



Initial Application Date: 0118119

Application # BRES1901-0037

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: Janis Jones Mailing Address: 105 Old Cut Off Rd
City: Ekman State: NC Zip: 28329 Contact No: 910-891-8741 Email: _____

APPLICANT: Robert Jackson Mailing Address: 3429 Rosehill Rd
City: Fayetteville State: NC Zip: 28311 Contact No: 910-494-7334 Email: rjackson001@nc
**Please fill out applicant information if different than landowner* rr.com

ADDRESS: 105 Old Cut Off Rd PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 89.7 Back: 136' Side: 46.4 Corner: _____

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 24'x30' Use: Garage Closets in addition? () yes (X) 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: _____ 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.

Robert Jackson Signature of Owner or Owner's Agent 1/18/19 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



****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: Tomie Jones Date: _____
Site Address: 105 Old Cut off Rd Erwin NC Phone: 910-891-8741
Subdivision: _____ Lot: _____
Description of Proposed Work: _____

General Contractor Information

D+P Construction 910-494-5334
Building Contractor's Company Name Telephone
3429 Rosehill Rd Fayetteville NC 28311
Address Email Address
72763
License #

Electrical Contractor Information

Description of Work Grease Service Size: _____ Amps T-Pole: Yes No
Wmen Ele 910-485-8617
Electrical Contractor's Company Name Telephone
Address Email Address
6136-U
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]
Signature of Owner/Contractor/Officer(s) of Corporation

1/18/19
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.

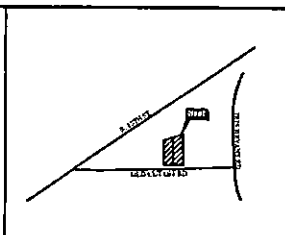
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: [Signature] owner Date: 1/18/19

THIS MAP IS NOT INTENDED FOR RECORDATION, SALES, CONVEYANCES OR TO BE ATTACHED TO A DEED AS AN EXHIBIT.

Notes:

1. Acreage computed by DMD method.
2. All Distances Are Ground Distances.
3. Property is Subject to all Easements of Record.
4. Adjoining Property Information Per Harnett County Tax Records.
5. This plot plan was drawn from a physical survey
6. Property is zoned Town of Erwin R10.



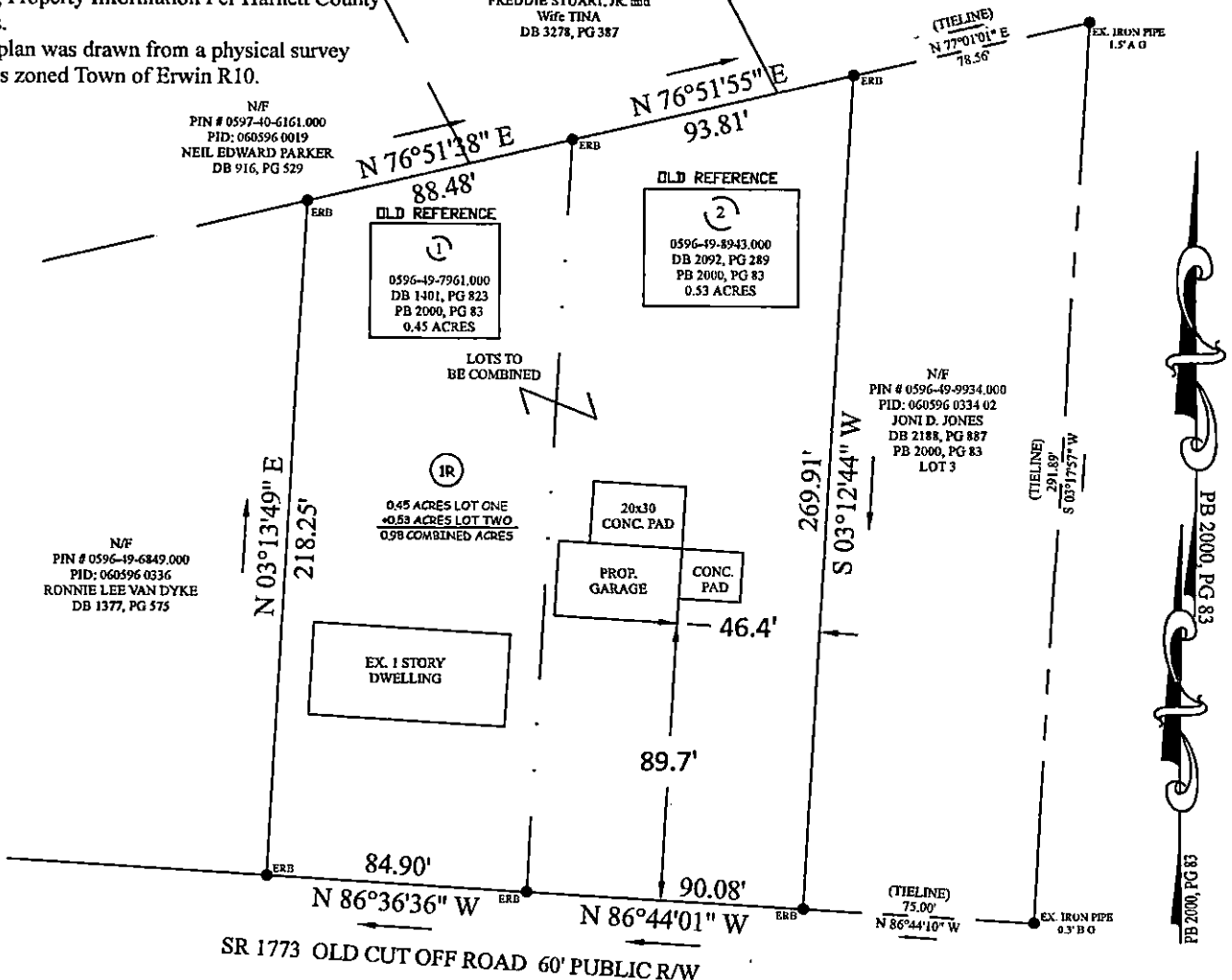
N/F
PIN # 0597-40-8240.000
PID: 060596 0017
MARY TURLINGTON
DB 510, PG 76

