

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

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
Email centralpermitting@harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Joshua Jones/ STS Construction Luc	Date 08/24/23
Owner's Name: Joshua Tones STS Construction Luc Site Address: 1516 Nr-55 W Coats Nr 27521	Phone
Subdivision:	Lot
Description of Proposed Work: New Construction Home	
General Contractor Informatio	
STS Construction, LC Building Contractor's Company Name	<u>(919)605-8003</u> Telephone
Zlelol Nr 55 W Couts, Nr 27521	Josh@stsconstruct.com
Address	Email Address
B3465 HEATED SQ FT 1544 GARAGE St	Q FT <u>419</u>
Electrical Contractor Information	on /
Description of Work <u>Wew Construction</u> Service Size:	
_Stott Betts and Sons Inc.	<u>(919)894-4248-</u> 520-3591
Electrical Contractor's Company Name	Telephone
121 SE Railroad St, Benson, NC 27504	Jevans & Scottbetts and sons Lon
Address	Email Address
<u>U-32601</u>	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work New Construction HVAC	nadon
	(99)894-4248
Beasley's Heating + Air Mechanical Contractor's Company Name	Telephone
· ·	beasleyshrac@aol.com
_57 WC Beadey Ln Coats Nc 27521 Address	Email Address
9497	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work New Construction Plumbing	# Baths
<u> Kushin Plumbing</u>	(919)410-5967
Plumbing Contractor's Company Name	Telephone
7581 Ne-210 Smithfield	rushinglumbing @gmail.com
Address	Email Address
33242	
License #	
Insulation Contractor Information	
Palomo Insulation Inc.	(919) 369-3770
Insulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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

The un-	Affidavit for dersigned applicant being the:		pensation N.C.G.S	. 87-14			
	General Contractor	_Owner	_Officer/Agent of the Co	ontractor or Owner			
	eby confirm under penalties of h in the permit:	perjury that the pe	rson(s), firm(s) or corpor	ration(s) performing the work			
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.							
them.	Has one (1) or more subcontra	ctors(s) and has o	otained workers' comper	nsation insurance to cover			
coverin	Has one (1) or more subcontra g themselves.	ctors(s) who has the	neir own policy of worker	rs' compensation insurance			
I	Has no more than two (2) emp	loyees and no sub	contractors.				
Departr to issua	vorking on the project for which ment issuing the permit may re ance of the permit and at any ti g out the work.	quire certificates o	f coverage of worker's c	ompensation insurance prior			
Sign w/	Title: Joshnad Ja	us Confe	nitar Jouvier	Date: 08/24/23			



	20	NORTH CAROLINA			
nitial Application Date:	**************************************		Application #		
Central Permitting	420 McKinney Pkwy, Lillir	TT RESIDENTIAL LAND USE APF ngton, NC 27546 Phone: (910) :CentralPermitting@harnett.org	PLICATION 893-7525 ext:1	CU# Fax: (910) 893-2793	
A RECORDED SURVEY MAP, RE	CORDED DEED (OR OFFER TO	PURCHASE) & SITE PLAN ARE REQU	IRED WHEN SUBMIT	TING A LAND USE APPLICATION	V
ANDOWNER: STS Construc	ction, LLC	Mailing Address: 266	ol NZ-5	5 W	
City: Couts	_ State: <u>///</u> Zip: <u>275</u>	<u>Z1</u> Contact No: <u>(9/9)605-9</u>	3003 Email:	Josh@stsconstn	uct.com
APPLICANT*:					
City:Coat	State: MZ Zip: 275	21 Contact No: <u>(9/9)605-</u>	<u>පිංරී3</u> Email:		
ADDRESS: 1516 M -55 i	_				
Zoning:Flood:	•				
Setbacks – Front: Back:					
PROPOSED USE:					
X SFD: (Size <u>56 x 47</u>) # Bedroo "OTAL HTD SQ FT <u>1544</u> GARAGE SQ pedrooms)	ms: <u> 3</u> # Baths: <u>2</u> Basen : FT <u>419</u> (Is the bonus r	nent(w/wo bath): Garage: 🔀 room finished? () yes (🖄) r	Deck: Craw	rl Space: <u> </u> Slab: Slab:	olithic : add in with #
D Modular: (Sizex) # Bed					Frame
Manufactured Home:SW	WTW (Sizex_) # Bedrooms: Garage	:(site built?) Deck:(site built?))
Duplex: (Sizex) No. Bu	ildings:N	lo. Bedrooms Per Unit:	тот	AL HTD SQ FT	
Home Occupation: # Rooms:	Use:	Hours of Operation:_		#Employees:	
Addition/Accessory/Other: (Size	x) Use:		Ci	osets in addition? () yes() no
OTAL HTD SQ FT	GARAGE				
Vater Supply: County Exi Sewage Supply: New Septic Tank_ (Complete Environmental Does owner of this tract of land, own land	(Need to Expansion Reloced Health Checklist on other:	complete New Well Application at cationExisting Septic Tank _ side of application if Septic)	t the same time as County Sewe	s New Tank)	1
oes the property contain any easements					
structures (existing or proposed): Single	amily dwellings:	Manufactured Homes:		ther (specify):	

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. 08/24/23 Signature of 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

