

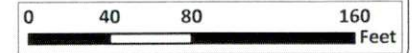
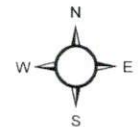
# Harnett GIS

NOT FOR LEGAL USE



GIS/E-911 Addressing  
March 20, 2024

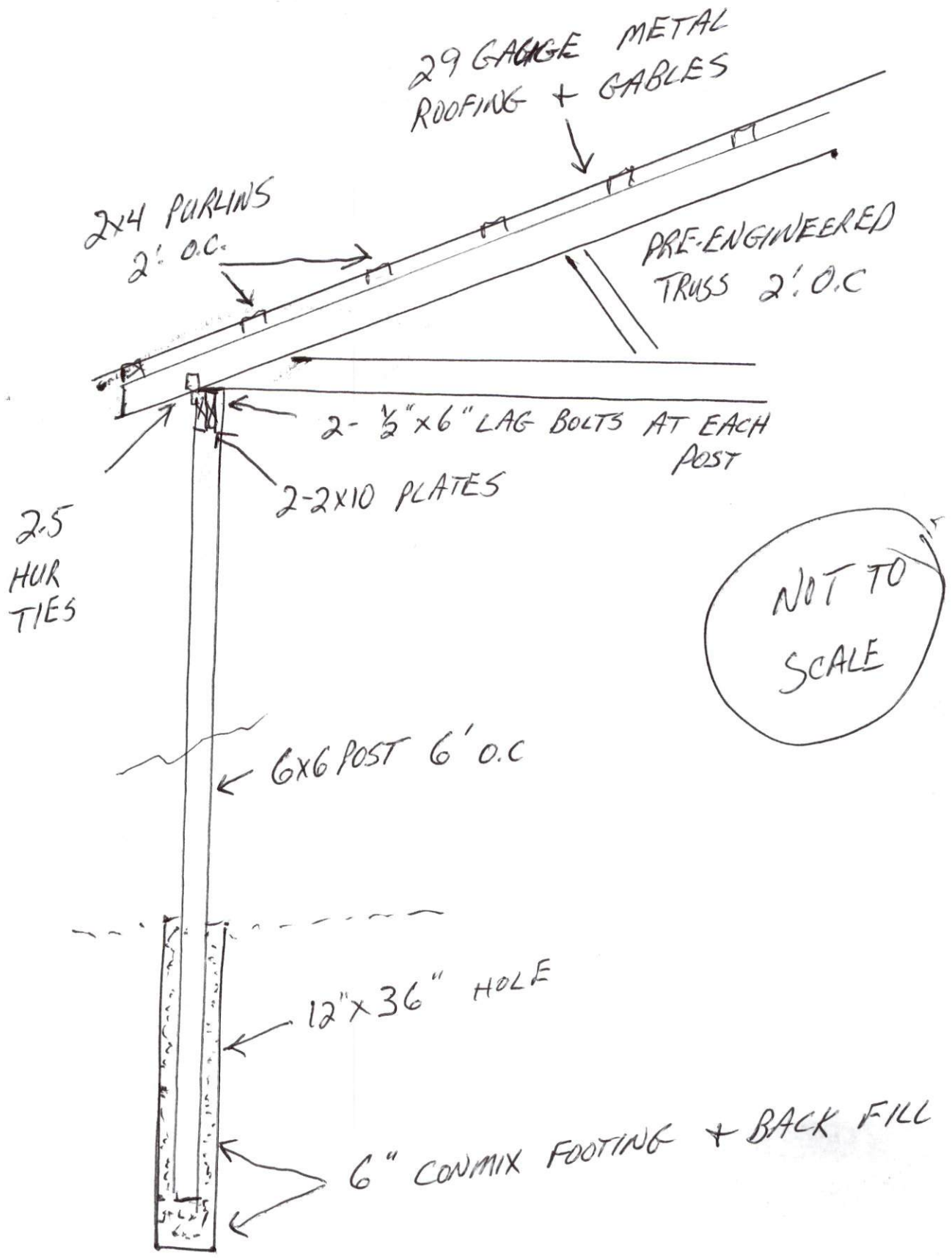
- County Boundary
- Road Centerlines
- Address Numbers
- Parcels
- Railroad



BUNN LEVEL RAITAN 30X48 OPEN SHELTER

W/12' WIND TO

COLL 42x48



NOT TO SCALE

6x6 POST 6' O.C

12" x 36" HOLE

6" CONMIX FOOTING + BACK FILL

12X48 LEAN TO  
SIDE SHELTER

29 GA METAL ROOFING

2X4 PURLINS 2' O.C.

