



Initial Application Date: ~~8/30/18~~
10/24/18

Application #

BRES1810-0028R

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: Felton & Maria Lowman Mailing Address: 132 Irene Ct.
City: Fuquay Varina State: NC Zip: 27526 Contact No: (919) 924-2207 Email: mariajackie1@hotmail.com

APPLICANT: Maria J. Lowman Mailing Address: 132 Irene Court

City: Fuquay Varina State: NC Zip: 27526 Contact No: (919) 924-2207 Email: mariajackie1@hotmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Maria Lowman Phone # (919) 924-2207

ADDRESS: 132 Irene Ct PIN: 0035-44-2473.000

DEED OR OTP: 2607/394

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 17 x 18) Use: Bedroom = 2 Bedrooms upstairs
Addition Remodel kitchen 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.

X M. Jacqueline Lowman
Signature of Owner or Owner's Agent

X 08-30-18
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

Wants to do expansion

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.

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SEPTIC

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- Accepted Innovative Conventional Any
 Alternative Other Expansion - Additional Drainline

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- 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? not working
 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?

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LANDOWNER: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

ADDRESS: _____ PIN: _____

DEED OR OTP: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
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(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): _____

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Signature of Owner or Owner's Agent

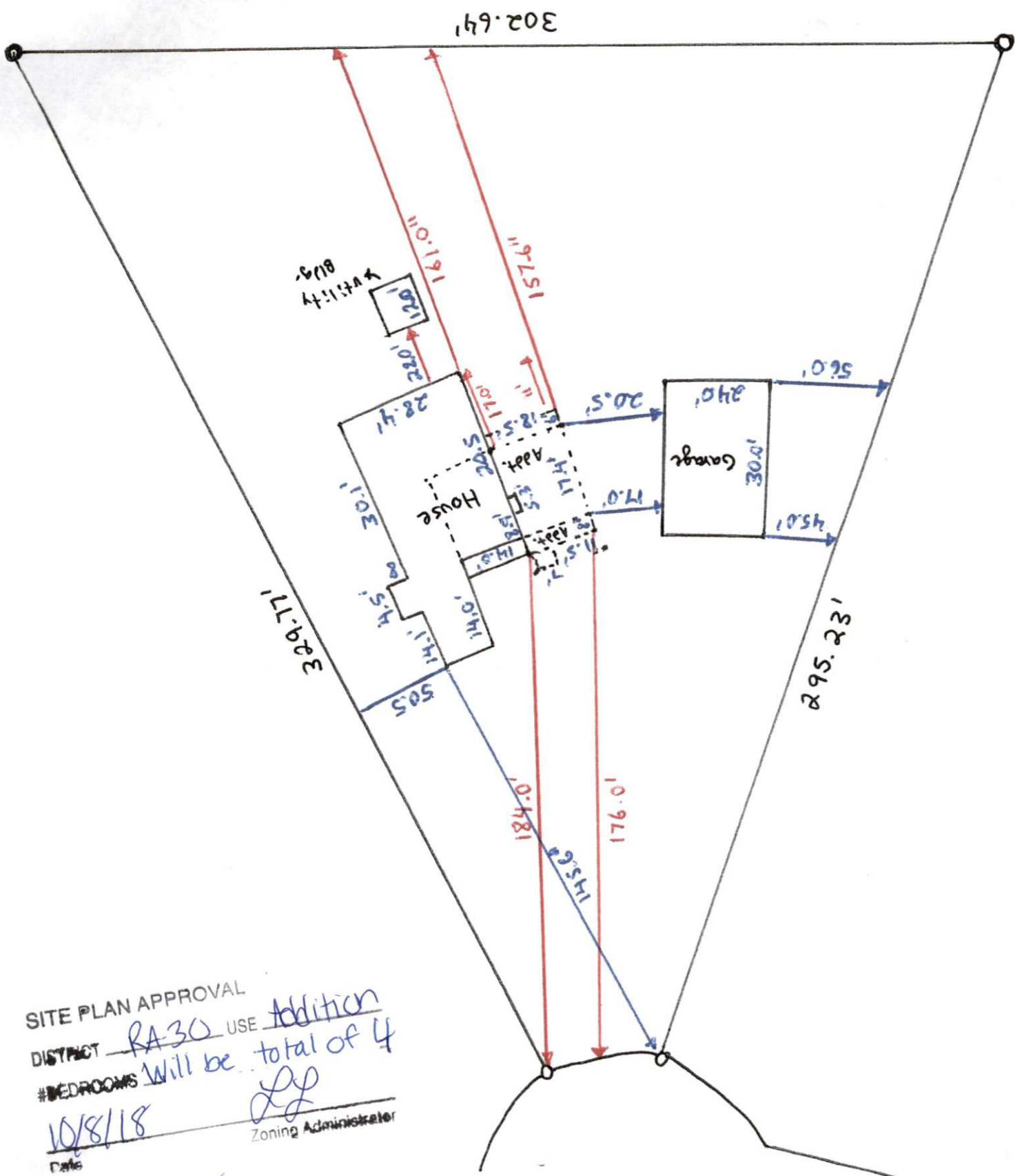
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APPLICATION CONTINUES ON BACK

