

Initial Application Date: 10/18/18

Application # BRES 1810-0049

CU#

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: TED HARRIS Mailing Address: 1314 Delma Brimes Rol					
City: Courts State: NCzip: 275 Contact No: 10 890 +504 Email: dfisher flog gyal					
APPLICANT: Downy Fisher Mailing Address: 604 WON dertown Dr.					
City: State: NC Zip: 2833 Contact No: 910 890 1504 Email: dfisher Utga yahr *Please fill out applicant information if different than landowner					
CONTACT NAME APPLYING IN OFFICE:Phone #					
ADDRESS: 1314 Delma Grimes Rd Coats PIN: 1600-02-3896.000					
DEED OR OTP: 3555: 101					
PROPOSED USE:					
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage:Deck: Crawl Space: Slab:Nonolythic					
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)					
☐ Mod: (Sizex) # 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: (Sizex) No. Buildings: No. Bedrooms Per Unit:					
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:					
Addition/Accessory/Other: (Size $\frac{36 \times 10}{10}$) Use: Bed 7 Ball Em. Closets in addition? (Express (\square) no					
Water Supply: 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 to regoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.					
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 limite 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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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 <u>undergrowth</u> 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

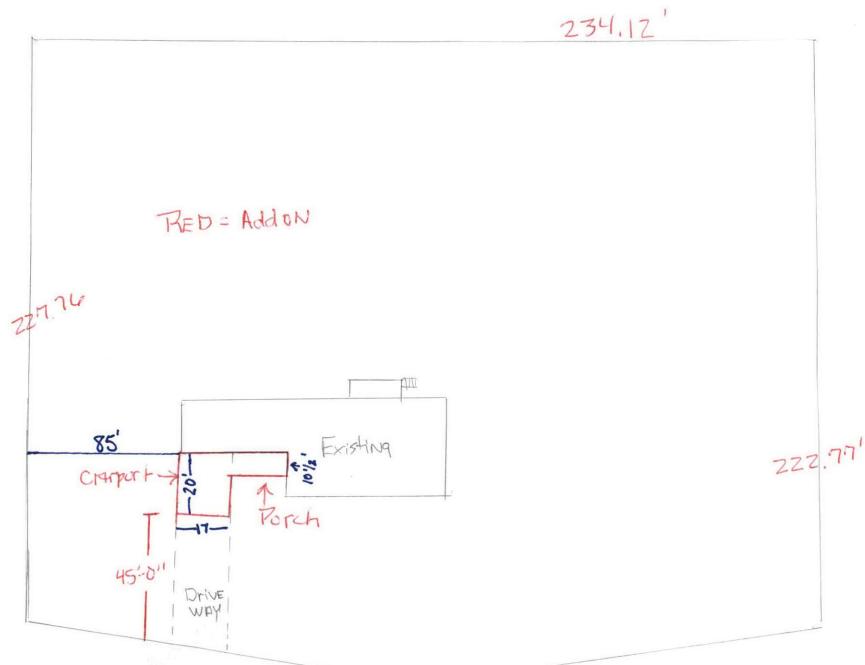
- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible)
 and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC					
If applying for	authorization	n 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 {_	TNO	Does the site contain any Jurisdictional Wetlands?			
{}}YES	NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
YES {	_} NO	Does or will the building contain any drains? Please explain. Main Drain of Tomble			
{}}YES	NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{_}}YES {_	JNO.	Is any wastewater going to be generated on the site other than domestic sewage?			
{}}YES	TNO	Is the site subject to approval by any other Public Agency?			
{}}YES	TNO	Are there any Easements or Right of Ways on this property?			
ES (_	_} 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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Application # _____

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

Application for Residential Building and Trades Permit

on on license!	
Owner's Name: TED HARRIS	Date: 10-7-18
Site Address: 1314 Delma Grimes - Rd. 27	72 Phone: 386-697-68
Subdivision:	Lot:
Description of Proposed Work: Clase in Garage &	app Front Porch & CARpor
, General Contractor Information	<u>n</u>
Darny R Fisher	910890-1509
Building Contractor's Company Name	Telephone
604 WONDERTOWN Dr.	dfisher Phylle yahoo. Con
Address 72543	Email Address
License #	
	on
Description of Work HDC/(WITS to Exist 18 prvice Size	
KENZ Pay Electric	919 398-8789
Electrical Contractor Company Name	Telephone
102 rynal Dr garner NC 27579	·
Address	Email Address
<u>21955 - 1.</u> License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work ADD a COUPE RUNS	
·	11 2000
There Mechanical	410 <i>-412-535</i> 4
Mechanical Contractor's Company Name	919 - 412 - 5354 Telephone
Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 27633	
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleigh Address 23137	Telephone
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish, Address 23137 License #	Telephone Email Address
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 27633 License # Plumbing Contractor Information	Telephone Email Address on
Mechanical Contractor's Company Name 1536 Up Church Woods Dr Roleigh, Address 27635 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Folk.	Telephone Email Address on b.# Baths
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 23137 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Folk. Glover Plumbing	Telephone Email Address on B.# Baths Q19 868 - 09 59
Mechanical Contractor's Company Name 1536 Up Chrusch Woods Dr. Kpleish Address 23137 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Bolk. Glaver Plumbing Plumbing Contractor's Company Name	Telephone Email Address on b.# Baths
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 23137 License # Plumbing Contractor Informati Description of Work TIE IN and Plumb New Bolk. Glaver Plumbing Plumbing Contractor's Company Name 304 August Hallow way Sandad Address N.C. 27521	Telephone Email Address on B.# Baths Q19 868 - 09 59
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 27635 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Bolk. Glover Plumbing Plumbing Contractor's Company Name 304 quail 128100 way Sanlard Address 27521	Telephone Email Address on b.# Baths 1
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleich Address 27635 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Bolk. Glover Plumbing Plumbing Contractor's Company Name 304 quail 128100 way Sanlard Address 23160 License #	Telephone Email Address on Baths 1 919868-0999 Telephone Email Address
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleish Address 27635 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Bolks Glover Plumbing Plumbing Contractor's Company Name 304 quail 17811 www. Sandad Address 27521 License # Insulation Contractor Information	Telephone Email Address on 6.# Baths 19868-0999 Telephone Email Address
Mechanical Contractor's Company Name 1536 Up Church Woods Dr. Kpleich Address 27635 License # Plumbing Contractor Information Description of Work TIE IN and Plumb New Bolk. Glover Plumbing Plumbing Contractor's Company Name 304 quail 128100 way Sanlard Address 23160 License #	Telephone Email Address on Baths 1 1988-0999 Telephone Email Address

*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.

Signature of Owner Oontractor/Officer(s) of Corporation

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				
Sign w/Title: Denny Folia (Constants) Date: 18-7-18				

