

Initial Application Date: 4/23/19

Application # BRES 1904-0049

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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: Pon Wilson Mailing Address: 472 Thur Rd Broodupy NC
City: Roodway State: Zip: Contact No: 919 498 4478 Email:
APPLICANT*: Cerillian Wester Mailing Address: 614 Los 1/2 7d
City: State: City: State: Contact No: 9194993946 Email: *Please fill out applicant information if different than landowner
ADDRESS: 472 Share Rd PIN: 9692-62-000
Zoning: RA30 Flood: X Watershed: WA Deed Book / Page: 25 26 - 619
Setbacks - Front: 354 Back: 120 Side: 110 Corner:
PROPOSED USE:
Monolithic SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
☐ 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: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Size 40 10) Use: Storage Blady Ocaragosets 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 submitt 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
***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limit 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

NO EH reeded Over 200 Ft from Nouse and in a piece of loud that was added after None was done.



## \*\*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

- <u>All 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 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 <u>undergrowth</u> 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

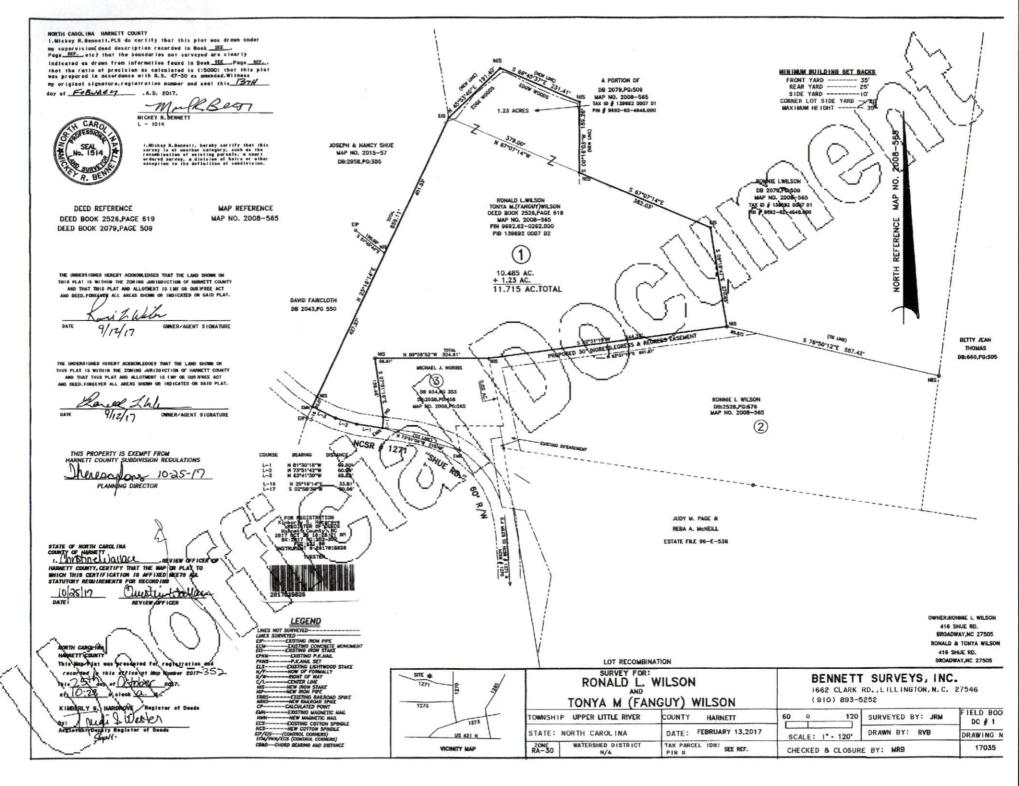
CEDTIC

# "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

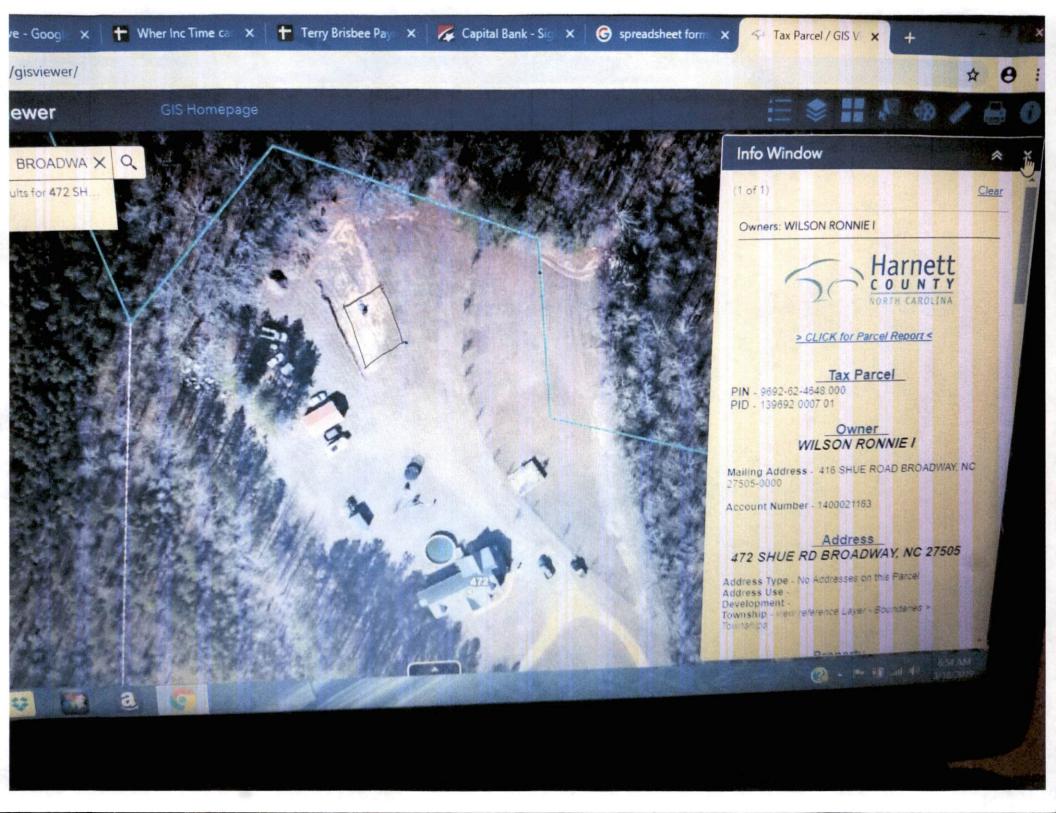
