



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: JONATHAN WALL Mailing Address: 1269 TURNER MEADOW DRIVE
City: RALEIGH State: NC Zip: 27603 Contact No: 919-669-8060 Email: JONATHAN.WALL.HOMES@gmail.com

APPLICANT: JONATHAN WALL Mailing Address: (SAME AS ABOVE)
City: State: Zip: Contact No: Email:

ADDRESS: 172 EAST JACKSON ST. COATS PIN: 0690-82-5760-000

Zoning: Flood: Watershed: Deed Book / Page: 4164:1607

Setbacks - Front: 12 Back: 12 Side: 4 Corner: 8

PROPOSED USE:

SFD: (Size 30 x 52) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
TOTAL HTD SQ FT 1270 GARAGE SQ FT (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
TOTAL HTD SQ FT (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
TOTAL HTD SQ FT 1270 GARAGE

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

Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (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.

Signature of Owner or Owner's Agent

Date 11/21/23

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 # _____

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: JONATHAN WALL Date 11/21/23
Site Address: 172 EAST JACKSON ST., COFFS Phone (919) 669-8060
Subdivision: _____ Lot _____
Description of Proposed Work: NEW HOME Total Job Cost 180,000

General Contractor Information

JONATHAN WALL (919) 669-8060
Building Contractor's Company Name Telephone
1269 TURNER MEADOW DR, DALLIGH JONATHANWALLHOMES.COM
Address Email Address
35492 HEATED SQ FT 1270 GARAGE SQ FT -
License #

Electrical Contractor Information

Description of Work NEW HOME Service Size: 200 Amps T-Pole: Yes No
FENG ELECTRIC, LLC (406) 581-5464
Electrical Contractor's Company Name Telephone
502 NORMAN CREST CT. CARY
Address Email Address
L-034986
License #

Mechanical/HVAC Contractor Information

Description of Work NEW HOME
BEADLEY'S HVAC (919) 894-4248
Mechanical Contractor's Company Name Telephone
57 WC BEADLEY LAKE, COFFS
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work NEW HOME # Baths 2
H & H Plumbing (919) 820-2613
Plumbing Contractor's Company Name Telephone
2409 Juniper Church Rd.
Address Email Address
26339
License #

Insulation Contractor Information


FRIENDS INSULATION (919) 291-2438
Insulation Contractor's Company Name & Address Telephone

***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

11/21/23

 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:  President

Date: 11/21/23