

Initial Application Date: 1/3/18

Application # BRES1901-0004

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: Nick Fraley Mailing Address: 903 NC 87N, Sanford
 City: Sanford State: NC Zip: 27332 Contact No: 910-922-6671 Email: bstkrct@aol.com

APPLICANT: BA Startfill Construction Mailing Address: 5150 Marsh Rd
 City: Fayetteville State: NC Zip: 28336 Contact No: 910-964-4555 Email: bastianfillconstruction@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brian Startfill Phone # 910 964 4555

ADDRESS: 903 NC 87 N - Sanford NC 27330 PIN: 039577 0049

DEED OR OTP: 724/412 RA-20R

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 10 x 18) Use: Expanded Bath / walk in closet - Adding Roof over Carport 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)

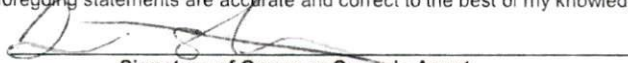
Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation Existing Septic Tank _____ County Sewer
 (Complete Environmental Health Checklist on other side of application if Septic)

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: 1 Manufactured Homes: _____ Other (specify): Storage shed

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

2 Jan 19
 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

10/10/1914

10/10/1914

GROUP OF

THE ...

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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 _____

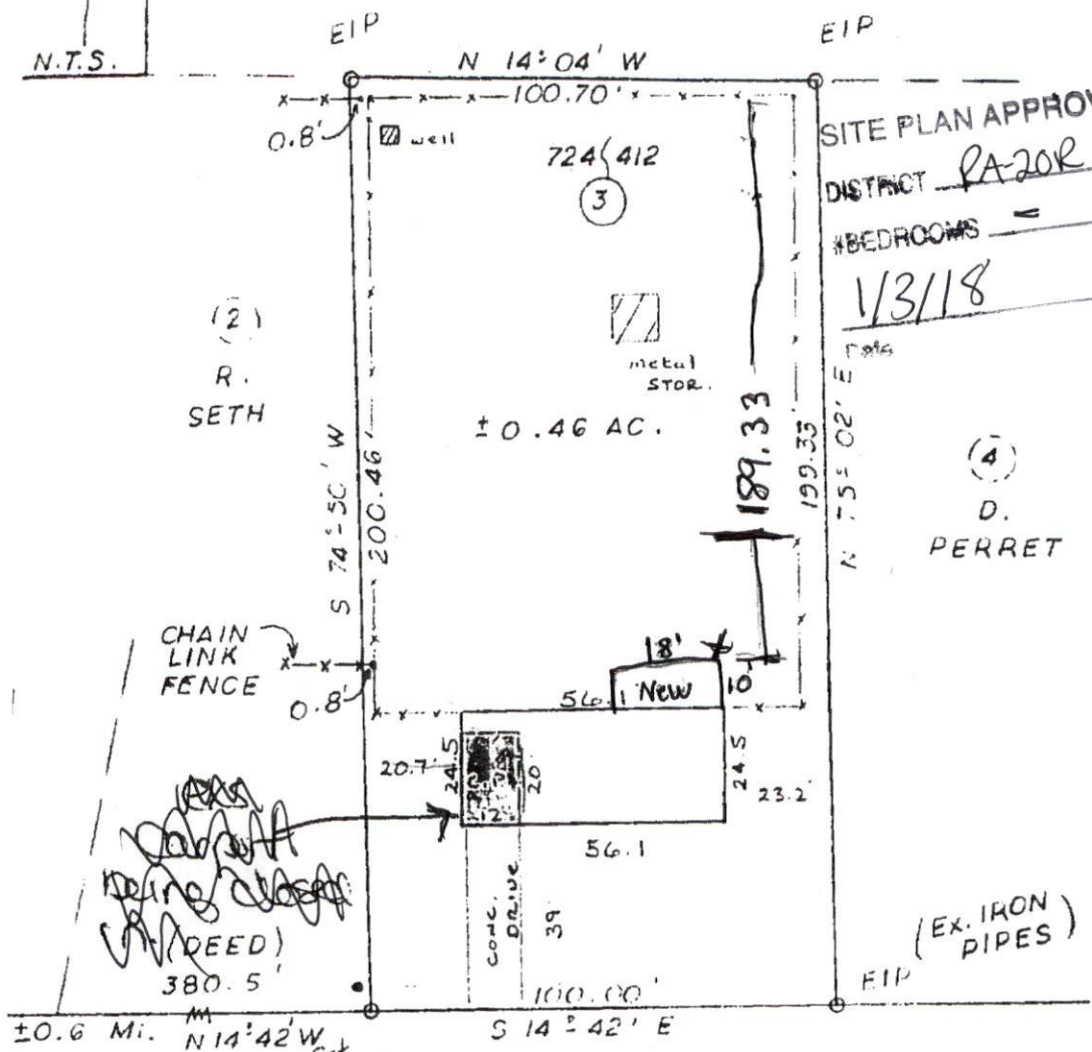
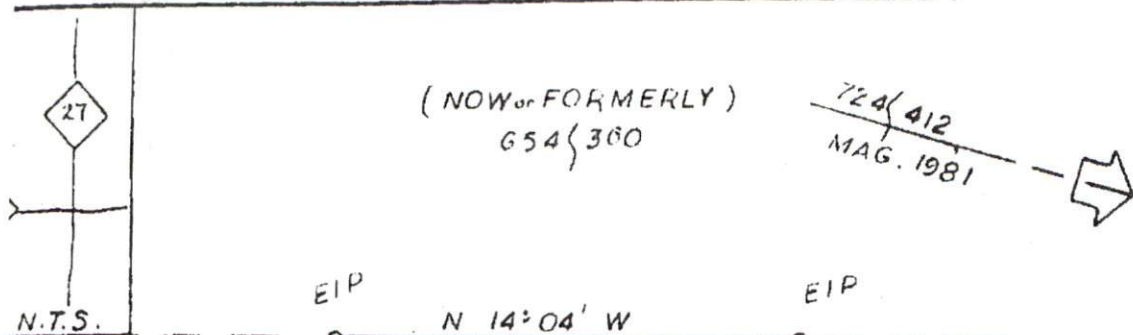
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- 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.

