



Initial Application Date: 25 FEB 19

Application # BRES1902-0041

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: Brown, Michael J . Mailing Address: 29 Longleaf Pine Way
City: Sanford State: NC Zip: 27332 Contact No: 910-824-3765 Email: xxmikejbxx@gmail.com

APPLICANT*: Brown, Michael J. Mailing Address: 29 Longleaf Pine Way
City: Sanford State: NC Zip: 27332 Contact No: 910-824-3765 Email: xxmikejbxx@gmail.com

*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____

Zoning: RA-200Z Flood: NO Watershed: NO Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ 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 20 x 16) Use: Bonus Room 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: _____ _____ 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.

25 FEB 19

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.

SITE PLAN APPROVAL

DISTRICT ~~PLANNING~~ USE Bonus room

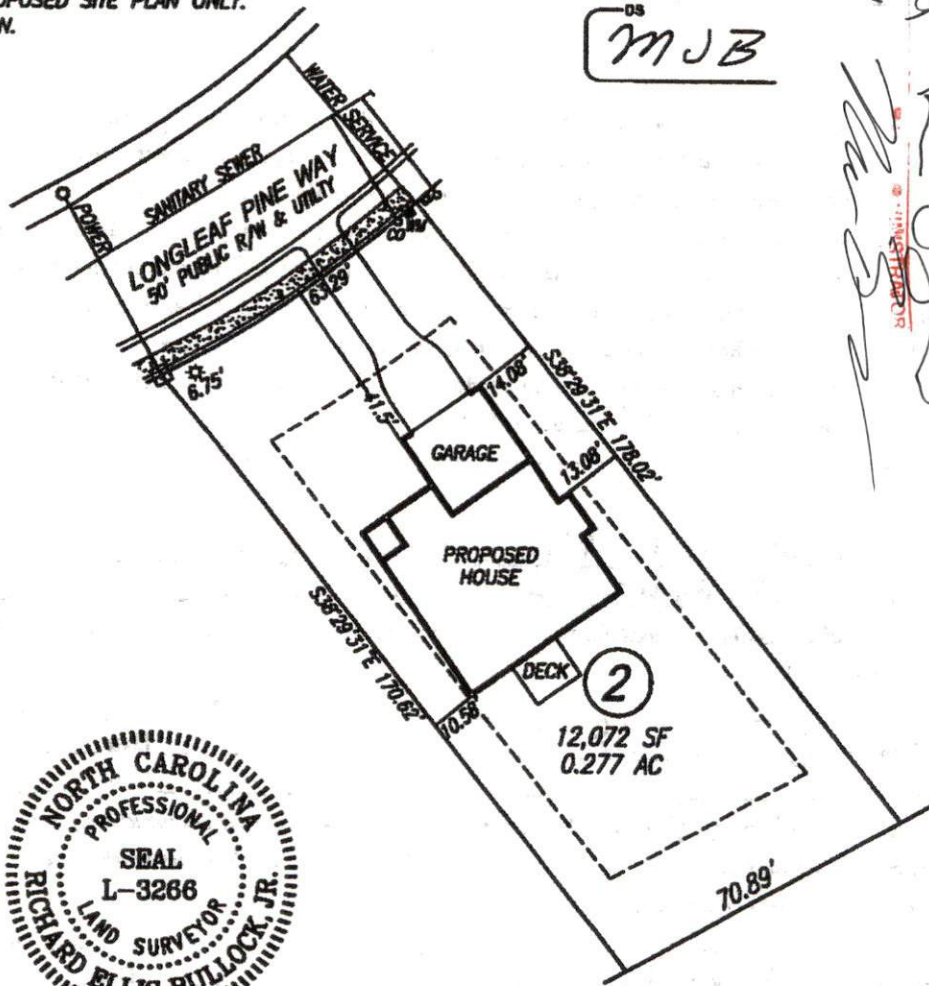
#BEDROOM

2-25-19
2-25-19
K. J. ...
M. J. ...