2X8 RAFTERS  
2' O.C.

2.5 HOR. TIE

2-2X12  
PLATES

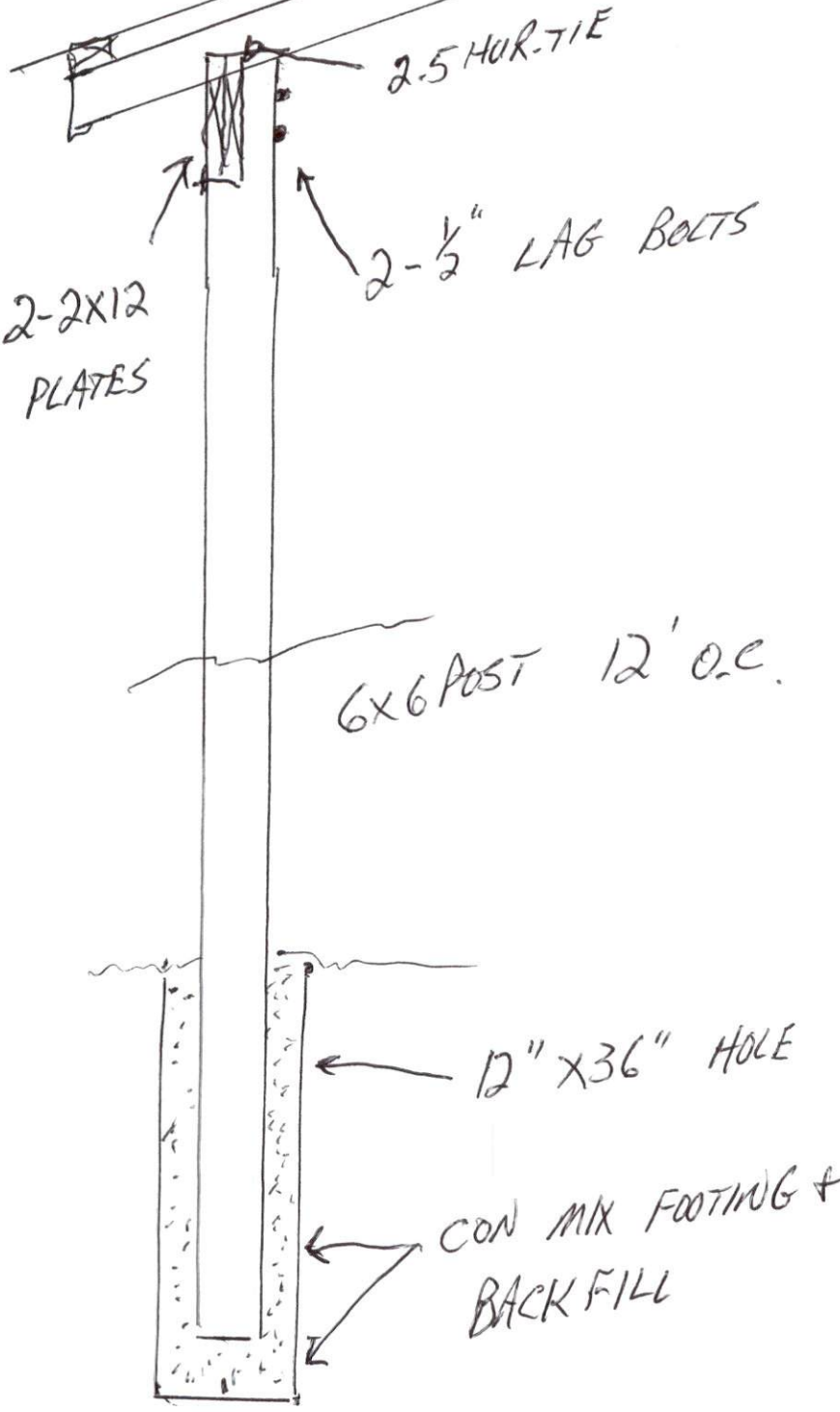
2-1/2" LAG BOLTS

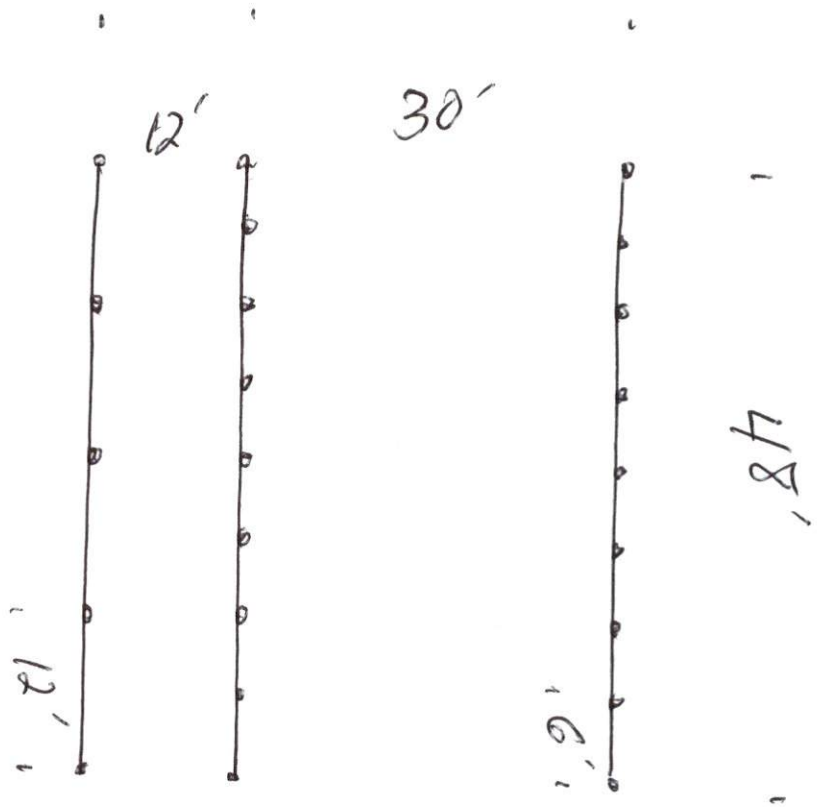
6X6 POST 12' O.C.

12" X 36" HOLE

CON MIX FOOTING +  
BACK FILL

NOT  
TO  
SCALE





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30'x48' OPEN SHELTER  
WITH 12'x48' SIDE SHELTER

