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nitial Application Date:_	11.16.21		54 * 05.0 TE 59	Αŗ	plication#		
						CU#	
	COUN	TY OF HARNETT F	RESIDENTIA	L LAND USE APPLI	CATION		
Central Permitting	108 E. Front Street, Lil	lington, NC 27546	Phone: (9	10) 893-7525 ext:2	Fax: (910)	893-2793	www.harnett.org/permits
A RECORDED SU	JRVEY MAP, RECORDED DE	ED (OR OFFER TO PU	RCHASE) & SI	TE PLAN ARE REQUIRE	ED WHEN SUB	MITTING A LAI	ND USE APPLICATION
ANDOWNER H&H C	onstructors of Fa	yetteville, LL	C. Mailing	Address: 2919 Br	eezewoo	od Ave S	te.400
Favetteville	State. N	IC _{Zin} 28303	Contact No:	910-486-4864	4 Email:	tamara	areane hhhomes

APPLICANT*: Same As Above Mailing Address: Same As Above City: Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 *Please fill out applicant information if different than landowner Deed Book / Page: ____ Back: 38 Side: 10'5" corner: 9'5" PROPOSED USE: H # Baths Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: 1422 (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) Modular: (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:______ TOTAL HTD SQ FT Home Occupation: # Rooms: ______ Use: _____ Hours of Operation: _____ #Employees:_ Addition/Accessory/Other: (Size ____x ___) Use:_______ Closets in addition? (___) yes (___) no Water Supply: ____ County ____ Existing Well ____ New Well (# of dwellings using well _____) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: ____ 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 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 false information is provided. 1.16.21

Signature of Owner or Owner's Agent

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



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.	0.0×51
Owner's Name: H&H Constructors of Fayetteville, LLC	Date: 11-16-21
Site Address: 260 Kennington DV	Phone: 910-486-4864
Subdivision: Anderson Creek Academy CV056109	Lot: 95
Description of Proposed Work: SFD	Total Job Cost:
General Contractor Inform	
H&H Constructors of Fayetteville, LLC.	910-486-4864
Building Contractor's Company Name	Telephone
2919 Breezewood Ave Ste.400 Fay, NC 28303	tamaragreen@hhhomes.c
Address	Email Address
74158 HEATED SO FT 1984 GARAG	JE SQ FT 42Z
License #	
Description of Work Residential Service Services	<u>nation</u> Size: ²⁰⁰
Boodingson of tronk	919-776-5144
JM Pope Electric LLC. Electrical Contractor's Company Name	Telephone
409 Chatham Street Sanford, NC 27330	electricpope@windstream.net.com
Address	Email Address
21326	Email / last eas
License #	
Mechanical/HVAC Contractor I	nformation
Description of Work Residential	
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 Infor	21/2
Description of Work Residential	# Baths
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	
License #	mation
Insulation Contractor Infor	910-486-8855
Tri-City Insulation 418 Person St. Fay. NC 28301 Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Name & Address	Coprono

*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.

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