DS
MJB

NOTES:

1. BOUNDARY AND NORTH BASIS PER PLAT.
2. AREA IS 0.277 ACRES USING COORDINATE METHOD.
3. THIS IS A PROPOSED SITE PLAN ONLY.
4. FRANKLIN PLAN.



1 INCH = 40 FEET

I, RICHARD ELLIS BULLOCK, JR., PLS, HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THE BUILDINGS, IF ANY, LIE WHOLLY ON THE LOT AND THAT THERE ARE NO OTHER ENCROACHMENTS, TO THE BEST OF MY KNOWLEDGE, THAN THOSE SHOWN HEREON THIS MAP.

Richard Ellis Bullock, Jr.
RICHARD ELLIS BULLOCK, JR., PLS #13266

DATE: 10.16.13	FIELD BOOK: 2013-DC	SCALE: 40'	DRAWN: REB	CHECKED: REB	APPROVED: INFINITI	FILE NAME: LOT 2
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RESIDENTIAL SITE PLAN OF:
LOT 2 CAMERON WOODS
FOR: INFINITI DEVELOPMENT GROUP, LLC.

Barbecue Township

Harnett County

North Carolina



Civil, Structural, Surveying & Site Development
P.O. Box 1129
934 WEST RITTY HAWK ROAD
Kitty Hawk, N.C. 27949
(252)-261-4151

Print this page



Property Description:

LOT#2 CAMERON WOODS SD 0.277AC MAP#2012-462

Harnett County GIS

PID: 039569 0014 04
PIN: 9569-81-5533.000
REID: 0079239
Subdivision:
Taxable Acreage: 1.000 LT ac
Caclulated Acreage: 0.28 ac
Account Number: 1500019121
Owners: BROWN MICHAEL J

Owner Address : 29 LONGLEAF PINE WAY SANFORD, NC 27332

Property Address: 29 LONGLEAF PINE WAY SANFORD, NC 27332

City, State, Zip: SANFORD, NC, 27332

Building Count: 1

Township Code: 03

Fire Tax District: Benhaven

Parcel Building Value: \$120550

Parcel Outbuilding Value : \$0

Parcel Land Value : \$45000

Parcel Special Land Value : \$0

Total Value : \$165550

Parcel Deferred Value : \$0

Total Assessed Value : \$165550

Neighborhood: 00359

Actual Year Built: 2014

TotalAcutalAreaHeated: 1840 Sq/Ft

Sale Month and Year: 4 / 2016

Sale Price: \$170000

Deed Book & Page: 3395-0951

Deed Date: 2016/04/26

Plat Book & Page: 2012-462

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$143080

Prior Outbuilding Value : \$0

Prior Land Value : \$25000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$168080





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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: Brown, Michael J Date: 25 Feb 19
Site Address: 29 Longleaf Pine Way Phone: 910-824-3765
Subdivision: Cameron Woods Lot: 2
Description of Proposed Work: Finishing of Interior Bonus Room

General Contractor Information

Brown, Michael J 910-824-3765
Building Contractor's Company Name Telephone
29 Longleaf Pine Way, Sanford NC 27332 xxmikejbxx@gmail.com
Address Email Address
License #

Electrical Contractor Information

Description of Work 6x outlets, 1 Light Relocation to exis Service Size: _____ Amps T-Pole: Yes No
Brown, Michael J. 910-824-3765
Electrical Contractor's Company Name Telephone
29 Longleaf Pine Way, Sanford NC 27332 xxmikejbxx@gmail.com
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work 1x Ceiling vent w/ zone controller
Brown, Michael J. 910-824-3765
Mechanical Contractor's Company Name Telephone
29 Longleaf Pine Way, Sanford NC 27332 xxmikejbxx@gmail.com
Address Email Address
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

Brown, Michael J. 29 Longleaf Pine Way, Sanford NC 27332 910-824-3765
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

2-25-19
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: _____ Date: _____