N/F
PIN # 0597-40-7156.000
PID: 060596 0018
FREDDIE STUART, JR. and
Wife TINA
DB 3278, PG 387

N/F
PIN # 0597-40-6161.000
PID: 060596 0019
NEIL EDWARD PARKER
DB 916, PG 529

N/F
PIN # 0596-49-6849.000
PID: 060596 0336
RONNIE LEE VAN DYKE
DB 1377, PG 575

N/F
PIN # 0596-49-9934.000
PID: 060596 0334 02
JONI D. JONES
DB 2188, PG 887
PB 2000, PG 83
LOT 3



PLOT PLAN FOR:

JONI D. JONES AND DAVE A. MORRIS

NORTH CAROLINA
CUMBERLAND COUNTY

I certify that this plat was drawn under my supervision from a physical survey. This map does not conform to Gs 47-30 as amended and is not intended for recordation, nor should a copy of this map be attached to a deed as an exhibit to be recorded per GS 89C-26.

Terry C. Faircloth
Terry C. Faircloth License No. L- 5185



SITE ADDRESS: 107 OLD CUT OFF ROAD
COUNTY OF: HARNETT
TOWNSHIP OF: DUKE
DATE: 1/16/2019
SCALE: 1" = 60'

TERRY C. FAIRCLOTH, PLS
2017 FALLOW RUN
FAYETTEVILLE, NC 28312
PHONE #: (910)-494-7444

EMAIL: fairclothsurveying@yahoo.com
WEBSITE: terrycfairclothpls.com



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	DJP Construction	Property Owner	Justin Jones
Home Address	3429 Rosehill Rd.	Home Address	105 Old Cut Off Rd
City, State, Zip	Fayetteville, NC 28311	City, State, Zip	Erwin, NC 28329
Telephone	910-494-7334	Telephone	
Email	h.jackson001@nci	Email	

Address of Proposed Property	105 Old Cut Off Rd		
Parcel Identification Number(s) (PIN)	0596-49-7961	Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	Accessory structure 24' x 30' 920 sq ft		
Description of any proposed improvements to the building or property	New accessory structure		
What was the Previous Use of the subject property?			
Does the Property Access DOT road?	1		
Number of dwelling/structures on the property already	1	Property/Parcel size	.48 acrs
Floodplain SFHA <u>Yes</u> No	Watershed <u>Yes</u> No	Wetlands <u>Yes</u> No	
MUST circle one that applies to property	Existing/Proposed Septic System <u>Or</u> Existing/Proposed County/City Sewer		

Owner/Applicant Must Read and Sign

PAID

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing 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.

