

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**

on on license.					
Owner's Name: Benjamin Stout Real Estate Prvices.	Inc. Date: 3/2/21				
Site Address: 71 Basket Oak Dr., Bunnlevel, No	28323Phone: 910-779-0019				
Subdivision: Forest Oaks	Lot: 151				
Description of Proposed Work: New SFD	_ Total Job Cost. 262,95D				
General Contractor Information					
Building Contractor's Company Name	910-779-0019 Telephone				
PO BOX 53798, Fayetteville, NC 28305 Address	megan ebenstout construction Email Address Com				
License #	2FT 461				
Electrical Contractor Information					
	ZOO_Amps T-Pole:YesNo				
Ruford Electric	910-491-5490				
Electrical Contractor's Company Name	Telephone				
PO Box Le4333, Fayetteville, NC 28306	dbelectric210 eyahoo com				
Address	Email Address				
License #					
Mechanical/HVAC Contractor Inform	nation				
Description of Work New Install	Tes one of the subcontraint				
A	010-050 5000				
Mechanical Contractor's Company Name	Tolophoro				
	Telephone				
PO BOX 1071, Hope Mills, NC 28348 Address	ehrin. certifical egmal. com Email Address				
20012 H3-CI	Ernali Address				
License #	C Season is an electronic in				
Plumbing Contractor Information	<u>n</u>				
Description of Work New INStall	_# Baths				
Titan's Plumbing LLC	919-902-0990				
Plumbing Contractor's Company Mame	Telephone				
1634 Brook Fern Way, Raleigh, NC 27609	businesse titansplumbing com				
Address J	Email Address				
34800-C-1					
License # Insulation Contractor Information					
Tricity 334 Mountain Dr. Fauettoville NC	910-486-8855				
	Telephone				
Insulation Gontractor's Company Name & Address 28306					

\*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 currentifiee schedule.

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Signature of Owner/Contractor/Office	r(s) or Corporation	on Dat	е.	HALL OR LA	
indigates the treatment		2 1-1,2/		E Pray Tex	e Pa
Affidavit for The undersigned applicant being the:	Worker's Co	mpensation	N.C.G.S.	87-14	
General Contractor	Owner	Officer/Age	ent of the Co	ntractor or Owner	
Do hereby confirm under penalties of set forth in the permit:	perjury that the p	person(s), firm(	s) or corpora	ation(s) performing th	ie work
Has three (3) or more employe	es and has obta	ined workers' c	compensation	n insurance to cover	them.
Has one (1) or more subcontra	ctors(s) and has	obtained work	ers' compen	sation insurance to c	over
Has one (1) or more subcontra	ctors(s) who has	their own polic	cy of workers	ANTA TO THE	
Has no more than two (2) emp	loyees and no su	ubcontractors.		MATHEMATICAL	
While working on the project for which Department issuing the permit may reso issuance of the permit and a lary to carrying out the work.	quire certificates	of coverage of	f worker's co	mpensation insurance	ce prior
Sign w/Title:	UM	4.		Date: 3/2/21	
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Initial Application Date:	Application #
	CU#
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	LAND USE APPLICATION b) 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	dress: Po Box 63798
City: Fayetteville State: NC Zip: 28805 Contact No:	( )
APPLICANT Benjamin Stout Real Estate SVS, Inc. Mailing Address: Po	Box 53798
City: Faur Heville State: NC Zip: 28305 Contact No: 9*Please fill out applicant information if different than landowner	
ADDRESS: 1 BOSKET DOK DY. BUNNEVEL NC 2832 PIN: PA-20R Minimal Watershed: NO Deed Book / Pag	05/4-05-3374.000
Zoning: O. 103 Flood: Flood Watershed: Deed Book / Pag	e: 0073 · 005%
Setbacks - Front: Back: Side: Corn	er:
PROPOSED USE:	
SFD: (Size 381 x 421) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath):	Monolithic  Garage: A Deck: Crawl Space: Slab: Slab: Slab:
(Is the bonus room finished? () yes () no w/ a cl	oset? () yes () no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath)_	
(Is the second floor finished? () yes () no Any of	other site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedroo	ms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Pe	r Unit:
☐ Home Occupation: # Rooms: Use: Ho	urs of Operation:#Employees:
- · · · · · · · · · · · · · · · · · · ·	Closets is addition? ( ) vas ( ) no
Addition/Accessory/Other: (Sizex) Use:	Closets III audition: () yes () no
Water Supply: County Existing Well New Well (# of dwellings	Well Application at 182 the time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Exist  (Complete Environmental Health Checklist on other side of application)	ing Septic Tank _' County Sewer
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 () ye	
Structures (existing or proposed): Single dwellings: Manufa	ctured Homes: Other (specify):
If permits are granted I agree to conform to all ordinances and laws of the State of N I hereby state that foregoing statements are accurate and conject to the best of my kill	orth Carolina regulating such work and the specifications of plans submitted. nowledge. Permit subject to revocation if false information is provided.
7 000	
Signature of Owner or Owner's Agent  ***It is the owner/applicants responsibility to provide the county with any appl to: boundary information, house location, underground or overhead easer incorrect or missing information that is col  *This application expires 6 months from the initi	nents, etc. The county or its employees are not responsible for any national terms and the second of

APPLICATION CONTINUES ON BACK

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