

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: 179 W. Hamer St., Coats, NC PIN: 07069015220001 03			
SITE ADDRESS: 1 1 101 147 11 11 11 11 11 11 11 11 11 11 11 11 11			
LANDOWNER: Lamer King Mailing Address: 7111 Old Fairground Rd			
City: Blasen State: NC Zip: 27504 Phone: 919-868-6812 Email: Lymer hunters dream homes can			
*Please fill out applicant information if different than landowner.			
APPLICANT: Hunters Dream Homos LLC Mailing Address: 7/11 Old Fairground Pol			
City: Benson State: MZ zip: 27504 Phone: 919-915-0425 Email: John Chunters draw hours.com			
PROPOSED USE:			
Single Family Dwelling: (Siz394 x 47) # Bedrooms: 3 # Baths: 2 Garage: Attached Detached Accessory: Deck, Patio Porch (Circle One)			
TOTAL HTD SQ FT: 1113 GARAGE SQ FT: 245 Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement:			
Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached			
TOTAL HTD SQ FT:			
☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio (Circle One) (Circle One)			
ZONING:			
□ Duplex: (Sizex) # Buildings: # Bedrooms Per Unit: TOTAL HTD SQ FT:			
□ Addition/Accessory/Other: (Sizex) Use:			
UTILITIES:			
Water Supply: County ☑ Existing Well □ New Well (# of dwellings using well) □			
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			
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 the foregoing statements are according to the best of my knowledge. Permit subject to revocation if false information is provided.			
WMT St 7-7-25			
Signature of Owner or Owner's Agent 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.



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RESIDENTIAL BUILDING APPLICATION

Site Address: 179 W. Hami St., Cal B, NC Owner: Lamar King Phone: 919-868-681 Description of Proposed Work: New Single family resident	PIN: 0706901522000103	
Owner: Lamer 1/1/2 Phone: 919-868-681	2 Email: 19 mar @hunters dream houses, com	
Description of Proposed Work: New Single family resident	KI house Total Job Cost: 135,000	
GENERAL CONTRACTOR INFORMATION		
* Must be owner or licensed contractor. Address, company name		
Hunters Dream Homes LLC	919-915-0425 Tohurstephensen	
General Contractor's Company Name 7111 Old Fairground Rd, Bluen, NC 27574 Address L 0 565	Phone John & hunters dream hours, com Email	
License # ELECTRICAL CONTRACTOR INFORMATION		
APE L	222	
Description of Work: Lighthous Electric W, Inc. Electrical Contractor's Company Name 25244 US Huy 17, Sar + City W 28445 Address	Service Size: Amps T-Pole: YES NO	
Lighthouse Electric NC, Inc	Phone Lighthouse travis Ogdican	
Electrical & ontractor's Company Name	Phone Louis Dad	
Address	Emails	
22882-L	Lindia	
License #		
MECHANICAL/HVAC CONTRACT	OR INFORMATION	
.10.		
Description of Work: NFW		
Stephenson Htg +AC, Inc	919-329-0686	
Stephenson Htg +AC, Inc. Mechanical Contractor's Company Name 343 Shipwash Dr. Carwr, NC 27529	919-329-0686 Phone Stiphenson hvac @ Golocom	
Address Address	Stynewon NV4C @ 401. Com	
18644	Email	
License #		
PLUMBING CONTRACTOR INFORMATION		
	<i>(7</i>)	
Description of Work:	# of Fixtures:	
Thorton's Plyonhis	Phone Toloner agmail.com Email	
Plumbing Contractor's Company Name	Phone	
3/60 A VINSON Rd, Clayfon, NC 27527	tpi planner & gmail.com	
Address	Email / /	
MC 23152 License #		
INSULATION CONTRACTOR INFORMATION		
	0.0 000	
Insulation Contractor's Company Name Carrer, NC 27529	919-66/- 0999 Phone	
Insulation Contractor's Company Name	Pnone	
Dalay 100 & 1301		



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 to inque foo in \$150.00 After 2 years

The state of the s	rent fee schedule.
Alht Ste 7-7-25	
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 permit:	set forth in the
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 the	emselves,
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 Dep the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corp out the work prior to issuance of the permit or at any time during the permitted work.	
Signature of Owner/Contractor/Officer of Corporation 7-7-25 Date	
Signature of Owner/Contractor/Officer of Corporation Date	