



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: JRT Managing Properties Date \_\_\_\_\_  
Site Address: 853 South 13<sup>th</sup> St. Erwin NC Phone 919-980-2009  
Subdivision: \_\_\_\_\_ Lot 1-23  
Description of Proposed Work: New Dwelling Total Job Cost 150,000

**General Contractor Information**

JRT Managing Properties Telephone 919-980-2009  
Building Contractor's Company Name  
306 S. Wall St. Benson, NC 27504 Jrtmanagingproperties@gmail.com  
Address Email Address  
79495  
License #  HEATED SQ FT  GARAGE SQ FT

**Electrical Contractor Information**

Description of Work New Dwelling Service Size: 200 Amps T-Pole:  Yes  No  
Jason Pope Telephone 919-820-0837  
Electrical Contractor's Company Name  
81 Beaver Creek Dr. Dunn, NC jnp electrical@hotmail.com  
Address Email Address  
27284  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Dwelling  
Randy Jackson Telephone 910-242-2941  
Mechanical Contractor's Company Name  
100 H. B<sup>th</sup> St. Erwin, NC 28334 rj11777@gmail.com  
Address Email Address  
18512  
License #

**Plumbing Contractor Information**

Description of Work New Dwelling # Baths 2  
Brandon Harrison Telephone 919-820-1434  
Plumbing Contractor's Company Name  
PO Box 45 Benson, NC 27504 bsharrison@gmail.com  
Address Email Address  
34260  
License #

**Insulation Contractor Information**

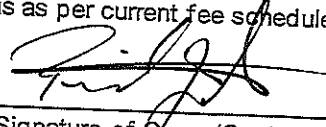
JR - Cindy Telephone 919-422-9929  
Insulation Contractor's Company Name & Address

\*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

1/4/2022  
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:

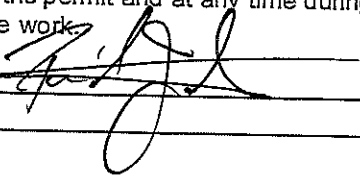
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 1/4/2022



Town of Erwin  
Zoning Application & Permit  
Planning & Inspections Department

PAID  
Permit #  
DEC 15 2021

check  
3537

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	JLT Managing Properties	Property Owner	Same as Applicant
Home Address	306 S. Wall St.	Home Address	
City, State, Zip	Bevion, NC 27504	City, State, Zip	
Telephone	919-980-2009	Telephone	
Email	jltmanagingproperties@gmail.com	Email	
Address of Proposed Property		853 S. 13th St	
Parcel Identification Number(s) (PIN)	0597-50-1562	Estimated Project Cost	150,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		New Dwelling	
Description of any proposed improvements to the building or property		N/A	
What was the Previous Use of the subject property?		Residential	
Does the Property Access DOT road?		Yes	
Number of dwelling/structures on the property already		0	Property/Parcel size 2.77 acre
Floodplain SFHA	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Watershed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wetlands		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
MUST circle one that applies to property		Existing/Proposed Septic System <input type="checkbox"/> Or Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>	

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

<u>Eric Johnson</u> Print Name	<u>[Signature]</u> Signature of Owner or Representative	<u>12/15/21</u> Date
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For Office Use

Zoning District	R-10	Existing Nonconforming Uses or Features	
Front Yard Setback	35'	Other Permits Required	<input type="checkbox"/> Conditional Use <input checked="" type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	10'	Requires Town Zoning Inspection(s)	<input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	35'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments		Fee Paid: 100	Date Paid: 12/15/21 Staff Initials: MJB

Comments: New stick Built SFD

Signature of Town Representative: <u>[Signature]</u>	Date Approved/Denied: <u>12/15/21</u>
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- Harnett County Development Services to get building permits
- contact NC DOT for drive way permit
- Harnett County GIS to get an address