

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: H&H Constructors of Fayetteville, LLC | Date: 3 8 2027 |
|---|-----------------------------------|
| Site Address: 195 KUNSINGTON DVIVC | Phone: 910-486-4864 |
| Subdivision: Anderson Creek Crossing | Lot: 117 |
| Description of Proposed Work: SFD | Total Job Cost: |
| General Contractor Informa | ation |
| H&H Constructors of Fayetteville, LLC. | 910-486-4864 |
| Building Contractor's Company Name | Telephone |
| 2919 Breezewood Ave Ste.400 Fay, NC 28303 | KaylaManore@HHHomes.com |
| Address | Email Address |
| 74158 HEATED SQ FT 2434 GARAG | ESQFT 47 |
| License # | |
| Description of Work Residential Service S | |
| JM Pope Electric LLC. | 919-776-5144 |
| Electrical Contractor's Company Name | Telephone |
| 409 Chatham Street Sanford, NC 27330 | electricpope@windstream.net.com |
| Address | Email Address |
| 21326 | |
| License # | |
| Mechanical/HVAC Contractor Inf | formation |
| Description of Work Residential | 22 W 24 OF 08 ER 0 19 00 E |
| Carolina Comfort Air, Inc. | 919-934-1060 |
| Mechanical Contractor's Company Name | Telephone |
| 5212 US Hwy 70 Business, Clayton, NC 27520 | carolinacomfortair@yahoo.com |
| Address | Email Address |
| 29077 | |
| License # Plumbing Contractor Inform | ation |
| Description of Work Residential | # Baths_ 7.5 |
| Vance Johnson Plumbing Co., Inc. | 910-424-6712 |
| Plumbing Contractor's Company Name | Telephone |
| 3242 Mid Pine Dr. Fayetteville, NC. 28306 | etoepfer@vjplumbing.com |
| Address | Email Address |
| 07756-P-I | erana anemain distributa (Cottos) |
| License # | |
| Insulation Contractor Inform | |
| Tri-City Insulation 418 Person St. Fay. NC 28301 | 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.

exaura mar

Signature of Owner/Contractor/Officer(s) of Corporation

| 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: Hayla Monron / Pl/Mit Coord Matorbate: 3 8 2007 | | | | | | |



| Initial Application Date: | Application # | | | | | |
|--|---|--|--|--|--|--|
| | COUNTY OF HARNETT RI | ESIDENTIAL LAND USE APPLIC | ATION | | | |
| Central Permitting 108 E. Front S | treet, Lillington, NC 27546 | Phone: (910) 893-7525 ext:2 | Fax: (910) 893-2793 | www.harnett.org/permits | | |
| **A RECORDED SURVEY MAP, RECO | RDED DEED (OR OFFER TO PUR | CHASE) & SITE PLAN ARE REQUIRED | WHEN SUBMITTING A LA | ND USE APPLICATION** | | |
| LANDOWNER: H&H Constructors | | | | | | |
| city: Fayetteville | State: NC Zip: 28303 (| Contact No: 910-486-4864 | _{Email:} KaylaMaı | nore@HHHomes.com | | |
| Cama Aa Ahaya | | Same As Ahove | | | | |
| APPLICANT*: Same As Above | Mailing Addr | 910-486-4864 | KavlaMaı | nore@HHHomes.com | | |
| City: Fayetteville *Please fill out applicant information if different the | State: NO Zip: 2000 (an landowner | Contact No: 310-400-4004 | Email: | 1010@ | | |
| ADDRESS: 195 KUNSING | on Drive_ | _PIN: 0505- | 93-3168 | | | |
| Zoning:Flood: | Watershed: Dee | d Book / Page: | | | | |
| Setbacks - Front: 31 Back: 38 | Side: 10 Corner: | complete to the conservation 1 | | | | |
| PROPOSED USE: | | 10 | | Monolithia | | |
| SFD: (Size 40 x 52) # Bedroom | s: 4 # Baths: 2 Basement | (w/wo bath): Garage: <u>√</u> D | eck: Crawl Space: | Slab: Slab: | | |
| TOTAL HTD SQ FT 3434 GARAGE SQ F | 1 42 (Is the bonus room | finished? () yes () no w/ a c | loset? () yes () no | o (if yes add in with # bedrooms) | | |
| ☐ Modular: (Sizex) # Bedro | ooms# Baths Basem | nent (w/wo bath) Garage: | _ Site Built Deck: | On Frame Off Frame | | |
| TOTAL HTD SQ FT | | | | | | |
| ☐ Manufactured Home:SWDV | VTW (Sizex |) # Bedrooms: Garage: | _(site built?) Deck | :(site built?) | | |
| □ Duplex: (Sizex) No. Build | lings: No. E | Bedrooms Per Unit: | TOTAL HTD | SQ FT | | |
| ☐ Home Occupation: # Rooms: | Use: | Hours of Operation: | | #Employees: | | |
| ☐ Addition/Accessory/Other: (Size | _x) Use: | | Closets in a | addition? () yes () no | | |
| TOTAL HTD SQ FT | ARAGE | - | | | | |
| Water Supply: County Exis | ing Well New Well (# | of dwellings using well mplete New Well Application at the |) *Must have operable | e water before final | | |
| Sewage Supply: New Septic Tank | Expansion Relocation | on Existing Septic Tank | _ County Sewer | (ins) | | |
| Does owner of this tract of land, own land t | lealth Checklist on other side hat contains a manufactured | home within five hundred feet (50 | 0') of tract listed above? | '() yes ' (<u>√</u>) no | | |
| Does the property contain any easements | | | | | | |
| Structures (existing or proposed): Single fa | mily dwellings: Proposed | Manufactured Homes: | Other (spe | ecify): | | |
| If permits are granted I agree to conform to I hereby state that foregoing statements are | all ordinances and laws of th | ne State of North Carolina regulati | ng such work and the spoject to revocation if fals | pecifications of plans submitted. se information is provided. | | |
| | of Owner or Owner's Agen | | 18/2021 | | | |
| Signature | of Owner or Owner's Agen | nt | 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**