Job 27876	Truss TR1	Truss Type FINK	Qty 25	Ply 1	David Johnson/Ruitan	164064791
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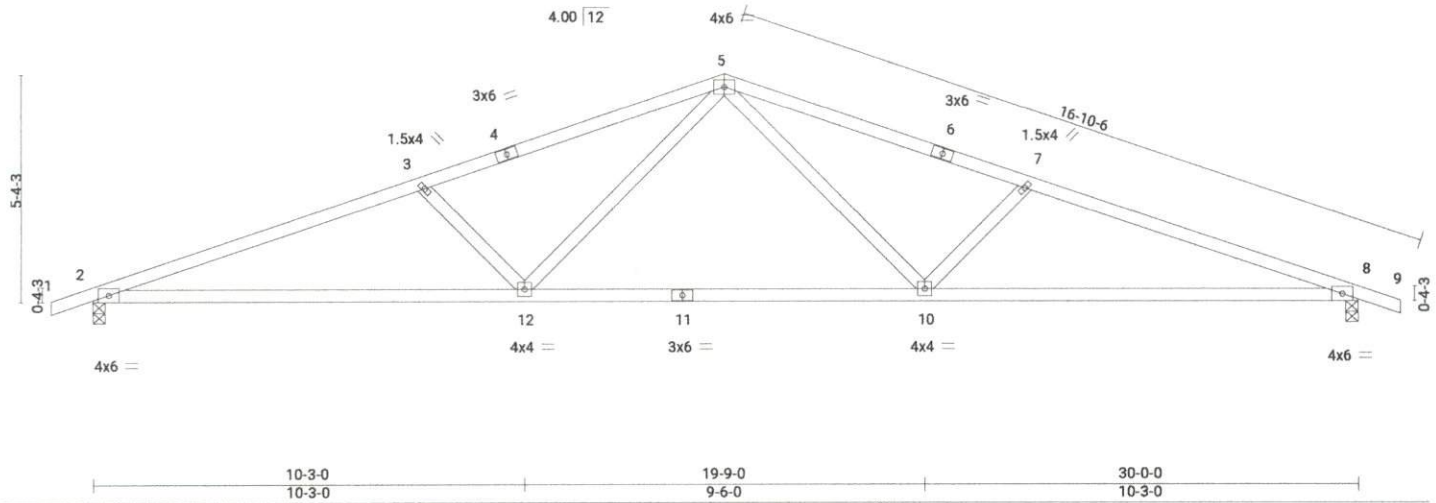
C&R Truss, Autryville, NC - 28318,

8.430 s Jan 6 2022 MITek Industries, Inc. Wed Mar 6 08:31:20 2024 Page 1

ID:SAY23VisonND83yIfSbpQ3y4CHX-RfC?PsB70Hq3NSgPqnL8w3ulTXbGKWrCDol7J4zJC?f

1-0-0	7-10-8	15-0-0	22-1-8	30-0-0	31-0-0
1-0-0	7-10-8	7-1-8	7-1-8	7-10-8	1-0-0

Scale = 1:51.3



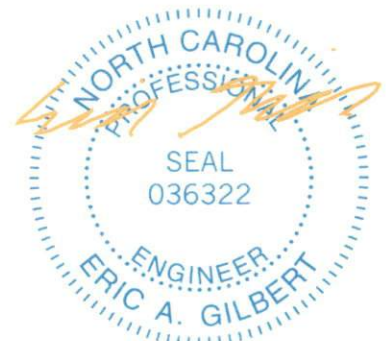
LOADING (psf)	SPACING-	2-0-0	CSI.	DEFL.	in (loc)	l/defl	L/d	PLATES	GRIP
TCLL 20.0	Plate Grip DOL	1.15	TC 0.32	Vert(LL)	-0.17 12-15	>999	360	MT20	244/190
TCDL 10.0	Lumber DOL	1.15	BC 0.45	Vert(CT)	-0.40 12-15	>898	240		
BCLL 0.0 *	Rep Stress Incr	YES	WB 0.34	Horz(CT)	0.07 8	n/a	n/a		
BCDL 10.0	Code IRC2018/TPI2014		Matrix-AS	Wind(LL)	0.08 12-15	>999	240	Weight: 125 lb	FT = 20%

LUMBER-	BRACING-
TOP CHORD 2x4 SP 2400F 2.0E	TOP CHORD Structural wood sheathing directly applied.
BOT CHORD 2x4 SP 2400F 2.0E	BOT CHORD Rigid ceiling directly applied.
WEBS 2x4 SP No.3	

REACTIONS. (size) 2=0-3-8, 8=0-3-8  
 Max Horz 2=-51(LC 6)  
 Max Grav 2=1260(LC 1), 8=1260(LC 1)

FORCES. (lb) - Max. Comp./Max. Ten. - All forces 250 (lb) or less except when shown.  
 TOP CHORD 2-3=-2890/0, 3-5=-2552/0, 5-7=-2552/0, 7-8=-2890/0  
 BOT CHORD 2-12=0/2706, 10-12=0/1798, 8-10=0/2706  
 WEBS 3-12=-536/90, 5-12=0/826, 5-10=0/826, 7-10=-536/90