strong roots • new growth



SITE PLAN APPROVAL

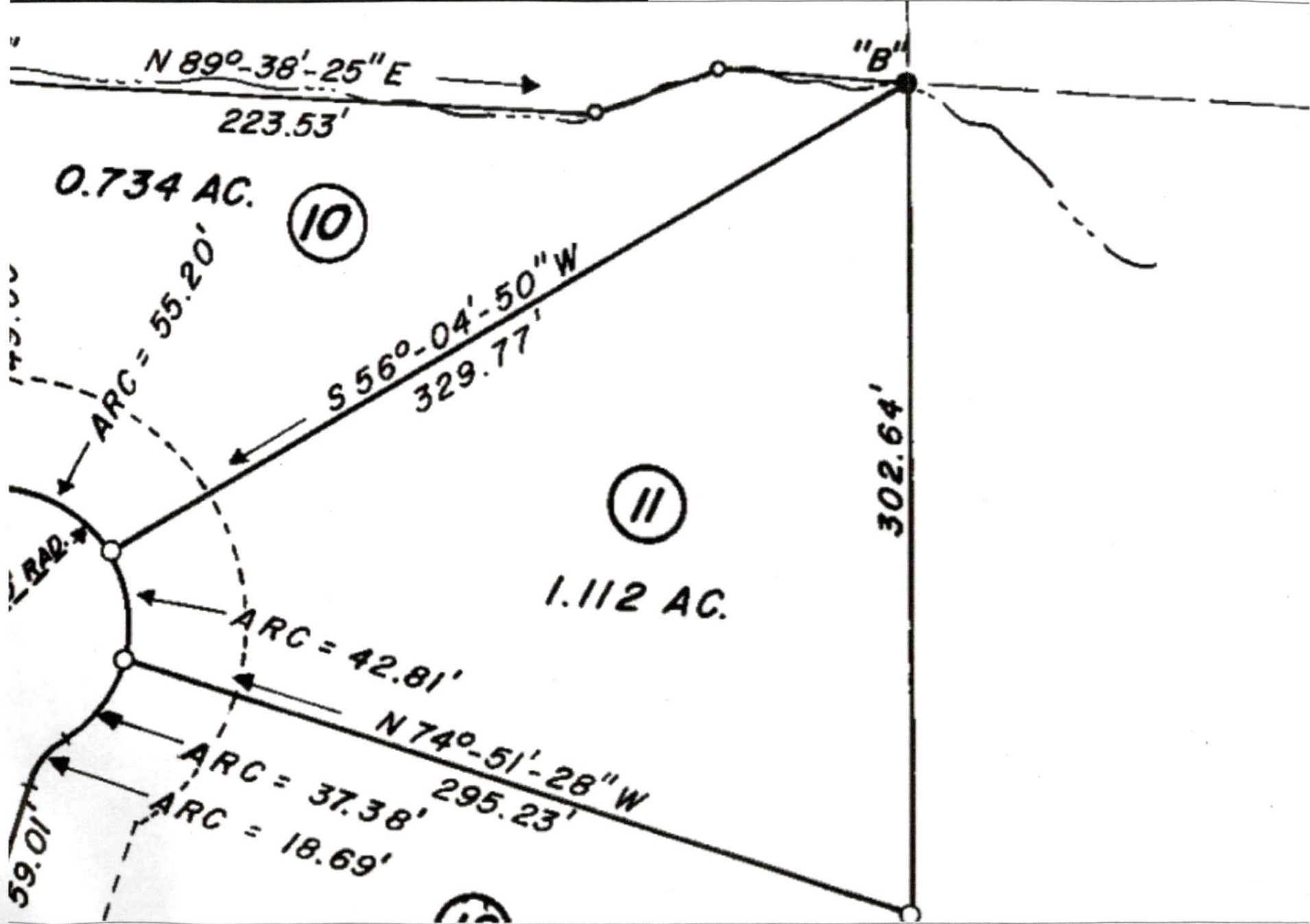
DISTRICT RA-30 USE Addition

#BEDROOMS Will be total of 4

10/8/18
Date

[Signature]
Zoning Administrator

X M. Jacqueline Lowmy





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: Felton & Maria Lowman Date: _____

Site Address: 132 Irene Ct. - Fuquay Varina, NC 27526 Phone: (919) 552-7098

Subdivision: _____ Lot: _____

Description of Proposed Work: Adding a living room 1st floor & 2 Bedrooms, 1 1/2 bathrooms
Adding Porch entrance & balconies.

General Contractor Information

Helmer Remodeling LLC (803) 397-6544
Building Contractor's Company Name Telephone

9957 Fanny Brown Rd. - Raleigh - NC 27603 _____
Address Email Address

License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Wimbarley Electric (919) 422-1711
Electrical Contractor's Company Name Telephone

1321 Batory Dr. - Raleigh NC 27610 _____
Address Email Address

16197-U

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
CAI COMFORT AIR INC. (919) 818-6770
Mechanical Contractor's Company Name Telephone

408 Meadow Ln - Wendell NC 27591 _____
Address Email Address

29806

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
The Original Busy Bee (919) 625-8426
Plumbing Contractor's Company Name Telephone

705 Newcombe Rd. - Raleigh NC 27610 _____
Address Email Address

9194

License # _____

Insulation Contractor Information

Helmer Remodeling LLC (803) 397-6544
Insulation Contractor's Company Name & Address Telephone

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

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.

M. Jacqueline Lowmy
Signature of Owner/Contractor/Officer(s) of Corporation

10-08-18
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: M. Jacqueline Lowmy

Date: 10-08-18