strong roots • new growth

strong roots • new growth



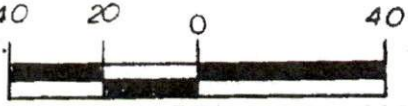
SITE PLAN APPROVAL 10/18
 DISTRICT PA-20R USE Addition
 #BEDROOMS =
 1/3/18
 Zoning Administrator

(2)
 R.
 SETH

(4)
 D.
 PERRET

N.C. HWY. 87
 150 R/W

IS NOT (X) HORIZONTAL CONTROL WITHIN 2,000 FT.



R: NICHOLAS D. FRALEY
 CONNIE W. FRALEY

DEED BK. 724 PG. 412

PLAT BK. PG.

VISION:

TOWNSHIP: BARBEQUE

RD HARNETT COUNTY

NORTH CAROLINA

E: 1" 40'

NOTEBOOK NO.

E NO. ROUTE 6, BOX 168

DATE: DECEMBER 9, 1991

TO CERTIFY THAT I HAVE CONSULTED THE FEDERAL INSURANCE ADMINISTRATION DEPARTMENT OF HOUSING AND

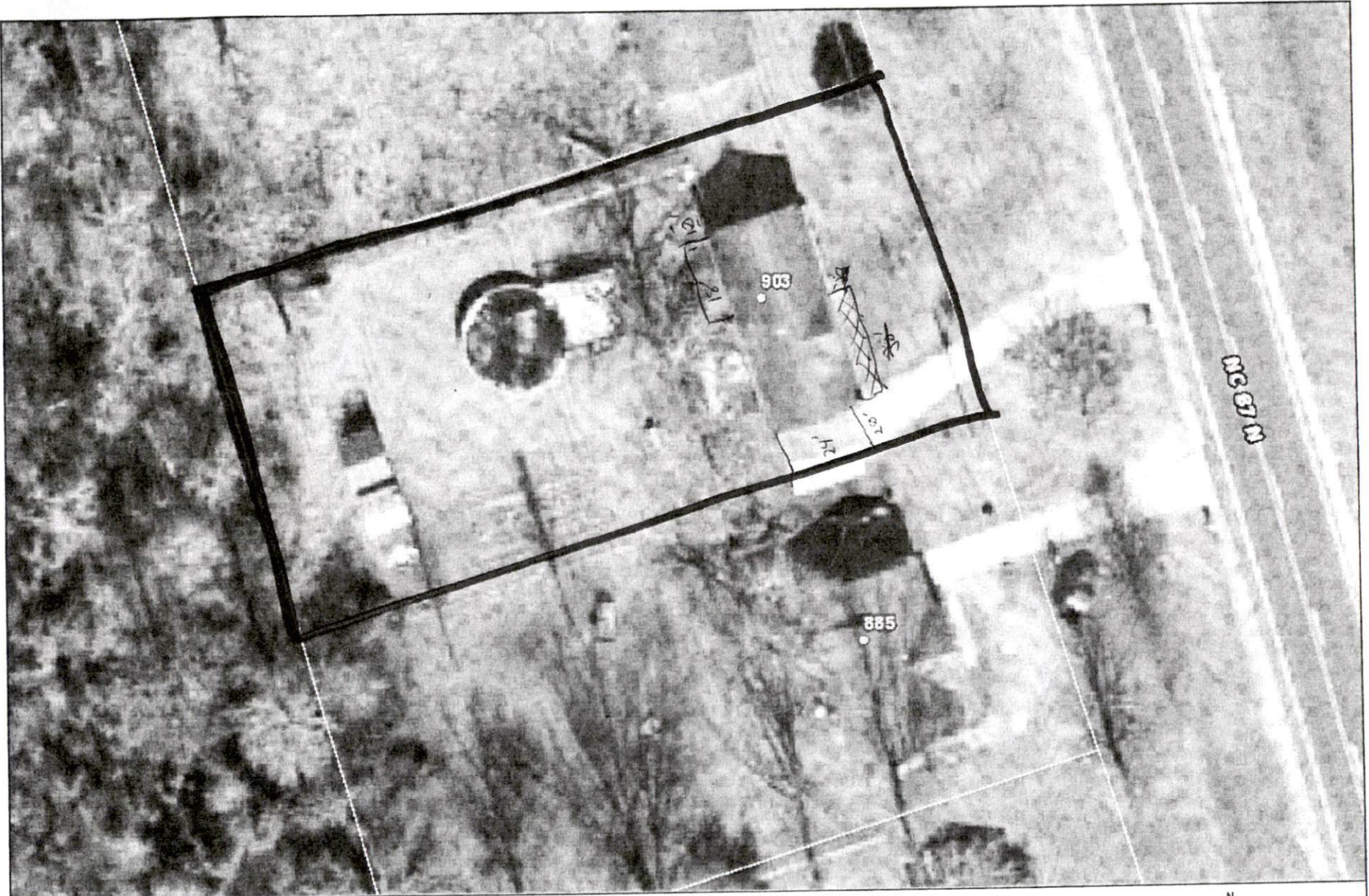
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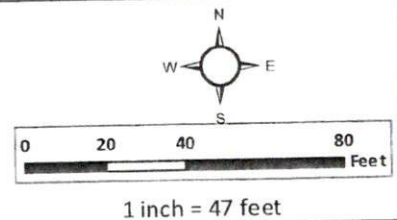
Harnett GIS

NOT FOR LEGAL USE



GIS/E-911 Addressing
December 28, 2018

- | | | | |
|-------------------------------|-------------------|--------------|---------|
| Recycle Center | City Limits | NC | Parcels |
| Landfills | Address Numbers | US | |
| Surrounding County Boundaries | Airport | Roads | |
| Federal Property | MajorRoads | Mile_Markers | |
| | Interstate | Railroad | |





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: Nick Fraley Date: 2 Jan 19
Site Address: 903 HWY 87N Phone: 910 922 6671
Subdivision: _____ Lot: _____
Description of Proposed Work: Extension of Bedroom 10'x18'/Carport Roof/

General Contractor Information

