

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner/occupier 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: 1 77 70 70 |
|---|---------------------------------|
| Site Address: 273 Hallow Oak Stylet | Phone: 910-486-4864 |
| Subdivision: Olde Farm Village | Lot: 41 |
| Description of Proposed Work: SFD | Total Job Cost: 114,000 |
| General Contractor Informatio | n |
| H&H Constructors of Fayetteville, LLC. | 910-486-4864 |
| Building Contractor's Company Name | Telephone |
| 2919 Breezewood Ave Ste.400 Fay, NC 28303 | KaylaManore@HHHomes.com |
| Address | Email Address |
| 74158 HEATED SQ FT 2435 GARAGE S | QFT 394 |
| License # | |
| Description of Work Residential Electrical Contractor Information Service Size: | 200Amps T-Pole: XYesNo |
| JM Pope Electric LLC. | 919-776-5144 |
| Electrical Contractor's Company Name | Telephone |
| 409 Chatham Street Sanford, NC 27330 | electricpope@windstream.net.com |
| Address | Email Address |
| 21326 | , |
| License # | |
| Mechanical/HVAC Contractor Infor | mation |
| Description of Work Residential | 0.10.001.1000 |
| 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 Informati | on |
| Description of Work Residential | # Baths |
| Vance Johnson Plumbing Co., Inc. | 910-424-6712 |
| Plumbing Contractor's Company Name | Telephone |
| 3242 Mid Pine Dr. Fayetteville, NC. 28306 | etoepfer@vjplumbing.com |
| Address | Email Address |
| 07756-P-I | |
| License # | |
| Insulation Contractor Informati | |
| Tri-City Insulation 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 is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

| Affidavit for Worker's Compensation N.C.G.S. 87-14 |
|---|
| The undersigned applicant being the: |
| General ContractorOwnerOfficer/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 coverthem. |
| 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: Paula Marroy Permit Coordinator Date: 1/2012021 |



| Initial Application Date: | 40 | Applic | cation# | |
|--|---|--|--|--|
| 10.20 | | | | |
| Central Permitting 108 E. Front | COUNTY OF HARNETT R Street, Lillington, NC 27546 | RESIDENTIAL LAND USE APPLICA Phone: (910) 893-7525 ext:2 F | TION Fax: (910) 893-2793 | www.harnett.org/permits |
| | | RCHASE) & SITE PLAN ARE REQUIRED W | | |
| LANDOWNER: H&H Constructor | s of Fayetteville, LL | C. Mailing Address: 2919 Bree | ezewood Ave S | Ste.400 |
| _{City:} <u>Fayetteville</u> | _State: NC _ Zip: 28303 | Contact No: 910-486-4864 | _ _{Email:} KaylaMan | ore@HHHomes.com |
| APPLICANT*: Same As Above | Mailing Ad | _{dress:} Same As Above | | |
| City: Fayetteville *Please fill out applicant information if different to | State: NC Zip: 28303 | Contact No: 910-486-4864 | _ _{Email:} KaylaMar | ore@HHHomes.com |
| | | | 0-1716 | |
| ADDRESS: 773 HOLLOW | | | 9-1115 | |
| Zoning:Flood: | | | | |
| Setbacks - Front: 31 Back: 54 | Side: 10 Corner: | | | |
| PROPOSED USE: | | 7 | | Monolithi |
| PROPOSED USE: SFD: (Size 38 x 41 - 8") # Bedroor | | | | |
| TOTAL HTD SQ FT 2435 GARAGE SQ | (is the bonus room | Timished? (_) yes (_) no w/ a closet: (| c) yes c) no (n yes ad | a m with m boardonier |
| ☐ Modular: (Sizex) # Bed | rooms# BathsBaser | ment (w/wo bath)Garage:S | Site Built Deck:O | n FrameOff Frame |
| TOTAL HTD SQ FT | (Is the second floor finis | shed? (_) yes (_) no Any other site buil | t additions? (_) yes (_) | no |
| ☐ Manufactured Home: SWD | W TW (Size x_ |) # Bedrooms:Garage: | (site built?) Deck: | (site built?) |
| | | | | |
| □ Duplex: (Sizex) No. Bu | ldings:No. | Bedrooms Per Unit: | TOTAL HTD S | SQ FT |
| ☐ Home Occupation: # Rooms: | Use: | Hours of Operation: | | #Employees: |
| ☐ Addition/Accessory/Other: (Size | _x) Use: | | Closets in a | ddition? () yes () no |
| TOTAL HTD SQ FT | GARAGE | | | |
| Water Supply: | sting Well New Well (| # of dwellings using well) | *Must have operable | water before final |
| Sewage Supply:New Septic Tank_ | (Need to C | complete New Well Application at the tionExisting Septic Tank(| same time as New Ta | nk) |
| (Complete Environmenta Does owner of this tract of land, own land | Health Checklist on other sig | te of application if Septic) | | () ves Mno |
| Does owner of this tract of land, own land. Does the property contain any easements | | / | , 5, 246, 115, 64 | C/ J-= W/ |
| Structures (existing or proposed): Single | | | Other (sne | cify): |
| Structures (existing or proposed): Single If permits are granted I agree to conform | | | | |
| I hereby state that foregoing statements a | are accurate and correct to th | e best of my knowledge. Permit subje | ect to revocation if fais | e information is provided. |
| Mayla | re of Owner or Owner's Age | | Date | |
| title in the owner/applicante recogniti | sility to provide the county i | with any applicable information ab erhead easements, etc. The county | out the subject proper or its employees ar | erty, including but not limited e not responsible for any |
| inc | correct or missing informati | on that is contained within these a from the initial date if permits hav | ipplications."" | |
| 11115 4 | A TOWNSHIP OF THE PARTY OF THE | DEVELOPED CONTRACTOR C | | |