- NOTES-
- 1) Unbalanced roof live loads have been considered for this design.
  - 2) Wind: ASCE 7-16; Vult=120mph (3-second gust) Vasd=95mph; TCCL=6.0psf; BCDL=6.0psf; h=20ft; B=45ft; L=30ft; eave=4ft; Cat. II; Exp B; Enclosed; MWFRS (directional); cantilever left and right exposed; end vertical left and right exposed; Lumber DOL=1.60 plate grip DOL=1.60
  - 3) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
  - 4) \* This truss has been designed for a live load of 20.0psf on the bottom chord in all areas with a clearance greater than 6-0-0 between the bottom chord and any other members.
  - 5) This truss is designed in accordance with the 2018 International Residential Code sections R502.11.1 and R802.10.2 and referenced standard ANS/TPI 1.
  - 6) This truss design requires that a minimum of 7/16" structural wood sheathing be applied directly to the top chord and 1/2" gypsum sheetrock be applied directly to the bottom chord.



March 6, 2024

Trenco  
818 Soundside Rd  
Edenton, NC 27932

Re: 27876  
David Johnson\Ruitan

The truss drawing(s) referenced below have been prepared by Truss Engineering Co. under my direct supervision based on the parameters provided by C & R Truss.

Pages or sheets covered by this seal: 164064791 thru 164064791

My license renewal date for the state of North Carolina is December 31, 2024.

North Carolina COA: C-0844



March 6, 2024

Gilbert, Eric

**IMPORTANT NOTE:** The seal on these truss component designs is a certification that the engineer named is licensed in the jurisdiction(s) identified and that the designs comply with ANSI/TPI 1. These designs are based upon parameters shown (e.g., loads, supports, dimensions, shapes and design codes), which were given to MiTek or TRENCO. Any project specific information included is for MiTek's or TRENCO's customers file reference purpose only, and was not taken into account in the preparation of these designs. MiTek or TRENCO has not independently verified the applicability of the design parameters or the designs for any particular building. Before use, the building designer should verify applicability of design parameters and properly incorporate these designs into the overall building design per ANSI/TPI 1, Chapter 2.

INDEX

3-17-77

ROSS + KENASAW

17<sup>TH</sup>

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Bunlevel Ruritan Date: \_\_\_\_\_  
 Site Address: 138 Candlebush Ln Bunlevel Phone: 910-890-7693  
 Description of Proposed Work: Pole Barn

**General Contractor Information:** Building Cost \$ 16,000

Bunlevel Ruritan's  
 Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
99 Candlebush Ln Bunlevel  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Jamie Johnson  
 Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
 \_\_\_\_\_  
 Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_  
 \_\_\_\_\_  
 Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 \_\_\_\_\_  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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



**Sprinkler Contractor Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Fire Alarm Contractor Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

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 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 charged at full price per current fee schedule.

Jamie Johns  
Signature of Owner/Contractor/Officer(s) of Corporation

3-18-24  
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: Jamie Johns Board Member Date: \_\_\_\_\_



Initial Application Date: 3-18-24

Application # BCML2403.0004  
DRB # \_\_\_\_\_ CU # \_\_\_\_\_

**COMMERCIAL**

**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting (Physical) 108 E. Front Street, Lillington NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

**LANDOWNER:** Bunlevel Ruritan's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # 910-890-7693 Email: NCB48@aol.com

**APPLICANT\*:** Norma Byrd Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # 9108907693 Email: NCB48@aol.com

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** \_\_\_\_\_ Phone # \_\_\_\_\_

Address: 138 Pandlebush Ln PIN: 0556.47.1129

Deed Book Page: 302,0463

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Daycare # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry Sq. Ft: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church Seating Capacity: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: \_\_\_\_\_

Accessory/Addition/Other (Size 42x48) Use: open shelter

**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)

**Comments:** \_\_\_\_\_

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.

Jamie Johnson  
Signature of Owner or Owner's Agent

3-18-24  
Date

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***  
RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

**\*\*\*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

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

**Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

**Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?  
 If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**