

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

# <u>Application for Residential Building and Trades Permit</u>

Owner's Name: Capitol City Homes, LLC - Jason Morrow		Date: _02/09/2021	
Site Address: 79 Lake Crest Drive, Spring Lake 28390	Phone:	919-696-0325 x 106	
Subdivision: Carriage Circle	Lot:		
Description of Proposed Work: New Construction Single Family Home	Total Job Cost:		
General Contractor Information			
Capitol City Homes, LLC	919-872-0048		
Building Contractor's Company Name	Telephone		
5711 Six Forks Rs, Suite 200, Rateif	irivera@capitolcity-	homes.com	
Address 70324	Email Address		
HEATED SQ FT 2189 GARAGE SQ	FT 486		
License #			
Description of Work New Electrical Wiring SFH Service Size: 2	) (00 Amna T.D.	ata. Y X N	
Buford Electrical Inc	919-481-5490	ole: X_YesNo	
Electrical Contractor's Company Name	Telephone		
2978 Gillespie St. Fayetteville, NC 28306	•	9	
Address bufordelectric@gmail.com Email Address			
31424-U	Email Address		
License #			
Mechanical/HVAC Contractor Informa	ıtion		
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@en	nharamail.com	
Address	Email Address	invardinali-com	
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	<del></del>	
Plumbing Contractor's Company Name	Telephone		
PO Box 64307, Fayetteville, NC 28306	wbleacher@vjplumb	ping.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

2/9/3031 Date

Affidavit for Worker's Compensation N.C.G.S. 8 The undersigned applicant being the:	7-14
General Contractor Owner Officer/Agent of the Contr	ractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	on(s) performing the work
Has three (3) or more employees and has obtained workers' compensation in	nsurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation.	ition insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers' covering themselves.	compensation insurance
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 Department issuing the permit may require certificates of coverage of worker's completo issuance of the permit and at any time during the permitted work from any person carrying out the work.	nensation insurance prior
Sign w/Title:D	Pate:



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: 79 Lake Crest Drive Setbacks -- Front: 42'.2" Back: 27'.2" Side: Corner: PROPOSED USE: SFD: (Size \_\_\_\_x\_\_\_) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath):\_\_\_ Garage: X Deck:\_\_ Crawl Space:\_\_ Slab:\_\_ TOTAL HTD SQ FT 2189 CARAGE SQ FT 486 (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: \_\_\_ Addition/Accessory/Other: (Size \_\_\_\_x\_\_) Use:\_\_\_\_ \_\_\_\_\_\_Closets in addition? (\_\_\_) yes (\_\_\_) no TOTAL HTD SQ FT GARAGE Water Supply: X County Existing Well Mew Well (# of dwellings using well / \*Must have operable water Supply: New Septic Tank Expansion Relocation Existing Septic Tank X County Sewer ) \*Must have operable water before final (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 ( $\underline{\phantom{a}}$ ) yes  $\underline{\phantom{a}}$  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 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

**APPLICATION CONTINUES ON BACK** 

strong roots - new growth

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\*\*



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

\*This application to be filled out when applying for a septic system inspection.\*

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

#### Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

#### Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

### "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<b>SEPTIC</b>		The state of the s
If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acc	epted	{}} Innovative {} Conventional {} Any
{}} Alte	rnative	{}} Other
The application. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	{_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	{}} NO	Does or will the building contain any drains? Please explain.
{}}YES	{} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{}} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	{} NO	Is the site subject to approval by any other Public Agency?
{}}YES	{}} NO	Are there any Easements or Right of Ways on this property?
{}}YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.