



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

## RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 197 Ddmax Grimes Rd Coats, NC PIN: 1600-54-2780.0000  
LANDOWNER: Dove Homes, LLC Mailing Address: 2300 Sanctuary Dr.  
City: Raleigh State: NC Zip: 27606 Phone: 919.796.0915 Email: CNOBLING@Dove-Homes.com

\*Please fill out applicant information if different than landowner.

APPLICANT: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPOSED USE:

☒ **Single Family Dwelling:** (Size 40 x 36) # Bedrooms: 3 # Baths: 3 Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)  
TOTAL HTD SQ FT: 2122 GARAGE SQ FT: 426 Foundation Type: Crawl Space: ☒ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)  
TOTAL HTD SQ FT: \_\_\_\_\_

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio  
(Circle One) (Circle One)  
ZONING: \_\_\_\_\_

☐ **Duplex:** (Size \_\_\_\_\_ x \_\_\_\_\_) # Buildings: \_\_\_\_\_ # Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT: \_\_\_\_\_

☐ **Addition/Accessory/Other:** (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_

### UTILITIES:

**Water Supply:** County ☐ Existing Well ☐ New Well (# of dwellings using well 1) ☒

**Sewage Supply:** New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

### GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☒ NO ☐ Duke energy

Structures (existing or proposed): Single Family Dwellings: 1 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 the 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

9/5/2025  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*

APPLICATION CONTINUES ON BACK



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## RESIDENTIAL BUILDING APPLICATION

Site Address: 197 Delma Grimes Rd Coats, NC 27521 PIN: 1600-54-2780.000  
Owner: Dove Homes, LLC Phone: 919-796-0915 Email: CNobling@Dove-Homes.com  
Description of Proposed Work: New SFD Construction Total Job Cost: 175,000

### GENERAL CONTRACTOR INFORMATION

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

Dove Homes, LLC 919-796-0915  
General Contractor's Company Name Phone  
2300 Sanctuary Dr Raleigh, NC 27606 CNobling@Dove-Homes.com  
Address Email  
50469  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New SFD Electrical Wiring Service Size: 200 Amps T-Pole: YES ☒ NO ☐  
Electrical Innovators 919.361.279.7177  
Electrical Contractor's Company Name Phone  
1602 NC 27E Lillington, NC 27546 Electricbiz@hotmail.com  
Address Email  
L. 29238  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New SFD HVAC  
A. Maynor Heating & Air Inc. 919-361-0993  
Mechanical Contractor's Company Name Phone  
1000 Goodworth Dr. Apex, NC 27539 Brett@MaynorHVAC.com  
Address Email  
L. 11348  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: New SFD Plumbing # of Fixtures: 24  
Evans Plumbing Inc. 919.553.5285  
Plumbing Contractor's Company Name Phone  
102 Sigma Dr. Garner, NC 27529 Brandon@evansplumbinginc.net  
Address Email  
L. 07035  
License #

### INSULATION CONTRACTOR INFORMATION

Tatum II 919-661-0999  
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK





I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

  
\_\_\_\_\_  
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

\_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

  
\_\_\_\_\_  
Date