

Application #_

Each section below to be filled out by whomever performing work.

Must be owner/occupier or licensed contractor. Address, company name &

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

name & phone must match	Application for Residential Building and Tr	E MATTER THAN ONLY SEE SOMETHING SEE STUDIES FOR
f line on lineage		S. INC. Date: 3/11/21
Owner's Name: Ben	amin Stout Real Estate Services	OLO TTG MOLO
Site Address:	Sove Rd., Cameron, NC 2832U	
Subdivision: Spal	rtan Ridge	Lot: 5
Description of Proposi	ed Work: New SFD	Total Job Cost: \$314,950
5 000pu	General Contractor Information	<u>n</u>
Rainania (701	it Real Estate Services, Inc.	910-779-0019
Building Contractor's	Company Name	Telephone
PO PAX 5379	8. Fayetteville, NC 28305	meganebenstoutconstruction
Address		Email Address
1091033-U	HEATED SQ FT 2389 GARAGE S	0 FT 559
License #	Electrical Contractor Information	on
Description of Work	N. A. Lincollon Circuita Circuita	: 200 Amps T-Pole: YesNo
Could box P	ride Electrical	919-486-8855
Electrical Contractor	s Company Name	Telephone
370 Sagnut	Rd. Mt. Olive, NC 29365	=
Address	and has reliained workers, companied a maurici	Email Address
24726	— Para and the Calaba Paralata Andrea (200)	
License #	Mechanical/HVAC Contractor Infor	rmation
	A CONTRACTOR OF THE CONTRACTOR	stronger of the property of the second
Description of Work		91D-858-0000
	Oting UAC	Telephone
1-5	tor's Company Name 11. Hope Mills, NC 28348	ehrin certifiede amail con
POBOX ID	TI, FTODO TOTALIS, THE TOTALIS OF BIRTHER SE	Email Address
20012-H3	-Calednos electron a session to se solitime m	
License #		210 W 1842 18 10 10 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Plumbing Contractor Information	
Description of Work	New Install	# Baths
Titams Pl	umbing	<u>919-902-0990</u> Telephone
Plumbing Contracto	or's Company Name	4
1034 Brook	Fern Way, Rakigh, NC 27409	<u>business etitans plumbing</u> . co Email Address
Address	, ,	
34800 - CI		
License #	Insulation Contractor Informa	ation O. S. (Com. 5
Tricity	334 Mountain Dr. Fayetteville, NC	910-486-8855
Insulation Contract	or's Company Name & Address 28300	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.

a conducto Office

Signature of Owner/Contractor/Officer(s) of Corporation We the state of the control of the c 449. 635 489. (b) 30106.01. 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 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 permittand at any time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title:__



Initial Application Date:	Application #		
	CU#		
COUNTY OF HARNETT RESIDENTIAL I Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	LAND USE APPLICATION) 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 Cus, Inc Mailing Add	dress: POBOX 53798		
City: Fayettwille State: No. Zip: 28305 Contact No.	COM		
APPLICANT Benjamin Stout Real Estate 845, Inc. Po	Box 53798		
City: FOUR HEVINE State: NC Zip: 28305 Contact No: 9 *Please fill out applicant information if different than landowner			
ADDRESS: DOVE RO COMPTON NC 2832(e PIN: RA-20R Minimal Vittle Vive Planting O. 75 Flood: Flood Watershed night how Deed Book / Pag GCYes Risk Class with Haw Setbacks - Front: Back: Side: Corne	9546-65-9860.000		
Setbacks - Front: Back: Side: Come			
PROPOSED USE:	Monolithic		
SFD: (Size 40' x51') # Bedrooms: 4 # Baths: 3. Basement(w/wo bath):_ (Is the bonus room finished? () yes () no w/ a clo	_ Garage: Deck: Crawl Space: Slab: Slab:		
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) (Is the second floor finished? () yes () no Any of			
☐ Manufactured Home:SWDWTW (Sizex) # Bedroor	ns: Garage:(site built?) Deck:(site built?)		
☐ Duplex: (Sizex) No. Buildings: No. Bedrooms Per	Unit:		
☐ Home Occupation: # Rooms: Use: Home	urs of Operation:#Employees:		
Addition/Accessory/Other: (Sizex) Use:	Ciosets in addition? () yes () no		
Water Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at ** me time as New Tank) Sewage Supply:New Septic TankExpansionRelocationExisting Septic TankCounty 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 () ye			
Structures (existing or proposed): Single family dwellings: Manufac	ctured Homes:Other (specify):		
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	owledge. Permit subject to revocation if false information is provided.		
Signature of Owner or Owner's Agent ***It is the owner/applicants responsibility to provide the county with any appli to: boundary information, house location, underground or overhead easem incorrect or missing information that is con *This application expires 6 months from the initial	nents, etc. The county or its employees are not responsible for any tained within these applications.***		

APPLICATION CONTINUES ON BACK

strong roots • new growth

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This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT
OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC If and lade a	C			
it applying	tor authorizatio	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acce	pted	{ } Innovative { \(\subseteq \text{Conventional} \) { } Any		
{ } Alter	native	{ } Other		
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:				
{ }YES	√ NO	Does the site contain any Jurisdictional Wetlands?		
{ }YES	✓ NO	Do you plan to have an <u>irrigation system</u> now or in the future?		
{ }YES	⊘ NO	Does or will the building contain any drains? Please explain.		
{ }YES	(V) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{ }YES	∠ NO	Is any wastewater going to be generated on the site other than domestic sewage?		
{ }YES	{ NO	Is the site subject to approval by any other Public Agency?		
{ }YES	{✓} NO	Are there any Easements or Right of Ways on this property?		
{ YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines?		
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.		
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State				

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.