

Initial Application Date: 12/31/18

Application # BRES1812-0041

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: Wesley Joyner Mailing Address: 103 Nicole Dr.
City: Erwin State: NV Zip: 2 Contact No: Email:

APPLICANT: Serendipity Restoration & Construction Mailing Address: 12642 Raleigh rd.
City: Benson State: NV Zip: 27504 Contact No: 919-701-1444 Email: gwoodserendipity@gmail.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jessica Wood Phone # 919 291-3214

ADDRESS: 103 Nicole Dr. ERwin PIN: 1567-00-4055-000

DEED OR OTP:

PROPOSED USE:

[X] SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Craw 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 30x40) Use: Detached Garage Closets in addition? ( ) yes (X) 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 [X] 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 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.
- 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.**



\* 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: Wesley Joyner Date: 2/7/18  
Site Address: 103 Nicole Dr. Phone: \_\_\_\_\_  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: out set garage # of Bedrooms: \_\_\_\_\_  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

Serendipity Restoration & Construction LLC 919-937-4484  
Building Contractor's Company Name Telephone  
12642 Raleigh rd. Benson NV 27504 gwoodserendipity@gmail.com  
Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ 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

11/7/18  
\_\_\_\_\_  
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.

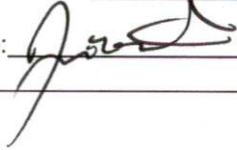
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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.

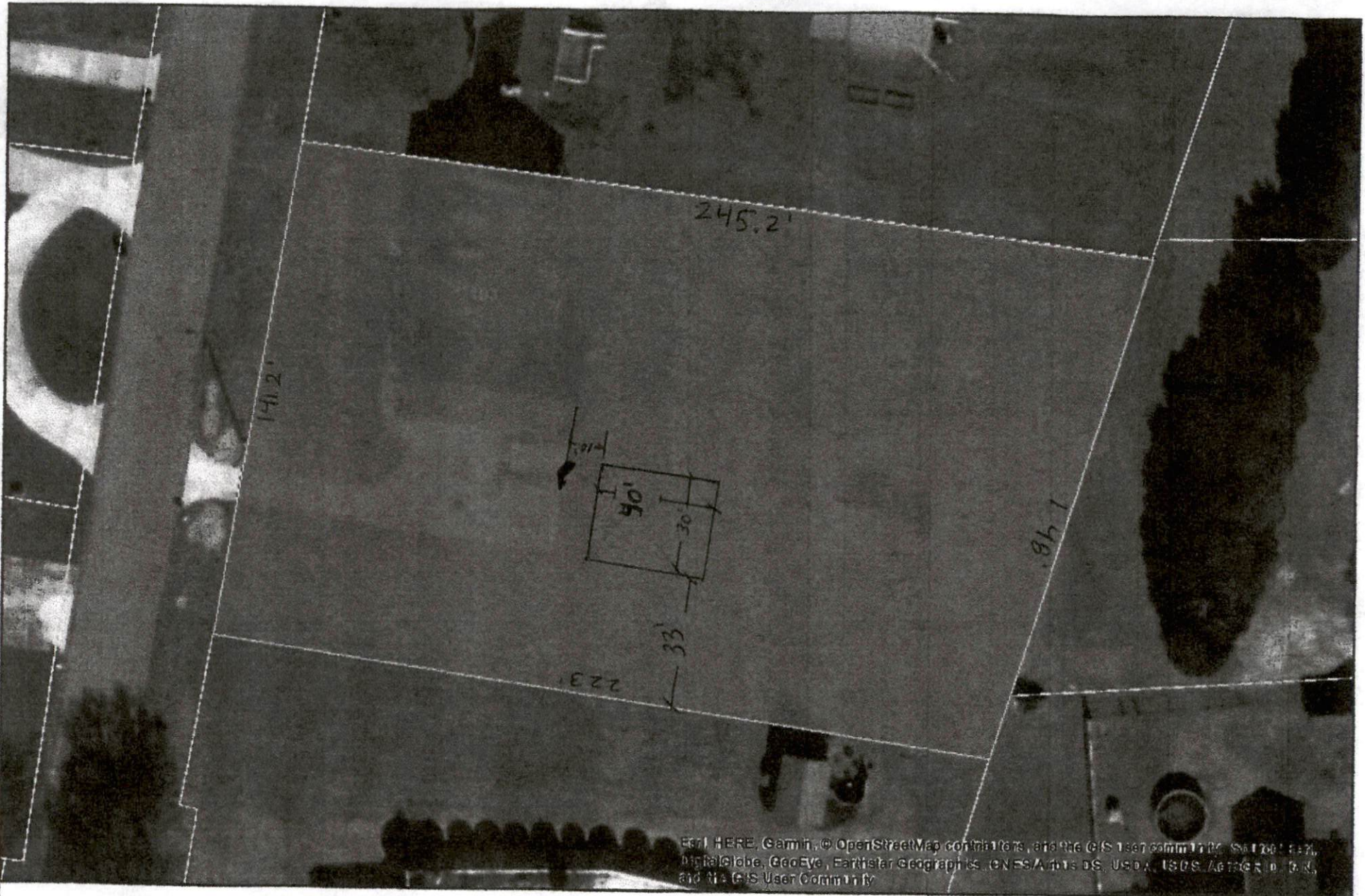
Company or Name: Serendipity Restoration & Construction LLC

Sign w/Title:  \_\_\_\_\_ Date: 11/7/18



# Harnett GIS

NOT FOR LEGAL USE



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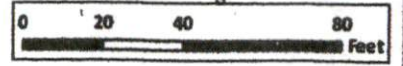
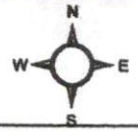


**GIS/E-911 Addressing**  
November 6, 2018

- Address Numbers
- Parcels

## SITE PLAN

103 Nicole Dr. ERWIN NC



1 inch = 47 feet





# Town of Erwin

## Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Serendipity Rest. cont	Property Owner	Wesley Joynes
Home Address	Rt E. Main St.	Home Address	103 Nible Dr.
City, State, Zip	Beason, NC 27504	City, State, Zip	Erwin NC 28334
Telephone	919-701-1444	Telephone	919-850-5681
Email		Email	

Address of Proposed Property		103 Nible Dr.	
Parcel Identification Number(s) (PIN)	1507-00-4055	Estimated Project Cost	30,000
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		Accessory Building 30x40 - 1,200 SF	
Description of any proposed improvements to the building or property		Garage	
What was the Previous Use of the subject property?		A Residential	
Does the Property Access DOT road?		NO	
Number of dwelling/structures on the property already	1	Property/Parcel size	-77
Floodplain SFHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Watershed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>MUST</b> circle one that applies to property		Existing/Proposed Septic System <input type="checkbox"/> Or Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>	

**Owner/Applicant Must Read and Sign**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Wesley D. Soyner	Wesley D. Soyner	12-21-18
Print Name	Signature of Owner or Representative	Date

**For Office Use**

Zoning District	R15	Existing Nonconforming Uses or Features	
Front Yard Setback	35'	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	10'	Requires Town Zoning Inspection(s) <input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.	
Rear Yard Setback	35'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: \$600	Date Paid: Staff Initials: 

Comments	new building permit
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Signature of Town Representative: <i>[Signature]</i>	Date Approved/Denied: 12/21/18
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According to Harnett County total square feet for this building is 3,184 SF. 4090 = 1,273.6. The Accessory building would be 1,200 SF. - needs to be set back 10' from house, rear, property lines