

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

ion on license.	The proof of the proof of the control of the contro			
Owner's Name: Benjamin Stout Real Estate Service	S, Inc. Date: 3/1/21			
Site Address: Tana Place	Phone: 910-779-0019			
Subdivision: Forest Ridge	Lot:13			
Description of Proposed Work: New Single Fami	Ly Total Job Cost: \$299,950			
General Contractor Informatio	1 (14 10) (14 4			
Benjamin Stout Real Estate Services, Inc. Building Contractor's Company Name	910-779-0019 Telephone			
PD Box 53798, Fauetteville, NC 28305	megan ebenstout cons			
Address	Email Address			
69633-4 HEATED SQ FT 2,407 BARAGE S	OFT HO			
License #	assurate respective territories to the			
Electrical Contractor Information	on 200 Amps T-Pole: Yes No			
Southern Price Electrica Electrical Contractor's Company Name	919 - 750 - 9436 Telephone			
	relephone			
370 Slapout Rd., Mt. Dlive, NC 28365 Address	Email Address			
2472(emensus reliberagence transfers beniation and true (execu-	he modes man w (2) anosah			
License #				
Mechanical/HVAC Contractor Information	<u>mation</u>			
Description of Work New Install	sovisament gnitssoon			
Certified Heating & Ac	910-858-0000			
Mechanical Contractor's Company Name	Telephone			
PO BOX 1071, Hope Mills, NC 28348	A historia was branches and the plant house will be for			
Address Addres	Email Address			
20012 H3-C1 License #	and the state of the parent type of the second			
Plumbing Contractor Information				
Description of Work New Install	# Baths			
Titan's Plumbing 4C	919-902-0990			
Plumbing Contractor's Company Name	Telephone			
1634 Brook Fam Way Raileigh, NC 27409				
Address	Email Address			
34806 C-1				
License #	on			
Tricity 334 Mountain Dr. Fauotteville, No. 910-486-8855				
Insulation Contractor's Company Name & Address 2830kg	910 - 486-88 55 Telephone			
insulation configación a company Name & Addressi 28306	i diahiinine			

*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

Fully I was a Come

is as per current fee schedule.

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Signature of Owner/Contract	or/Officer(s) of Corporat	tion Date	deniarin otout Red	
in ebenstuur ors	pan 2 00	in mother	PUBOX 53 198, 10	
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 obt	ained workers' compensa	ation 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:		President	Date: 3/リン	

Mark Brech Fern Toron, estados, estados



Initial Application Date: 11116/202	Application #		
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (9	CU# L LAND USE APPLICATION 10) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits		
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SF	TE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION		
LANDOWNER: Benamin Stut Real Estate Services Mailing A	Address: PO BOX 53798		
City: Fayetteville state: NC Zip: 2835 Contact No:	910-779-0019=mail: megan ebonstout constru		
APPLICANT*: Benamin Stout Real Estate Mailing Address: P	0 Box 53798		
City: FOURTHEATING State: NC Zip: 28305 Contact No:			
*Please fill out applicant information if different than landowner ADDRESS: Tanna Place PII	9584-95=0170,000		
Zoning: 0.02 Flood: Flood Watershed: NG Deed Book / Pa	age: 22%6:0427		
Cores Pick Setbacks – Front: Back: Side: Core	ner:		
DRODOCED USE.	Brewa."		
SFD: (Size 44' x 38') # Bedrooms: 4 # Baths: Basement(w/wo bath)	Garage: Deck: Crawl Space: Slab: Monolithic Slab:		
(is the bonus room linished?) yes () no w/a	closet: () yes () no (ii yes add iii wiiii ii bodioe.iie)		
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath (Is the second floor finished? () yes () noAny			
☐ Manufactured Home: _SW _ DW _TW (Sizex) # Bedro	oms:Garage:(site built?) Deck:(site built?)		
☐ Duplex: (Sizex) No. Buildings: No. Bedrooms P	er Unit:		
Home Occupation: # Rooms: Use: H	Hours of Operation:#Employees:		
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no		
Water Supply:CountyExisting WellNew Well (# of dwelling (Need to Complete New Sewage Supply:New Septic TankExpansionRelocationExi (Complete Environmental Health Checklist on other side of applicat Does owner of this tract of land, own land that contains a manufactured home within	v Well Application at the same time as New Tank) sting Septic Tank County Sewer ion if Septic)		
Does the property contain any easements whether underground or overhead ()	yes (🚄 no		
Structures (existing or proposed): Single family dwellings: Manuf	factured Homes:Other (specify):		
If permits are granted I agree to conform to all ordinances and laws of the State of I hereby state that foregoing statements are accurate and collect to the best of my	North Carolina regulating such work and the specifications of plans submitted knowledge. Permit subject to revocation if false information is provided.		
Signature of Owner of Owner's Asent	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

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