



Initial Application Date: 12/27/18

Application # BRES1812-0031

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27548 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: Don Tutor Mailing Address: 1757 Oakridge Avenue Rd
City: Figueroa Verba State: NC Zip: 27526 Contact No: 772-868-4202 Email: _____

APPLICANT: Don Tutor Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner
ADDRESS: 1757 Oakridge Avenue Rd PIN: _____

Zoning: R-30 Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 200 Back: 517 Side: 25 Corner: _____

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ 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 30 x 40'8") Use: garage Closets in addition? () yes () no

Water Supply: X 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]
Signature of Owner or Owner's Agent
12/27/18
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



****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!



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: Ron Tutor Date: 12/27/18
Site Address: 1757 Oakridge Owen Rd Fuquay Varina NC Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: New detached garage

General Contractor Information

Ron Tutor
Building Contractor's Company Name Fuquay Varina NC Telephone 919-868-4202
1757 Oakridge Owen Rd Address ron@glenwoodbuilders.net Email Address

License # _____

Electrical Contractor Information

Description of Work Ron Tutor Service Size: _____ Amps T-Pole: Yes No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Ron Tutor Telephone _____
Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Ron Tutor Telephone _____
Address _____ Email Address _____

License # _____

Insulation Contractor Information

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.

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

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: 12/27/18

SITE PLAN APPROVAL

DISTRICT RA-30 USE Garage (Breezeway)

#BEDROOMS: 0

Okasuzsi: 10/27/18

X. [Signature]

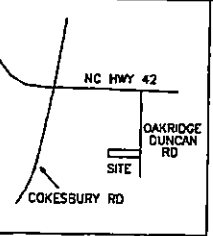
MAP #2013-266
HELEN TUTOR
SHARON TUTOR
KARON TUTOR
D.B. 2335 PG. 145

NOTES/LEGEND

NOT AN ACTUAL SURVEY
AREA BY COORDINATES
THIS LOT IS NOT LOCATED IN
A FLOOD HAZARD AREA PER
F.E.M.A. MAP #3720062400J
EFF. DATE: 10/3/2006 ZONE
R/W - RIGHT OF WAY
D.B. - DEED BOOK

SETBACKS

FRONT SIDE 35'
SIDE 10'
REAR 25'
CORNER SIDE - 20'



SITE PLAN APPROVAL

DISTRICT RA-30 USE Det Garage

#BEDROOMS Garage

10.6/11 RES

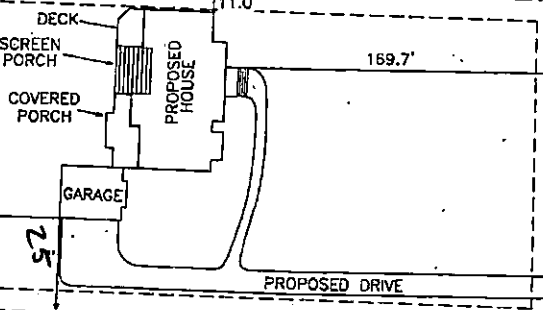
ZONING ADMINISTRATOR

519

S 88°22'27"E 798.61'
768.57'

2.752 ACRES TO CENTERLINE
2.649 ACRES TO R/W

N 88°22'27"W 799.76'



HAROLD & NANCY HURLEY TRUST
D.B. 3215 PG. 473

N 00°58'16"E 150.01'

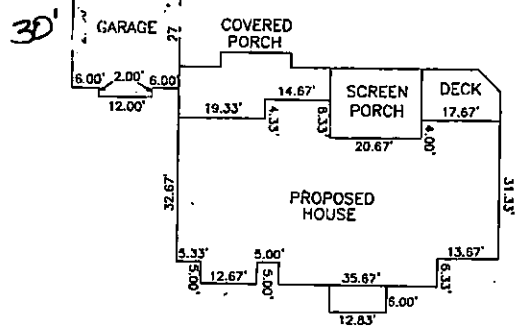
R/W TO INTERSECTION WITH NC HWY 42.

S 00°31'55"W 150.03'

OAKRIDGE-DUNCAN ROAD
N.C.S.R. #1409
60' PUBLIC R/W

MAP #2001-97
GARY WEATHERS
D.B. 2669 PG. 948

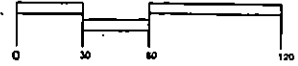
Garage 30 x 40' 8"



HOUSE INSET
NO SCALE

PROPOSED PLOT PLAN FOR:
RONALD & KATHERINE TUTOR

LOT 1 OF THE RONALD & KATHERINE TUTOR SUBDIVISION
MAP #2013-266
DEED BOOK 3157 PAGE 488
PIN #0635-98-1025.000
BUCKHORN TOWNSHIP
HARNETT COUNTY - NORTH CAROLINA
SCALE: 1" = 60' SEPTEMBER 25, 2014



BENTON DEWAR & ASSOCIATES
PROFESSIONAL LAND SURVEYOR
5920 HONEYCUTT ROAD
HOLLY SPRINGS, NC 27540
(919)-552-9813

I, BENTON W. DEWAR CERTIFY THAT THIS PLAN WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK PAGE ; THAT THIS PLAN DOES NOT MEET SIZE REQUIREMENTS FOR RECORDING IN THE REGISTER OF DEEDS, PER G.S. 47-30 AS AMENDED. LICENCE NUMBER AND SEAL THIS DAY OF 20

PROFESSIONAL LAND SURVEYOR L-3040

THIS PLAN IS OF A BOUNDARY SURVEY OF AN EXISTING PARCEL OF LAND THAT IS REGULATED BY A COUNTY OR MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.