Application #_ BRES 1812-0026 Initial Application Date: 12/12/18 CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting 108 E. Front Street, Lillington, NC 27546 **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** Mailing Address: 1128 State: NC Zip 28319 Contact No: 910 890 3744 APPLICANT*: Mailing Address: State:_ Zip: Contact No: Email: City: *Please fill out applicant information if different than landowner **CONTACT NAME APPLYING IN OFFICE:** PROPOSED USE: Monolubic) # Bedrooms: # Baths: Basement(w/wo bath): Garage: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: (Is the second floor finished? () yes () no Any other site built additions? () yes () no) # Bedrooms: Manufactured Home: Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit; Hours of Operation: Home Occupation: # Rooms:_ #Employees: Maskr Bed Expansion Closets in addition? (X) yes (Addition/Accessory/Other: (Size & x 27) Use: Bonus Room and 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)

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 (___) yes Does the property contain any easements whether underground or overhead (___) yes Structures (existing or proposed): Single family dwellings: Manufactured Homes: 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 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

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.

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- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimpring 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

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MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTIONS

SEF IIC			
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	es the site contain any Jurisdictional Wetlands?		
	you plan to have an irrigation system now or in the future?		
$()$ Yes $()$ No b_0	es or will the building contain any <u>drains?</u> Please explain		
{}}YES	there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	my wastewater going to be generated on the site other than domestic sewage?		
YES \(\frac{1}{2}\) NO \(\frac{1}{2}\) s t	he site subject to approval by any other Public Agency?		
	e there any Easements or Right of Ways on this property?		
Property of the state of the st	es 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 Rroper Identification And Labeling Of All Property Lines And Corners And Making The Site			
Accessible So That A Complete Site Evaluation Can Be Performed!			

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

Application for Residential Building and Trades Permit

Owner's Name: Chris Pearson	Date: 12/13/18
Site Address: 1128 Old Stage Rd S	Phone: 910 890 3 744
Directions to job site from Lillington:	
421 toward Dung. Rt on	OID Store Rd S.
About I mile on	24
Subdivision:	Lot:
Description of Proposed Work: Addition to Bedram	and Borrs # of Bedrooms: 3
Heated SF: Unheated SF: Finished Bonus Roo	
General Contractor Infor	910 820 3 244
Building Contractor's Company Name	
1128 Old Stage Rd S	Colarson @ harneft. KID. N.C. U
Address · · · '	∉ mail Address
Description of Work Lights and Outle Is Service	rmation Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor	Information
Description of Work Relocate Current Va	
Mechanical Contractor's Company Name	Telephone
	<u> </u>
Address	Email Address
License # Plumbing Contractor Info	rmation
Description of Work Relocate Laundry Room Self	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Info	ermation 21 27RR
Frime Energy Group	919 821 3288
Insulation Contractor's Company/Nable & Address 2300 Western Auss Ruleish 2	7604 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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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

