



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Capitol City Homes, LLC - Jason Morrow Date: 02/09/2021
Site Address: NEED ADDRESS - Corner Lot - Lake Crest Drive, Spring Lake 28390 Phone: 919-696-0325 x 106
Subdivision: Carriage Circle Lot: 186
Description of Proposed Work: New Construction Single Family Home Total Job Cost: \$175,000

General Contractor Information

Capitol City Homes, LLC 919-872-0048
Building Contractor's Company Name Telephone
5711 Six Forks Rs, Suite 200, Raleigh irivera@capitolcity-homes.com
Address Email Address
70324 HEATED SQ FT 2216 GARAGE SQ FT 498
License #

Electrical Contractor Information

Description of Work New Electrical Wiring SFH Service Size: 200 Amps T-Pole: X Yes ___ No
Buford Electrical Inc 919-481-5490
Electrical Contractor's Company Name Telephone
2978 Gillespie St, Fayetteville, NC 28306 bufordelectric@gmail.com
Address Email Address
31424-U
License #

Mechanical/HVAC Contractor Information

Description of Work Install New Heating & Air System in SFH
Certified Heating & Air Conditioning 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills, NC 28348 certifiedheatair@embarqmail.com
Address Email Address
H3C1-20012
License #

Plumbing Contractor Information

Description of Work Install all plumbing in new SFH # Baths 2.5
Vance Johnson Plumbing Co, Inc. 910-424-6712
Plumbing Contractor's Company Name Telephone
PO Box 64307, Fayetteville, NC 28306 wbleacher@vjplumbing.com
Address Email Address
07756
License #

Insulation Contractor Information


Tatum Insulation II, Inc. - 519 Old Drug Store Rd, Garner, NC 27529 919-661-0999
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

2/9/2001

 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: _____ Date: _____



Initial Application Date: 2/9/2021

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext 2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Capitol City Homes, LLC Mailing Address: 5711 Six Forks Road, Suite 200

City: Raleigh State: NC Zip: 27609 Contact No: 919-872-0048 ext 106 Email: irivera@capitolcity-homes.com

APPLICANT*: Ivette Rivera Mailing Address: Same

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: Need Address - Corner Lot Spring Lake PIN: _____

Zoning: Residential Flood: _____ Watershed: _____ Deed Book / Page: 2020/445-446

Setbacks - Front: 42' Back: 28'.3" Side: 11'.9"/23'.3" Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: X Deck: _____ Crawl Space: _____ Slab: _____ Slab: X
TOTAL HTD SQ FT 2216 **GARAGE SQ FT** 498 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit _____ **TOTAL HTD SQ FT** _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

TOTAL HTD SQ FT _____ **GARAGE** _____

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank X County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: - Proposed _____ Manufactured Homes: _____ Other (specify): _____

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.

[Signature]
Signature of Owner or Owner's Agent

2/9/2021
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