BA Stantfill Construction LLC 910 964 4555
Building Contractor's Company Name Telephone
5150 Marsh Rd, Fayetteville NC 28306 bastantfillconstruction
Address Email Address
78518

Electrical Contractor Information

Description of Work Addition of outlets Service Size: 20 Amps T-Pole: Yes No
Brown's Electric 910-858-2579
Electrical Contractor's Company Name Telephone
24298 HWY 301N, Parkton
Address Email Address
23930
License #

Mechanical/HVAC Contractor Information

Description of Work Addition of vent
A/C Certified AC/Plumbing 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills ehrin.certified@gmail.com
Address Email Address
20012
License #

Plumbing Contractor Information

Description of Work Moving of Existing Plumbing # Baths 1
Wood's Plumbing 910 303 5498
Plumbing Contractor's Company Name Telephone
PO Box 53776, Fayetteville NC Woodsplumbing11@gmail.com
Address Email Address
33076 P1
License #

Insulation Contractor Information

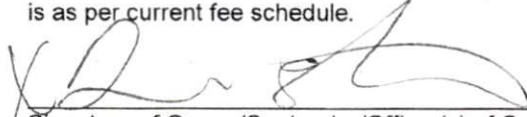
BA Stantfill Construction 910 964 4555
Insulation Contractor's Company Name & Address Telephone


*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

 2 Jan 2019
 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

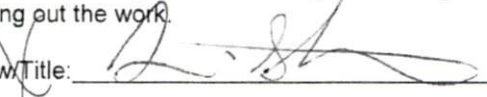
The undersigned applicant being the:

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:  CEO

Date: 2 Jan 2019