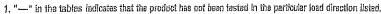
APPLICATION CONTINUES ON BACK

strong roots · new growth

Thus Refiter to Wood Double Top Plates



| | · J· · · · · | Engl | | | DF/SP Allowable Loads | | | | COE Allowath Lands | | | |
|------------|--------------|------------------|--------------|--------|-----------------------|-----------|-------------------------|--------------|---|------------|-----------------------|--|
| Wodel City | | Fasteners | | | | | | | SPF Allowable Loads Uplift Parallel to Peru, to | | | |
| No. | Requ | | To Plates | (133) | ' T | Plate /Fa |) Plate (F ₂ | 1422 | <u> </u> | Platé (É. | Plate (F ₂ | |
| H2.5 | 1 | 5-8d | 5-8d | 415 | 415 | 150 | 150 | 365 | 365 | 130 | OST | |
| H5A | 1 | 3-8d | 3-8d | 350 | 420 | 115 | 180 | 245 | 245 | 100 | 120 | |
| HGA10 | 1.1 | 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 | 4-80 | 490 | 585 | 485 | 165 | 400 | 400 | 415 | 140 | |
| H2.5A | 1 | 5-8d | 5-8d | 600 | 600 | 110 | 110 | 520 | 535 | 110 | 110 | |
| LTS12 | 1.13 | .: 6- i 0dx i ½ | 6-10dx 11/2 | ,720 | 720 | · 75 | . 125 | 620 | : 62Ö. | 75 . ; | 125 | |
| Hereix | 1 | 5-10dx1½ | 5-10dx11/2 | 62Ő | 745 | | - | 530 | 565 | | 1.27 | |
| 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: | . d | 8-8dx 1/2; | _8-8dx11/2· | ÷√905≈ | ∛ 9 90 ^ | 1·1 585· | . 525 | 780 | 850 | 505 | 450 | |
| MTS12 | 1 | 7-10dx11/2 | 7-10dx11⁄2 | 840 | 1000 | 75 | 125 | 730 | 860 | 75 | 125 | |
| Н1 | 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 | |
| HS12 | . 2 | 12-10dx 1½′ | 12.10dx1½ | 1440 ; | 1440 | 150 | 250 | 1240` | 1240 | 150 | 250 | |
| HTS20 | ,:1, | 12-10dx11/2 | 12-10dx1½ | 1450 | 1450 | 75 | 125 | 1245 | 1245 | 75 | 125 | |
| H16S | 1 | 2-10dx11/2 | 10-10dx11/2 | 1470 | 1470 | | | 1265 | 1265 | | | |
| H16 | 1 | 2-10dx1½ | 10-10dx11/2 | 1470 | 1470 | _ | - | 1265 | 1265 | | | |
| Hio it | | 特6.88X1亿分 | 16-8dx1½; | 18/07 | 1980 | 3 j j70 👙 | //i.050 | 15607 | 17001 | 1010 | 900 | |
| MTS121 | ZAM | 4.10dx172 | 14-10dx1% | 1680 | 2000; | 150 . | 250 | 1460 | 1720 | (F) 50 (B) | 250 | |



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



