

Initial Application Date:	· · · · · · · · · · · · · · · · · · ·		Application #	
The state of the s	COUNTY OF HARNETT RESIDI	one: (910) 893-7525 ext:	PLICATION 2 Fax: (910) 893-2793	
*1	AP, RECORDED DEED (OR OFFER TO PURCHAS		· · · · · · · · · · · · · · · · · · ·	
	Baker, Jr M			
City: Angier	State: NC Zip: 27501 Conta	ct No: 919250	8305 Email: Bill_Bo	Ker310 /ahorcom
APPLICANT*:	Mailing ,\ddress:_			
City:	State: Zip: Contai	ct No:	Email:	90-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
ADDRESS: 7.50	Times Naris	PIN: DOCO	3-72-475	CUS-5
Zoning: RA36 Flood: X	Watershed: Deed Boo	ok / Page: 2725	12139	
	Back: Side:		•	
PROPOSED USE:				
]  SFD: (Sizex)# E	Bedrooms: # Baths: Basement(w/wo	bath): Garage:	_ Deck: Crawl Space:_	Monolithic Slab:Slab:
(Is the	he bonus   om fir hed? () yes () no	w/ a :loset) yes (	() no (if yes add in with # l	pedrooms)
	Bedrooms# Paths Basement (w/~c			Frame Off Frame
☐ Manufactured Home:SW	/DWTW (Sizex) #	Bedrooms: Garage	e:(site built?) Deck:_	(site built?)
□ Duplex: (Sizex)	No. Buildings: No. Bedroo	oms Per Unit:		
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:	<u> </u>	#Employees:
Addition/Accessory/Other: (Si	ze 20 x 30) Use: Picric	Sheder	Closets in ac	ddition? () yes () no
Water Supply: County Sewage Supply: New Septic		e New Well Application a	at the same time as New Tar	
(Complete Environ	mental Health Checklist on other side of ap vn land that contains a manufactured home	plication if Septic)		() yes ( <u></u> ) no
Does the property contain any eas	ements whether underground or overhead (	<ul><li>✓) yes () no</li></ul>		
Structures (existing or proposed): \$	Single family dwellings: N	Manufactured Homes:	Other (spec	ify):
I hereby state that foregoing staten	nform to all ordinances and laws of the State	f my knowledge. Permit	t subject to revocation if false	ecifications of plans submitted. information is provided.
- Obibli	ignature of Owner or Owner's Agent		3 7 2019 Date	
***It is the owner/applicants resp to: boundary information, he	ponsibility to provide the county with an ouse location, underground or overhead incorrect or missing information that This application expires 6 months from the	y applicable information easements, etc. The color is contained within the perior of permits	ounty or its employees are ese applications.*** s have not been issued**	not responsible for any
	APPLICATION CON	ITINUES ON BACK	Constance	is going
			maide for	t print of
9 4	strong roots	• new growth	pust. That	t pront of loaction ed by EH the Southers
	*		was approv	the sylvan
			(n 06 W)	* 00 200,000



### \*\*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)

#### Env onmental Health New Septic System

- <u>Il property irons must be made visible</u>. 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 huildings, 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.
- It property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property**.
- <u>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.</u>

## ☐ Environm ntal Health Existing Tank Inspections

- Follow abo e instructions for placing flags and ard 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	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	epted	{} Innovative {} Conventional {} Any
{}} Alter	native	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{ <u>✓</u> } NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	{ <u>√</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	{ <u>✓</u> } 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	{ <u>√</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	{ <u>✓</u> } 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.



#### **Property Description:**

L#1 WAYNE WELLINGTON MAP#2004-662

# **Harnett County GIS**

PID: 040673 0134 01

PIN: 0663-72-4752.000

REID: 0057990

Subdivision:

Taxable Acreage: 1.650 AC ac

Caclulated Acreage: 1.68 ac

Account Number: 1400041273

Owners: BAKER WILLIAM J JR & BAKER KATHLEEN R

Owner Address: 750 JAMES NORRIS ROAD ANGIER, NC 27501-0000

Property Address: 750 JAMES NORRIS RD ANGIER, NC 27501

City, State, Zip: ANGIER, NC, 27501

Building Count: 1

Township Code: 04

Fire Tax District: Angier Black River

Parcel Building Value: \$175380

Parcel Outbuilding Value : \$6650

Parcel Land Value: \$27000

Parcel Special Land Value: \$0

Total Value: \$209030

Parcel Deferred Value: \$0

Total Assessed Value: \$209030

Neighborhood: 00400

Actual Year Built: 2002

TotalAcutalAreaHeated: 1958 Sq/Ft

Sale Month and Year: 3 / 2010

Sale Price: \$239000

Deed Book & Page: 2725-0439

Deed Date: 2010/03/24

Plat Book & Page: 2003-145

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Y

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$185870

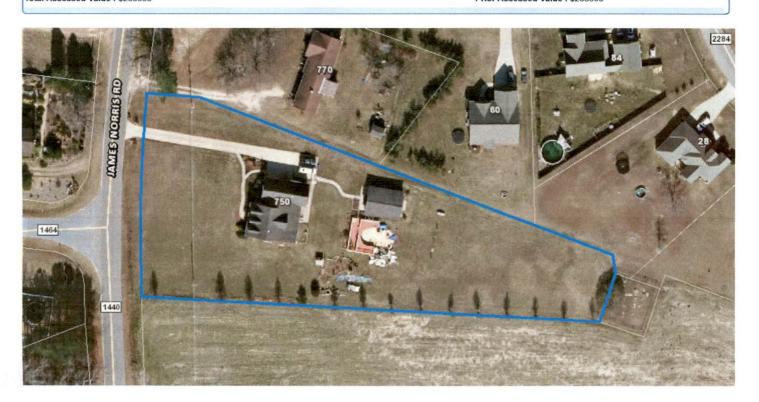
Prior Outbuilding Value: \$19520

Prior Land Value: \$28000

Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$233390





Application	#			

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

ion on license.	1-1
Owner's Name: William J. Baker, Site Address: 750 James Norris Rd Av	5r. Date: $3/7/201$
Site Address: 750 James Norris Rd Av	naier NC 27501 Phone: 919 250 83
Subdivision: N/A	Lot:
Subdivision: N/A  Description of Proposed Work: Picnic Shelter	
General Contracto	
	Telephone
Building Contractor's Company Name	Telephone
Address	Email Address
Duner	
License #	and the firm and the same
Description of Work	or intormation Service Size: Amps_T-Pole: Yes No
3000	
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Cont	ractor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name	Тетернопе
Address	Email Address
License # Plumbing Contract	or Information
Description of Work	/
Description of work	# Datits
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contract	or Information
Insulation Control to de Company Name of Address	Talanhans
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



**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.

3/7/2019 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: 2 William Baku, pate: 3/8/2019