



Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

* 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.

Owner's Name: Benjamin Stout Real Estate Services, Inc. Date: 3/1/21
Site Address: Tanna Place Phone: 910-779-0019
Subdivision: Forest Ridge Lot: 30
Description of Proposed Work: New SFD Total Job Cost: \$279,950

General Contractor Information

Benjamin Stout Real Estate Services, Inc. 910-779-0019
Building Contractor's Company Name Telephone
PO Box 53798, Fayetteville, NC 28305 megan@benstoutconstruction.com
Address Email Address
109633-U **HEATED SQ FT** 2,389 **GARAGE SQ FT** 559
License #

Electrical Contractor Information

Description of Work New Install Service Size: 200 Amps T-Pole: Yes No
Southern Pride Electrical 919-750-9436
Electrical Contractor's Company Name Telephone
370 Slapout Rd, Mt. Olive, NC 28365
Address Email Address
24726
License #

Mechanical/HVAC Contractor Information

Description of Work New Install
Certified Heating & AC 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071, Hope Mills, NC 28348
Address Email Address
20012-H3-C1
License #

Plumbing Contractor Information

Description of Work New Install # Baths _____
Titan's Plumbing LLC 919-902-0990
Plumbing Contractor's Company Name Telephone
11634 Brook Fern Way, Raleigh, NC 27609
Address Email Address
34800 C-1
License #

Insulation Contractor Information

Tricity 334 Mountain Dr., Fayetteville, NC 28306 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.

B Stet

3/1/21

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:

B Stet

President

Date:

3/1/21



Initial Application Date: 11/16/2020

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: Benjamin Stout Real Estate Services, Inc. Mailing Address: PO Box 53798
City: Fayetteville State: NC Zip: 28305 Contact No: 910-779-0019 Email: megan.ebenstoutconstruction.com

APPLICANT: Benjamin Stout Real Estate Svcs, Inc. Mailing Address: Po Box 53798
City: Fayetteville State: NC Zip: 28305 Contact No: 910-979-0019 Email: Residential@bensstoutconstruction.com

ADDRESS: Tanna Place PIN: 9584-94-0665.000
Zoning: R1-20R Flood: Minimal Flood Risk Watershed: NO Deed Book / Page: 2285:0427
Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

- PROPOSED USE:
- SFD: (Size 40' x 51') # Bedrooms: 4 # Baths: 3.5 Basement(w/w bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
 - Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(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: _____
 - Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
 - Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Stem Wall
Monolithic Slab

Water Supply: 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 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 no

Structures (existing or proposed): Single family dwellings: _____ 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

11/16/2020
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

