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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: 201 Wilhamer St., Coats, NC PIN: 07069015220001 04
LANDOWNER: Lamar King Mailing Address: 7111 Old Fairground Rd, P
City: Benson State: NC Zip: 27504 Phone: 919-868-6812 Email: lamar@huntersdreamhomes.com

*Please fill out applicant information if different than landowner.

APPLICANT: Hunters Dream Homes, LLC Mailing Address: 7111 Old Fairground Rd
City: Benson State: NC Zip: 27504 Phone: 919-915-042 Email: john@huntersdreamhomes.com
John R Stephens

PROPOSED USE:

☒ **Single Family Dwelling:** (Size 38'4" x 50'4") # Bedrooms: 3 # Baths: 2 Garage: Attached (Circle One) Accessory: Deck, Patio, Porch (Circle One)
TOTAL HTD SQ FT: 1190 GARAGE SQ FT: 220 Foundation Type: Crawl Space: ☒ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

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

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

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 accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

7-7-25
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

RESIDENTIAL BUILDING APPLICATION

Site Address: 201 W. Hamer St, Coats, NC PIN: 0706901522 0001 04
Owner: Lamar King Phone: 919-868-6812 Email: lamar@huntersdreamhomes.com
Description of Proposed Work: New single family residential house Total Job Cost: 140,000

GENERAL CONTRACTOR INFORMATION

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

Hunter's Dream Homes, LLC 919-915-0425 John R. Stephenson
General Contractor's Company Name Phone
7111 Old Fairground Rd, Benson, NC 27504
Address john@huntersdreamhomes.com
L101565 Email
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: NEW Service Size: 200 Amps T-Pole: YES ☒ NO ☐
Lighthouse Electric NC Inc 910 803-0290
Electrical Contractor's Company Name Phone
25244 US Hwy 17, Surf City, NC 28445
Address lighthouseelectric@aol.com
22882-L Email
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NEW
Stephenson Htg & AC, Inc 919-329-0686
Mechanical Contractor's Company Name Phone
343 Shipwash Dr., Garner NC 27529
Address stephensonhvac@aol.com
18644 Email
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: NEW # of Fixtures: 8
Thorntons Plumbing 919-550-4833
Plumbing Contractor's Company Name Phone
3160 A Vinson Rd, Clayton, NC 27527
Address tpi_planner@gmail.com
NC 22152 Email
License #

INSULATION CONTRACTOR INFORMATION

Tatum Insulation 919-661-0999
Insulation Contractor's Company Name Phone
519 Old Dog St, Garner NC 27529



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

7-7-25

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

7-7-25

Date