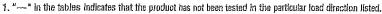
APPLICATION CONTINUES ON BACK

strong roots · new growth

Truss/Rafigs to Wood Double Ton Plates



| Fastene | | leners | DF/SP Allowable Loads | | | | SPF Allowable Loads | | | | |
|-----------------|---------------|--------------|-----------------------|--------|-----------------|---|---------------------|---------|--------|---------------------------------|-------------|
| Model No. | Qţy Reqd | | To Plates | (133) | plift (160 | Parallel Plate (F ₁ (133/160 |) Plate (F: | 2) /400 | nblitt | Parallel t Plate (Fr) (133/160 |) Plate (Fa |
| H2,5 | 1 | 5-8d | 5-8d | 415 | 415 | | 150 | 365 | 365 | | 130 |
| H5A | 1. | 3-8d | 3-8d | 350 | 420 | 115 | 180 | 245 | . 245 | 100 | 120 |
| HGA10 | . 1 | 4-SDS1/4x1// | 4-SDS1/4x3 | 435 | 435 | 1165 | 940 | 375 | . 375 | 870 | B15 |
| H5 | 1 | 4-8d | 4-8d | 455 | 465 | 115 | 200 | 265 | 265 | 100 | 170 |
| H1 | 1 | 6-8dx11/2 | 4-80 | 490 | 585 | 485 | 165 | 400 | 400 | 415 | 140 |
| H2.5A | 1 | 5-8d | 5-8d | 600 | 600 | 110 | 110 | 520 | 535 | 110 | 110 |
| LTS12 | 1.1 | 6-10dx1½ | 6,10dx11/2 | ,720 | , <u>7</u> 20 | · 75' | 125 | .620 | 620 | 75 . 7 | 125 : |
| H874 | : j.:" | 5-10dx1½ | 5-10dx11/2 | 620 | 7,45. | •===. | . := : | 530 | 565 | F. 125 | |
| H10-2 | 7 | 6-10d | 6-10d | 760 | 760 | 455 | 395 | 655 | 655 | 390 | 340 |
| H2.5 | 2 | 10-8d | 10-8d | 830 | 830 | 300 | 300 | 730 | 730 | 260 | 260 |
| H5 | 2 | B-Bd. | 8-8d | 910 | .930 | 230 | 400 | 530 | 530 | . 200 | . 340 |
| H10:~~ | | 8-8dx1½? | -,B-Bdx11/≱ | ₩905°¥ | *,0ee | · 585·/ | . 525 | 780 | 850 | 505 | 450 |
| MTS12 | 1 | 7-10dx11/2 | 7-10dx11/2 | 840 | 1000 | 75 | 125 | 730 | 860 | 75 | 125 |
| H1 | 2 | 12-8dx11/2 | 8-8d | 980 | 1170 | 970 | 330 | 800 | 800 | 830 | 280 |
| H2.5A | 2 | 10-8d | 10-8ต่ | 1200 | 1200 | 220 | 220 | 1040 | 1070 | 220 | 220 |
| 1- 5 812 | . 2 | 12-10dx1½′ | , 12-10dx11/2 | 1440 ; | 1440 | 150 | 250 | 1240` | 7240 | ·150 : | 250 |
| HTS20 | <u>, 1, 1</u> | 12-10dx11/2 | 12-10dx1½ | 1450 | 1450 | 75 | 125 | 1245 | 1245 | 75. | 125 |
| H16S | 1 / | 2-10dx11/2 | 10-10dx11/2 | 1470 | 1470 | | | 1265 | 1265 | | |
| H16 | 1 | 2-10dx11/2 | 10-10dx1½ | | 1470 | | | 1265 | 1265 | | _ |
| Hiomos | 200 | 16-8dx11/10 | | | | | /,050 <u>(</u> - | 1560 | 1,700° | | 900 |
| Wisia# | 22年 | 以410dx1½分 | 14-10dx1/2 | 1680 | 200ó,∫" | 150 % | 250 | 1460 | 1720 | 第150 题) | 250 |



MTS12 (LTS, HTS similar)

2. For connections to single top plates, see page 12.

3. Fasten multiple members together to acras a single unit.

Two

H2.5A



Hurricane Tie installations to Achieve Twice the Load (Top View)



Install diagonally across from each other for minimum 2x truss.



Nailing into both sides of a single ply 2x truss may cause the wood to split. A minimum rafter thickness of 2½" must be used when connectors are installed on the