1 Miller 18 1150 grant

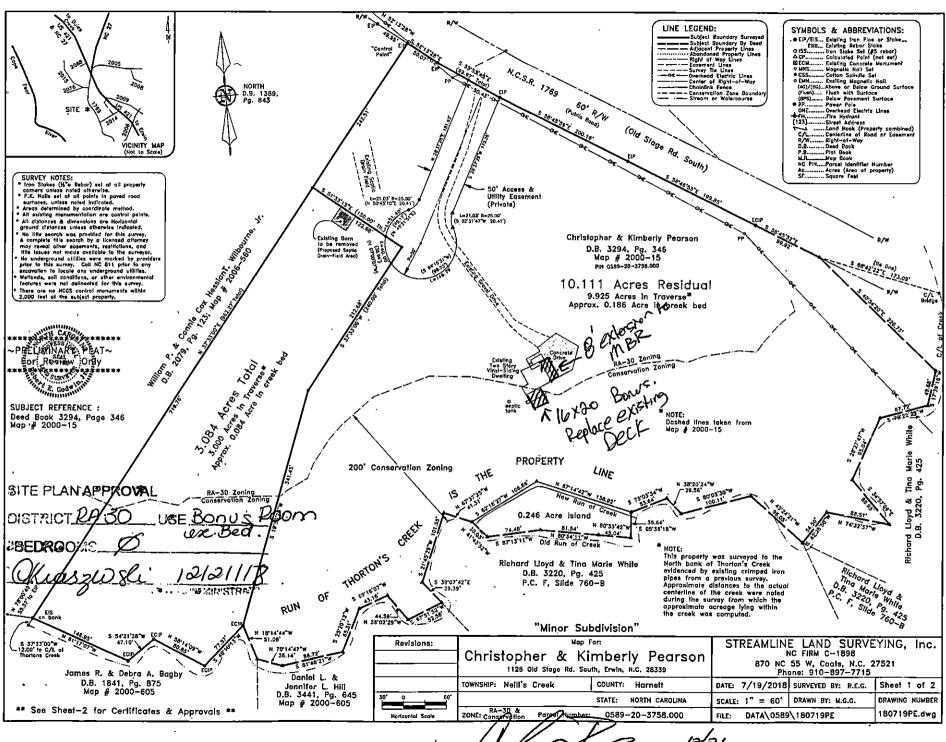
is as per current fee schedule.

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

1.000 Long the said of the first that the said of the Affidavit for Worker's Compensation N.C.G.S. 87-The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor or Owner THE WAR THE STATE 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 ring themselves. 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. Company or Name:

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STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

COUNTYO	OF <u>Harnett</u>	•
Harnet	Inspections Department	•
Address an	and Parcel Identification of Real Property Where Building	is to be Constructed or Altered:
i,	Christopher Paul Pearson	
ئداد بیادسده	(Print Full Name)	state the sale of
	aim an exemption from licensure under G.S. 87-1(b)(2) by ling paragraphs 2-4 below and attesting to the following:	rinitialing the relevant provision in paragraph 1
1.	 certify that I am the owner of the property constructed or altered; 	set forth above on which this building is to be
	OR	
	am legally authorized to act on behalf of the i	
	altering this building on the property owned by the firm or corporation:	rm or corporation as set forth above (name of
	o l	;
2.	2. \underline{U} 1 will personally superintend and manage a	Il aspects of the construction or alternation of
	the building and that duty will not be delegated to an	y person not duly licensed under the terms of
	Article 1 of Chapter 87 of the General Statutes of Nor	th Carolina;
3,	3 [will be personally present for all inspection	ns required by the North Carolina State Building
	Code, unless the plans for the construction or alterati	on of the building were drawn and sealed by an
	architect licensed pursuant to Chapter 83A of the Ger	ieral Statutes of North Carolina;
4.	Lundorstand that a convertible AFFIDAVIT	III hà tunnanitae il ta alca Neuth Caralla.
4.	 Licensing Board for General Contractors for verification 	· · · · · · · · · · · · · · · · · · ·
	exemption under G.S. 87-1(b)(2) for the building cons	
	understand that, if the North Carolina Licensing Board	
	not entitled to claim this exemption, the building per	nit issued for the building construction or
	alteration specified herein shall be revoked pursuant	to G.S. 153A-362 or G.S. 160A-422.
	11000	12/2/18
<u>-</u>	(Signature of Affiant)	
	(Signature of Arrigity	This pare
Św	worn to (or affirmed)/and Subscribed before me	WINNA F JOANNI
thi	his the <u>21</u> day of <u>1000</u> , 20 <u>18</u>	Notary Public O
	MH HA. A ONLHERD	Harnett 2
Sig	ignature of Notary-Public 1	My Comm. Exp.
<i>अ</i> ष्ट	EIXNWA F. Chhusin	11.16.21 X
Pr	Printed Name of Notary Public	Date Date Date Date Date
	a .	Managarian.
M	Ay Commission Expires: $11 \cdot 19 \cdot 21$ (Nota	ery Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)