

Application #	
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* 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.hamett.org/permits

Application for Residential Building and Trades Permit

tion on license.	AND THE STATE OF T
Owner's Name: Benjamin Start Deal Estate Serv	ices, Inc. Date: 3/1/21
Site Address: 137 Tanna Place	Phone: 910-779-6019
Subdivision: Forest Ridge	Lot: 4
Description of Proposed Work: New SFD	Total Job Cost: \$229, 950
General Contractor Information	nU()
Benjamin Start Poal Estate Services Inc. Building Contractor's Company Name	910-779-0019 Telephone
PO Box 53798, Fayetteville, NC 28305 Address	Megane benstrutconstru Email Address
License #	6
Description of Work New Install Service Size:	200 Amps T-Pole: \(\sqrt{Yes}\) No
Southern Pride Electrical Electrical Contractor's Company Name	
370 Slapout Rd. Mt. Olive, NC 28365	Ref N
Address 247210 manufacture and the second and the s	Email Address
License #	
Mechanical/HVAC Contractor Inform	mation
Description of Work New Install	TRANSCRIPT CONTRACTOR STATES
Certified HeatingsAC	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO BOX 1071. Hope Mills, NC 28348	pulses are warm at the second of the second of
Address named nothing regularity to be a security from the security for th	Email Address
20012 - H3-C1 License #	2 1
Plumbing Contractor Information	<u>on</u>
Description of Work New Install	# Baths
Titan's Plumbing LC	919-902-0990
Plumbing Contractor's Company Name	Telephone
11034 Brook Fern Way, Raleigh, NC 27409	
Address 34-8/10 C-1	Email Address
<u>34%//U C1</u> License #	
Insulation Contractor Information	on
Tricity 334 Mountain Dr. Fauetteville, NC 28306	_ ^ >1.0
PAUS OF THE LUMBERTHANDS OF THE PROPERTY OF THE STATE OF	40-486-8855

*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. 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 permitted at any time during the permitted work from any person, firm or corporation carrying out the work. Sign w/Title:

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Initial Application Date: 11 16 2020 Application # CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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™ State NC Zip: 28305 Contact No: 910-779 10019 Email: Megan & benstaut construct APPLICANT : Kengmin Stout Real Estate Mailing Address: State: NC Zip: 28305 Contact No: 910 -979-0019 Email: Residenhale benstruthonstruch licent Information if different than landowner ADDRESS: Watershed: NO Deed Book / Page: 2285:0427 Back: Side: Setbacks - Front: PROPOSED USE: Conolithic # Bedrooms: # Baths: 3 pasement(w/wo bath): _ Garage: __ Deck: __ Crawi 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/wo 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: Addition/Accessory/Other: (Size ____x ___) Use: Closets in addition? (___) yes (___) no ____) *Must have operable water before final County _ _ Existing Well _ _ New Well (# of dwellings using well ___ (Need to Complete New Well Application at the same time as New Tank)

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 Other (specify):_ ___ Manufactured Homes:____ Structures (existing or proposed): Single family dwellings:___ 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 felse information is provided, 116/2020 Signature of Owner or Owner's Agent Date ***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited

APPLICATION CONTINUES ON BACK

strong roots · new growth

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**

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