

Initial Application Date: 09/01/2020

Application #	
1 do burganou u	$\label{thm:constraints} White the analysis of the constraints of the$

									CU#_		
		(	COUNTY OF I	HARNETT RE	SIDENTIA	AL LAND	USE APPLI	CATION			
Central Perm	nitting 10	08 E. Front Stre	eet, Lillington,	NC 27546	Phone: (	910) 893-7	7525 ext:2	Fax: (9	10) 893-2793	www.harnett.org/p	permits
**A RECC	ORDED SURVE	Y MAP, RECORD	DED DEED (OR (	OFFER TO PUR	CHASE) & S	SITE PLAN A	ARE REQUIRE	D WHEN S	JBMITTING A L	AND USE APPLICATION	Į**
	1 0		110 -	_			- 0	1010	0.0		
DOWNED.	KHRE	ELIAN	MOMES	, INC	Mailing	Address:	3120	6020	DUST L	N	

LANDOWNER. 1000 Address. V	
City: WILLOW SPRING State: NC Zip: 27592 Contact No: 919 368	5405 Email: 17R IN FOCO Gory \$12, con
APPLICANT*: SAME Mailing Address:	
City: State: Zip: Contact No:	Email:
*Please fill out applicant information if different than landowner	OF 49 0703 000
ADDRESS: 44 WHITE HERON CT. SANFORD PIN: 958	33-17-9703.000
Zoning: RA-20RFlood: NO Watershed: NO Deed Book / Page: 352	20/0985
Setbacks - Front: 134 Back: 38 Side: 12 Corner: W/	A Comment of the Comm
PROPOSED USE: ,	
SFD: (Size $\frac{58 \times 58}{x \times 58}$ ) # Bedrooms: $\frac{5}{x \times 58}$ # Baths: $\frac{4}{x \times 58}$ Basement(w/wo bath): $\frac{4}{x \times 58}$ Garage (Is the bonus room finished? ( $\frac{1}{x \times 58}$ ) yes () no w/ a closet? ( $\frac{1}{x \times 58}$ )	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage (Is the second floor finished? () yes () no Any other site but	
☐ Manufactured Home: _SW _DW _TW (Sizex) # Bedrooms:G	arage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use: Hours of Open	ation:#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Water Supply:	rank L County Sewer
Does the property contain any easements whether underground or overhead () yes	
Structures (existing or proposed): Single family dwellings: Manufactured Home	es: Other (specify):
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina I hereby state that foregoing statements are accurate and correct to the best of my knowledge.	
Signature of Owner's Agent	09/01/20
Signature of Owner or Owner's Agent ***It is the owner/applicants responsibility to provide the county with any applicable infor	Date mation about the subject property, including but not limited
and the state of t	The state of the s

\*This application expires 6 months from the initial date if permits have not been issued\*\*

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.\*\*\*

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

					proper 5	prop
A 15 - 45	£	Danidontial	Duilding	and	Iranes	Permit
Application	TOF	Residential	DUNGHIN	CSIIVA	110000	S PRESERVE

n on license.	1-1-1-1-1-1-1	- C + 2 C	- ralulas
Owner's Name:	KARELIAN HOM	S, INC.	Date: 09/01/202
Site Address: 44	WHITE HERON CT.	SANFORD,	NC 2733@hone: 919 368 5409
/ / /	201111/ 14/05		10t: 770
Description of Propose	ed Work: NEW RES. C	ans tructio	Total Job Cost:
	General Contra	ctor Informati	on
KARELIAN	J HOMES, INC.		919 3685405
Building Contractor's	Company Name		Telephone TTR INFO(WGMAIL COM)
3129 6010	DUST IN. WILLOWS	PRNG, NC	TTR IN FOLGERANT LODE
Address	2	7592	Email Address
80034	automitate		
License #	Electrical Contr	actor Informat	tion
Description of Work	HII ELECTRICAL	Service Size	e: ZV Amps 1-Pole: A YesNO
WECTER +6	ACE ELECTRICAL INC.		919 499 5976
Electrical Contractor's	: Company Name		relephone
546 LESL	IE RD., SANFORD. NO	27332	
Address			Email Address
12007-V			
License #		and we obey loss	rmation
	Mechanical/HVAC (	ontractor inte	Simation
Description of Work	All PIVAC	Tu /s	010 050-0092
CERTIFIED	1 HEATING ITIK	COND, IM.	910 858-0092 Telephone
	71 HOPE MILLS, A	( 2051)	Email Address
Address			Email Address
20012			
License #	Plumbing Cont	ractor Informa	ation
	All PLUMBING		# Raths 4
Description of Work	2 82.04.8016 (2 1016		919 820 0026
Plumbing Contractor			Telephone
	64 BENSON, NC 27	004	•
Address	1 lewson, rec cr	307	Email Address
P1-0795	-6		
License #	NATIONAL MEDICAL PROPERTY OF THE PROPERTY OF T		
	Insulation Con		ation Cualific ROSC
TRICITY/	VSVLATAN 4 B1PC PROD, r's Company Name & Address	INC.	910 486 8855
Insulation Contracto	r'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 is as per current fee schedule.

By Imil Dynuhia 09/01/20
Signature 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 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: By Rumbin Date: D9 01/202

## LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent	CHICAGO TITLE COMPANY ILC.
Mailing address of Agent	19 W. HARGETT ST., SUITE SOT
	RALEIGH, NC 27601
Physical address of Agent	19 W. HARGETT ST. SUITE 507
	RALEIGH, NC 27601
Telephone 888-690	7-7384 Fax 913 489 5 2 31
Email SUPPORT @	LIENSNC. COM

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."