<u>Robert Jackson</u> Print Name	<u>Robert Jackson</u> Signature of Owner or Representative	<u>1/18/19</u> Date
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For Office Use

Zoning District	R10	Existing Nonconforming Uses or Features	
Front Yard Setback		Other Permits Required	Conditional Use <input type="checkbox"/> Building <input checked="" type="checkbox"/> Fire Marshal <input type="checkbox"/> Other <input type="checkbox"/>
Side Yard Setback		Requires Town Zoning Inspection(s)	<input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback		Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: 10	Date Paid: 1/18/19
			Staff Initials: <u>Spach</u>

Comments	lots recombined into one lot - map needs to be recorded
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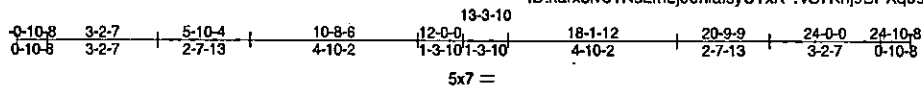
Signature of Town Representative: <u>Don Bowden</u>	Date Approved/Denied: <u>1/18/19</u>
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with Harnett county
 Accessory Building - needs to be 10' from house, side on
 to rear property lines - all buildings from GB phase have
 been removed
 - needs to be in rear yard
 - previous house at 105 Old cut off has been removed

Job DONNIE JACKSON 22 X 32	Truss B01	Truss Type ATTIC	City 16	Ply 1	Donnie Jackson
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Builders FirstSource, Fayetteville NC

8.200 s Feb 13 2018 MiTek Industries, Inc. Wed Nov 28 09:05:26 2018 Page 1
ID:karx8lv6TNsLmLj0ehiafsyUTxK-?vS7Kj9BPXq09oe94tmvzrbdNGOwjE7jVSoNyEj?N



Scale: 3/16"=1'

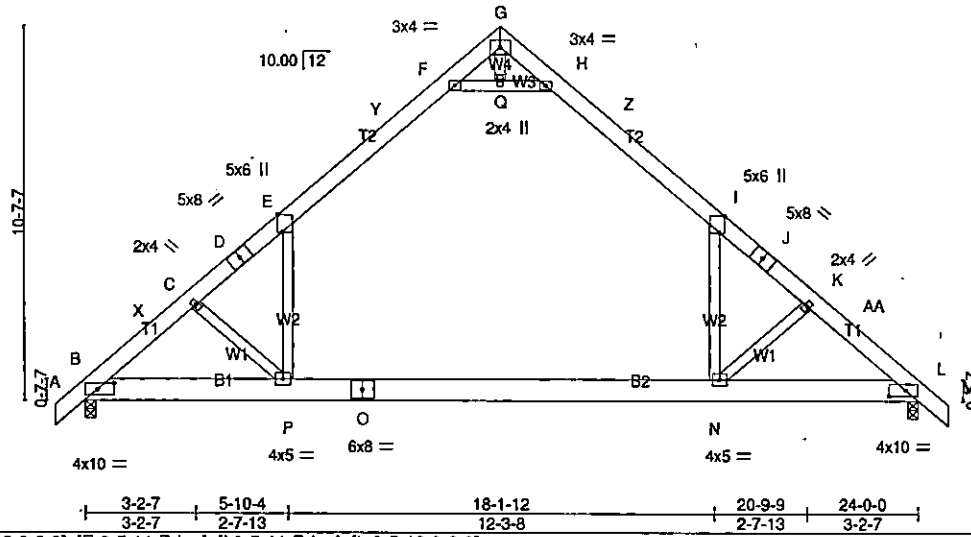


Plate Offsets (X,Y)- [B:0-5-13,0-2-0], [E:0-5-11,Edge], [I:0-5-11,Edge], [L:0-5-13,0-2-0]

LOADING (psf)	SPACING-	2-0-0	CSI.	DEFL	in (loc)	l/defl	L/d	PLATES	GRIP
TCLL 20.0	Plate Grip DOL	1.15	TC 0.81	Vert(LL)	-0.53	N-P	>544	MT20	244/190
TCDL 10.0	Lumber DOL	1.15	BC 0.62	Vert(TL)	-1.02	N-P	>282		
BCLL 0.0 *	Rep Stress Incr	YES	WB 0.41	Horz(TL)	0.02	L	n/a		
BCDL 10.0	Code IRC2009/TPI2007		Matrix-MS	Wind(LL)	0.15	N-P	>999		
								Weight: 183 lb	FT = 20%

