

Initial Application Date: 0116119

Application #	BRES	1901	-003=	?

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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: Wark D'D16510 Mailing Address 6/2 Hollymont Dr.
City: HOMY Spring = State NC zip? 7540 contact No 303-403-23 Linkail Frank Nalles i a gmai
APPLICANT : Va Cavolina Builting Address: 6212 Vicky Dr
City: State: City: Gontact No: 9/4-480 Email. 5 Wad Bar *Please fill out applicably information if different than landowner
ADDRESS: 50 Mabres Ro PIN: Ruilding.
Zoning: Flood: Watershed: Deed Book / Page:
Setbacks - Front: 200+ Back: 200+ Side: 15 / Corner:
PROPOSED USE:
Monolithic SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath):Garage:Deck:Crawl Space:Slab:
(is the builds fouril ministred?yes no fit a closer? yes no (it yes add in ministred?
☐ 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:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: #Employees: #Employees: #Employees:
Addition/Accessory/Other: (Size 36x56) Use: garage & Suite Closets in addition? (Size) no
Water Supply:County Existing WellNew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank).*
(Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Sewage Supply:
(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's Agent Date
Signature of Owner's Agent **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

strong roots • new growth



*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

5MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC			
If applying for authori	zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{ } Accepted	{ } Innovative { } Conventional { } Any		
{ } Alternative	{ } Other		
	tify the local health department upon submittal of this application if any of the following apply to the property in 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	{ _} 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. 1 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 # <u>BRES 1901-0</u>033

Harnett County Central Permitting

* Each section below to be filled out by whomever performing work!
Must be owner or licensed
contractor. Address, company
name & phone must match informati

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:	Frank D'Alpsio	Date: 1 1 10 19
Site Address: 50 [Mabru R.d. Angier, NC2	1501 Phone: 103.403-2344
Subdivision: _ Che	Herfield Estates	Lot:
Description of Propose	ed Work: 36452×10 with 8 x36k	nalkaablepovchie
() N	General Contractor Information	n 8×58 wrap around porch
Va Carplin		919-480-0973
Building Contractor's C		Telephone
6CIT VICKY	Or Baleigh, NC 27603	Bradbolalarolina
Address 11381	O	Email Address Buildings. Com
License #	_	_
- · · · · · · · · · · ·	Electrical Contractor Information	<u>on</u>
Description of Work	UTICTO, UMTSEGUIT Service Size:	<u> </u>
Electrical Contractor's	Company Name	Telephone
2409 Neuse T	Imbers Ct. Paleigh, UC	tophotch electricognail.com
Address 2001	27616	Email Address
License #		
1	Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work	11011 nge Wel-Blowdentic	0001
dunity HIV	SWVIPE	219-421-8934
Mechanical Contractor	s Company Name	Telephone
Address	g sown or ralligh, an	topnotchelectric@
13367	2760	Email Address
License #	_	
n	Plumbing Contractor Information	<u>on</u> 1
Description of Work	Loweringal	#Baths
Johny Men	Prunusing	919-552-6406
Plumbing Contractor's	Company Name	Telephone 6/1
8118 Clear H		Tommy. Hilen-phing. no
Address	27592	Tommy Allen plunching no Email Address Egmail, Conc
License #	_	V
	Insulation Contractor Information	<u>on</u>
Institution.	Inc. 5902 Fayettepille Ro	1 919-772-9000
Inculation 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.

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					
Sign w/Title: Date: 1/16/18					

