

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 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: Capitol City Homes, LLC	Date:
Site Address: 144 Kingington Dr	Phone: 919872C
Subdivision: Crossing at Anderson Creek	Lot: $\partial \mathcal{O} \mathcal{C}$
Description of Proposed Work: New Construction	SFH Total Job Cost: 185,60
General Contractor Info	ormation_
Capitol City Homes	919-872-0048
Building Contractor's Company Name	Telephone
5711 Six Forks Rd, Suite 200, Raleigh, NC 27609	irivera@capitolcity-homes.com
Address	Email Address
70324 HEATED SQ FT 2 GAR	AGE SQ FT 486
License #	
Electrical Contractor Info	
Description of Work New Electrical Wiring SFH Service Buford Electrical INC	ce Size: 200 Amps T-Pole: X Yes
	919-481-5490
Electrical Contractor's Company Name	Telephone
2978 Gillespir St. Fayetteville, NC 28306	bufordeletric@gmail.com
Address	Email Address
31424-U	
License # Mechanical/HVAC Contracto	r Information
Description of Work Install New Heating & Air System in SFH	i information
	0.10.000
Certified Heating Air Conditioning	910-858-0000
Mechanical Contractor's Company Name	Telephone
PO Box 1071 Hope Mills, NC 28348	certifiedheatair@embarqmail.com
Address H3C1-20012	Email Address
License # Plumbing Contractor Info	armation
	2.5
Description of Work Install all plumbing in SFH	# Baths ^{2.5} 910-424-6712
Vance Johnson Plumbing Co, INC	
Plumbing Contractor's Company Name	Telephone
PO Box 64307, Fayetteville, NC 28306	wbleacher@vjplumbing.com
Address	Email Address
07756	
License #	formation
Insulation Contractor Inf Tatum Insulation II, INC - 519 Old Drug Store Rd, Garner, NC 27529	919-661-0999
Insulation Contractor's Company Name & Address	
TOSTIGUOD L'ODITACIOLS L'ORDADY NAMA & AMILAGE	Leiennone

*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.

/ / /	7/22/2021	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidovit for Morkovic Commo		
Affidavit for Worker's Competent The undersigned applicant being the:	nsation N.C.G.S. 07-14	
X General Contractor Owner Of	ficer/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person set forth in the permit:	n(s), firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has obtained w	orkers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover	
x Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance	
Has no more than two (2) employees and no subcont	ractors.	
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:	Date:7/22/2021	



Initial Application Date:_	7/22/2021	Applicat	tion #
Central Permitting		ESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext;2 Fax	CU# ON :: (910) 893-2793 www.harnett.org/permits
A RECORDED SU	IRVEY MAP, RECORDED DEED (OR OFFER TO PUR	RCHASE) & SITE PLAN ARE REQUIRED WHE	EN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Capitol (City Homes, LLC	Mailing Address: 5711 Six Forks	Rd, Suite 200
	State: NC Zip: 27609		
APPLICANT*: Ivette River	era Mailing Add	Same as above	
•	State: Zip:		
*Please fill out applicant inform	nation if different than landowner		email;
ADDRESS: 144	Kensington Dr	PIN:	
Zoning: Flood	d: Watershed: Dee	nd Book / Page: 8 200 P	9445
Setbacks - Front: 42	Back: <u>27.35</u> Side: <u>12.55</u> Corner:_		•
PROPOSED USE:	0		
SFD: (Size 35 x5)	5'8 Bedrooms: 3# Baths: 5 Basement	i(w/wo bath): Garage: √ Deck:	Monolithic Crawl Space: Slab: Slab: x
TOTAL HTD SQ FT 2189	GARAGE SQ FT 486 (Is the bonus room	finished? () yes () no w/ a closet	?? () yes () no (if yes add in with # bedrooms)
	x) # Bedrooms# Baths Basen (Is the second floor finish		e Built Deck: On Frame Off Frame
TOTAL THE SALT	(is the second floor fillist	ied:	e built additions? () yes () no
☐ Manufactured Home:	SWDWTW (Sizex) # Bedrooms: Garage:(sit	e built?) Deck:(site built?)
☐ Duplex: (Sizex	:) No. Buildings: No. I	Bedrooms Per Unit:	TOTAL HTD SQ FT
☐ Home Occupation: # F	Rooms:Use:	Hours of Operation:	#Employees:
□ Addition/Accessory/O	other: (Sizex) Use:		Closets in addition? () yes () no
TOTAL HTD SQ FT	GARAGE	_	
Water Supply: Cour	· —	# of dwellings using well) *Monplete New Well Application at the sage	lust have operable water before final
Sewage Supply: New	w Septic Tank Expansion Relocati	ionExisting Septic Tank Co	unty Sewer
Does owner of this tract of	Environmental Health Checklist on other side land, own land that contains a manufactured	home within five hundred feet (500') of	f tract listed above? () yes () no
Does the property contain	any easements whether underground or over	head () yes () no	
Structures (existing or prop	posed): Single family dwellings:	Manufactured Homes:	Other (specify):
If permits are granted I agr I hereby state that foregoin	ree to conform to all ordinances and laws of the	he State of North Carolina regulating subest of my knowledge. Permit subject	uch work and the specifications of plans submitted. to revocation if false information is provided.
	NM		/2021
***it is the owner/applica to: boundary informa	ation, house location, underground or ove incorrect or missing information	ith any applicable information about	

APPLICATION CONTINUES ON BACK

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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\nspections

- 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 MAN BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEPTIC</u>				
If applying for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accepted	{} Innovative {} Convertional {} Any			
{}} Alternative	{}} Other			
	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{}}YES	Does the site contain any Jarisdictional Wetlands?			
{}}YES	Do you plan to have an arrigation system now or in the future?			
{}}YES	Does or will the building contain any drains? Please explain.			
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?			
{}}YES	Is the site subject to approval by any other Public Agency?			
{}}YES	Are there any Easements or Right of Ways on this property?			
{}}YES	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			
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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.

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