LUMBER-	BRACING-
TOP CHORD 2x6 SP DSS *Except* T1: 2x6 SP No.2	TOP CHORD Structural wood sheathing directly applied or 2-10-13 oc purlins.
BOT CHORD 2x8 SP DSS	BOT CHORD Rigid ceiling directly applied or 8-5-9 oc bracing.
WEBS 2x4 SP No.2 *Except* W1,W4: 2x4 SP No.3	MiTek recommends that Stabilizers and required cross bracing be installed during truss erection, in accordance with Stabilizer Installation guide.

REACTIONS. (lb/size) B=1184/0-3-8 (min. 0-2-0), L=1184/0-3-8 (min. 0-2-0)
Max Horz B=262(LC 10)
Max Grav B=1469(LC 22), L=1469(LC 23)

FORCES. (lb) - Maximum Compression/Maximum Tension
TOP CHORD A-B=0/34, B-X=-2205/0, C-X=-2138/0, C-D=-2031/0, D-E=-1949/0, E-Y=-1261/55, F-Y=-1104/102, F-G=0/939, G-H=0/939, H-Z=-1104/102, I-Z=-1261/55, I-J=-1949/0, J-K=-2030/0, K-AA=-2138/0, L-AA=-2204/0, L-M=0/34
BOT CHORD B-P=0/1634, O-P=0/1126, N-O=0/1126, L-N=0/1636
WEBS F-Q=-2632/110, H-Q=-2632/110, E-P=0/1103, I-N=0/1103, C-P=-690/115, K-N=-690/116, G-Q=0/179

- NOTES-**
- 1) Unbalanced roof live loads have been considered for this design.
 - 2) Wind: ASCE 7-05; 100mph; TCDL=6.0psf; BCDL=6.0psf; h=25ft; Cat. II; Exp B; enclosed; MWFRS (low-rise) gable end zone and C-C Exterior(2) -0-10-8 to 2-1-8, Interior(1) 2-1-8 to 12-0-0, Exterior(2) 12-0-0 to 15-0-0 zone; cantilever left and right exposed; end vertical left and right exposed; C-C for members and forces & MWFRS for reactions shown; Lumber DOL=1.60 plate grip DOL=1.60
 - 3) This truss has been designed for basic load combinations, which include cases with reductions for multiple concurrent live loads.
 - 4) This truss has been designed for a 10.0 psf bottom chord live load nonconcurrent with any other live loads.
 - 5) * This truss has been designed for a live load of 20.0psf on the bottom chord in all areas where a rectangle 3-6-0 tall by 2-0-0 wide will fit between the bottom chord and any other members.
 - 6) Ceiling dead load (5.0 psf) on member(s). E-F, H-I, F-Q, H-Q; Wall dead load (5.0psf) on member(s). E-P, I-N
 - 7) Bottom chord live load (40.0 psf) and additional bottom chord dead load (5.0 psf) applied only to room. N-P
 - 8) This truss is designed in accordance with the 2009 International Residential Code sections R502.11.1 and R802.10.2 and referenced standard ANSI/TPI 1.
 - 9) Attic room checked for L/360 deflection.

LOAD CASE(S) Standard



RB01 (Roof Beam)

Dry | 1 span | No cant.

January 14, 2019 09:18:59

BC CALC® Member Report

Build 6782

Job name: 701 Old Cutoff Rd

File name: C:\Mitek\Jobs\Donnie Jac...22 x 32\BC CALC Project

Address:

Description:

City, State, Zip: Erwin, NC

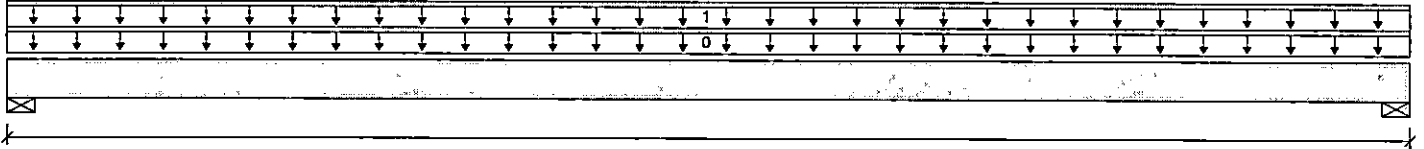
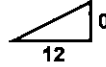
Specifier:

