

Initial Application Date: 3.3.2022

				CU#	
Central Permitting 420 McKinney Pkv	OUNTY OF HARNETT RESID vy, Lillington, NC 27546 Pl	hone: (910) 893-752	25 ext:1 Fax: (910) 8	893-2793 www.harne	ett.org/permits
**A RECORDED SURVEY MAP, RECORDE	D DEED (OR OFFER TO PURCHA	SE) & SITE PLAN ARE	REQUIRED WHEN SUBMI	TTING A LAND USE APPLK	CATION**
ANDOWNER: Cates Building inc.	A	Mailing Address:	639 Executive Place,	Suite 400	<u> </u>
City: Fayetteville State					
APPLICANT*:	Mailing Address	·			
Dity:Standard Information if different than I	ate:Zip:Cont andowner	tact No:	Email:		
ADDRESS: 38 Princelet PT, Come	00, NC 28326	pin:_ <u>959</u>	<u>5 - 42 - 8255</u>	1.000	
Zoning:ra-20r Flood:no	Watershed:no	Deed Book / Page:	<u>3366.0756</u>		
Setbacks - Front: 36   Back: 37.7	Side: 19,9' Corner:				
PROPOSED USE:					Monolithic
SFD: (Size 37 x 41) # Bedrooms: 4	# Baths: 25 Basement(w/v 143 (Is the bonus room finis	wo bath): Gara shed? ( <u> </u>	ge:	awl Space: Slab: /es  ( ➡) no (if yes add i	_ Slab: n with # bedrooms)
□ Modular: (Size ½x_ # Bedroon	(Is the second floor finished?	? () yes () no	Any other site built ac	dditions? () yes ()	no
Manufactured Home:SWDW _					
□ Duplex: (Sizex) No. Buildin	gs: No. Bed	rooms Per Unit:		TACHID SQ FI	
☐ Home Occupation: # Rooms:	Use:	Hours of Ope	eration:	#Employ	ees:
☐ Addition/Accessory/Other: (Sizex	) Use:			Closets in addition? (	) yes () no
TOTAL HTD SO FT GA					
Water Supply: County Existin  Sewage Supply: New Septic Tank  (Complete Environmental He Does owner of this tract of land, own land tha	(Need to Comp Expansion Relocation_ of the Chocklist on other side of	Existing Septic	Tank <u>x</u> County Se	ewer	•
Does the property contain any easements wh	ether underground or overhea	ad () yes ( <u></u>	) no		
Structures (existing of proposed) Single fami	ly dwellings: <u>one</u>	_ Manufactured Ho	mes:	Other (specify):	<del></del>
If permits are granted I agree to conform to a I hereby state that foregoing statements are a	Il ordinances ar <u>fi laws of th</u> e s accurate and correct to the be	State of North Carol st of my knowledge.	remit subject to revo	Cation in laice intermediate	of plans submitted n is provided.
***It is the owner/applicants responsibility to: boundary information, house local	of Owner or Owner's Agent of to provide the county with tion, underground or overhe ect or missing information to cation expires 6 months from	eac easements, etc hat is contained w	ithin these application	sbject property, includi nployees are not respo ns.***	ng but not limited nsible for any

APPLICATION CONTINUES ON BACK



والمرازية والمارا

is as per coment fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation

ماح بناهج البرا

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 thave 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 PERMITTEES: 6. Months to 2 years permittees such feets \$5,50,00. After 2 years reassurated.

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Owner Officer/Agent of the Contractor or Owner General Contractor 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. X 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. Date: 3.3.2022 - President Sign w/Title: