680	2000,	150 :	Control of the Control of the Control	44.22	46. 4	1.0	250

1. "-" in the tables indicates that the product has not been tested in the particular load direction listed.
2. For conceptions to single top plates, see page 12.

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2. For connections to single top plates, see page 12.
3. Fasten multiple members together to act as a single unit.

īwo

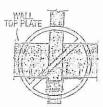
H2.5A



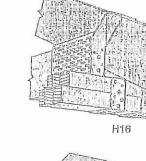
Hurricane Tie installations to Achieve Twice the Load (Top View)

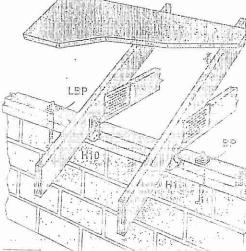


Install diagonally across from each other for minimum 2x truss.

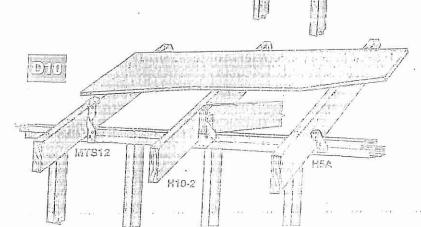


Halling into both sides of a single ply 2x truss may cause the wood to split. A minimum rafter thickness of 2½" must be used when connectors are installed on the same side.









(LTS, HTS similar)