



Initial Application Date: 10/3/18

Application # BRES1810-0009

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: PLJS Properties LLC Mailing Address: 228 N. Harrison Place
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-796-3322 Email: H.Judson-Smith@gmail.com

APPLICANT*: PLJS Properties LLC Mailing Address: 228 N. Harrison Place
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-796-3322 Email: H.Judson-Smith@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Nick Tact Phone # 919-669-6207
ADDRESS: 784 Crawford Rd PIN: 0599-58-2000.000

DEED OR OTP: _____

PROPOSED USE:

- SFD: (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? yes no w/a closet? yes no (if yes add in with # bedrooms)
- Mod: (Size ____ x ____) # Bedrooms ____ # Baths ____ Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
(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: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size ____ x ____) Use: Interior Reno: Adding bedroom (interior) Closets in addition? yes no

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] _____ 10/03/18 _____
Signature of Owner or Owner's Agent Date

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

strong roots • new growth

strong roots • new growth

****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.

Harnett GIS

NOT FOR LEGAL USE



GIS/E-911 Addressing

October 3, 2018



Recycle Center



Landfills



Surrounding County Boundaries



Federal Property



City Limits



Address Numbers



Airport

MajorRoads



Interstate

NC

US

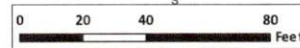
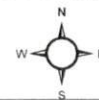
Roads

Mile_Markers

Railroad



Parcels



1 inch = 47 feet



Application # _____

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: PLSS properties LLC Date: 10/03/18
Site Address: 784 Crawford Rd Coats NC Phone: 919-756-3322
Subdivision: NA Lot: NA
Description of Proposed Work: renovate interior of existing home

General Contractor Information

NCT Specialty Contracting inc 919-669-6207
Building Contractor's Company Name Telephone
700 Maplebrook Rd Fuquay Varine NC 27546 NCTspecialtycontracting@yahoo.com
Address Email Address
#73212
License #

Electrical Contractor Information

Description of Work update homes wiring Service Size: 200 Amps T-Pole: Yes No
DNE Electric 919-333-1330
Electrical Contractor's Company Name Telephone
7805 OH US 421 Lillington NC 27546 Rubie@DNEElectricall.com
Address Email Address
#31090 U
License #

Mechanical/HVAC Contractor Information

Description of Work Install New unit For Home
Dupree Heating & Air 919-291-0573
Mechanical Contractor's Company Name Telephone
2085 Eddie Howard Rd Willow Springs NC Dupree HVAC@yahoo.com
Address Email Address
#31834
License #

Plumbing Contractor Information

Description of Work update Plumbing in interior of home # Baths 2
Scott Zimmerman Plumbing 919-370-1956
Plumbing Contractor's Company Name Telephone
7429 Saunders Rd Willow Springs NC 27592 SZimmermanPlumbing@gmail.com
Address Email Address
#30514
License #

Insulation Contractor Information

Wake Insulation inc 919-235-5471
Insulation Contractor's Company Name & Address Telephone
116 Crestline Rd #1045 Wendell NC 27591

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

10/17/74

Harold County, North Carolina
Department of Social Services

State of North Carolina
Department of Social Services
Division of Child Welfare
P.O. Box 26177
Raleigh, N.C. 27611

Adoption Report - Final Report

Child's Name: _____
Date of Birth: _____
Date of Adoption: _____
Name of Adoptive Parents: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____

Adoptive Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Date of Report: _____

Child's Name: _____
Date of Birth: _____
Date of Adoption: _____
Name of Adoptive Parents: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____

Adoptive Parent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Date of Report: _____

Child's Name: _____
Date of Birth: _____
Date of Adoption: _____
Name of Adoptive Parents: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____

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

10/03/18
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

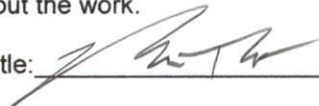
The undersigned applicant being the:

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: 

Date: 10/03/18

