

Application # _____Harnett County Central Permitting

* 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. PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

vices, Inc. Date: 3/1/21
Phone: 910-779-0019
Lot:34
Total Job Cost: \$299,950
tion
910-779-6019 Telephone
Megane benstoutcenst
SOFT 550
ation ze: 200 Amps T-Pole: Yes No
919-750-9436
Telephone ### ### ### ########################
Email Address
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NIN- CERSON OF
910 - 858 - 0000 Telephone
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Email Address
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2 / State with the conference
<u>ation</u>
Baths
919-902-0990
Telephone
Email Address
Email Address
nation
16 90-486-8855
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.

any and all changes.		9.00/9.00000
EXPIRED PERMIT FEES - 6 Months	to 2 years per	mit re-issue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.		Special Jew 10 10 months
54 44 A. J. C.	A	FY: 1/91/1
	I	3/1/21
Signature of Owner/Contractor/Officer	(s) of Corpora	ation Date Harris Hall Committee
Jan Markey of		and the substitution of the same the
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 pet forth in the permit:	perjury that th	e person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employed	es and has ob	stained workers' compensation insurance to cover them.
Has one (1) or more subcontraction.	ctors(s) and h	as obtained workers' compensation insurance to cover
Has one (1) or more subcontraction	ctors(s) who h	as their own policy of workers' compensation insurance
L s Ce		e e e e e e e e e e e e e e e e e e e
Has no more than two (2) empl	oyees and no	subcontractors.
Department issuing the permit may rector issuance of the permit and at any tirecarrying out the work.	quire certificat	sought it is understood that the Central Permitting es of coverage of worker's compensation insurance prior permitted work from any person, firm or corporation President Date: 3/1/21
Sian w/Title:	J I II A A	TOUR Date: DIVIO



Initial Application Date: 11/10/200

Initial Application Date: 11/10/2020	Application #
	CU#
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE	
LANDOWNER Benjamin Stout Real Estate Services Ir	dress: Po Box 53798
City: Fayetteville State: NC Zip: 28305 Contact No:	,
APPLICANT : Benamin Stout Real Estate Mailing Address: Po	,
City: <u>FOUR THEVINE</u> State: <u>NC Zip: 28305</u> Contact No: 9*Please fill out applicant information if different than landowner	**
ADDRESS. Tanna Place PIN:	9584-84-7896.000
Zoning: 20 TeoFlood: Minimal Watershed: NO Deed Book / Pag	
Setbacks - Front: Back: Side: Corne	er:
PROPORTE LICE.	sten wan
PROPOSED USE: SFD: (Size 42 x57) # Bedrooms: 4 # Baths: Basement(w/wo bath):	Monolith.
SFD: (Size 1/x x51) # Bedrooms: 1/x # Baths: Basement(w/wo bath):	Garage:Deck:Crawl Space:Slab:Slab
(Is the bonus room finished? () yes () no w/ a cle	oset? () yes () no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath)_	_ Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? () yes () no Any of	
☐ Manufactured Home:SWDWTW (Sizex) # Bedroom	ns: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per	Unit:
Home Occupation: # Rooms: Use: Ho	urs of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
	y year of the second se
Water Supply: County Existing Well New Well (# of dwellings	using well) *Must have operable water before final Vell Application of ** -> me time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Exist	Well Application of the county Sewer
(Complete Environmental Health Checklist on other side of application Does owner of this tract of land, own land that contains a manufactured home within the contains a manufactured home.	ive hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether underground or overhead () ye	
Structures (existing or proposed): Single family dwellings: Manufac	
If permits are granted I agree to conform to all ordinances and laws of the State of No I hereby state that foregoing statements are accurate and correct to the best of my kn	orth Carolina regulating such work and the specifications of plans submitted. cowledge. Permit subject to revocation if false information is provided.
Signature of Owner's Agent	11/16/2020 Date
Signature of Owner of Owner's Agent ***It is the owner/applicants responsibility to provide the county with any appli to: boundary information, house location, underground or overhead easen incorrect or missing information that is con *This application expires 6 months from the initi	cable information about the subject property, including but not limited tents, etc. The county or its employees are not responsible for any tained within these applications.***

APPLICATION CONTINUES ON BACK

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