Builder: D&P Construction

Designer: Mark Dunham

Code reports: ESR-1040

Company: buiklers firstsource



B1 17-05-00 B2

Total Horizontal Product Length = 17-05-00

Reaction Summary (Down / Uplift) (lbs)

Bearing	Live	Dead	Snow	Wind	Roof Live
B1, 7"		1516 / 0			348 / 0
B2, 7"		1516 / 0			348 / 0

Load Summary

Tag	Description	Load Type	Ref.	Start	End	Loc.	Live 100%	Dead 90%	Snow 115%	Wind 160%	Roof Live 125%	Tributary
0	Self-Weight	Unf. Lin. (lb/ft)	L	00-00-00	17-05-00	Top		12				00-00-00
1		Unf. Lin. (lb/ft)	L	00-00-00	17-05-00	Top		162			40	n/a

Controls Summary

	Value	% Allowable	Duration	Case	Location
Pos. Moment	5833 ft-lbs	30.5 %	90%	0	08-08-08
End Shear	1242 lbs	17.5 %	90%	0	01-06-14
Total Load Deflection	L/554 (0.354")	32.5 %	n/a	4	08-08-08
Live Load Deflection	L/999 (0.066")	n/a	n/a	5	08-08-08
Max Defl.	0.354"	35.4 %	n/a	4	08-08-08
Span / Depth	16.5				

Bearing Supports

	Dim. (LxW)	Value	% Allow Support	% Allow Member	Material
B1	Wall/Plate 7" x 3-1/2"	1864 lbs	n/a	10.1 %	Unspecified
B2	Wall/Plate 7" x 3-1/2"	1864 lbs	n/a	10.1 %	Unspecified

Cautions

For roof members with slope (1/4)/12 or less final design must ensure that ponding instability will not occur.

For roof members with slope (1/2)/12 or less final design must account for Rain-on-Snow surcharge load.

Notes

Design meets Code minimum (L/180) Total load deflection criteria.

Design meets Code minimum (L/240) Live load deflection criteria.

Design meets arbitrary (1") Maximum Total load deflection criteria.

Calculations assume member is fully braced.

BC CALC® analysis is based on IBC 2015.

Design based on Dry Service Condition.

Member has no side loads.


RB01 (Roof Beam)

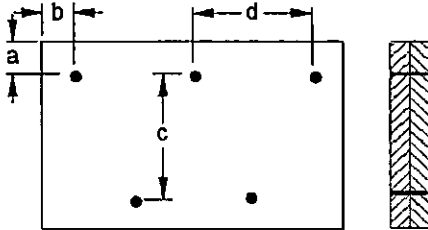
Dry | 1 span | No cant.

January 14, 2019 09:18:59

 BC CALC® Member Report
 Build 6782

 Job name: 701 Old Cutoff Rd
 Address:
 City, State, Zip: Erwin, NC
 Builder: D&P Construction
 Code reports: ESR-1040

 File name: C:\Mitek\Jobs\Donnie Jac...22 x 32\BC CALC Project
 Description:
 Specifier:
 Designer: Mark Dunham
 Company: buikers firstsource

Connection Diagram: Full Length of Member

 a minimum = 2" c = 7-7/8"
 b minimum = 3" d = 24"

 Member has no side loads.
 Connectors are: 3-1/4 in. Pneumatic Gun Nails

Disclosure

Use of the Boise Cascade Software is subject to the terms of the End User License Agreement (EULA). Completeness and accuracy of input must be reviewed and verified by a qualified engineer or other appropriate expert to assure its adequacy, prior to anyone relying on such output as evidence of suitability for a particular application. The output here is based on building code-accepted design properties and analysis methods. Installation of Boise Cascade engineered wood products must be in accordance with current Installation Guide and applicable building codes. To obtain Installation Guide or ask questions, please call (800)232-0788 before installation.

BC CALC®, BC FRAMER®, AJS™, ALLJOIST®, BC RIM BOARD™, BCi®, BOISE GLULAM™, BC FloorValue®, VERSA-LAM®, VERSA-RIM PLUS®.