<u>2F</u>	PII	<u>C</u>					
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.							
{ } Accepted			{ } Innovative { } Conventional { } Any				
{ } Alternative		e	{ } Other				
The applicant shall notify the local 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:							
{	}YI	ES	{	NO	Does the site contain any Jurisdictional Wetlands?		
{	}YI	ES	{	NO	Do you plan to have an <u>irrigation system</u> now or in the future?		
{	}YI	ES	{:	NO	Does or will the building contain any drains? Please explain		
{_	.}YI	ES	{	) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{	}YI	ES	{	NO	Is any wastewater going to be generated on the site other than domestic sewage?		
{	}YI	ES	{	NO	Is the site subject to approval by any other Public Agency?		
{	}Yl	ES	{	NO	Are there any Easements or Right of Ways on this property?		
{	}Yl	ES	{}	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 #

\* 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

tion on license.	4	
Owner's Name: Ro	W Wilson	Date: 4-23-
Site Address: 473	Stue Rd Brondway	Phone: 919 498 44
Subdivision:		Lot:
Description of Propose	ed Work: GARRE	
	General Contractor Information	tion .
woton Con	Company Name	
Building Contractor's C	Company Name	Telephone
614 Lastia	Rd SANPORD NC 27332	williantester & Gasili
Address	-	Email Address
59595	_	
License #	FI11-10-11-1-1-1-1	
Description of Work	Electrical Contractor Informa	Ation
Description of Work _	Base Elect C. T.	Ze. ZZZ Allips 1-Pole. Tres II No
Flactrical Contractor's	Company Nama	7/9 4993946
Electrical Contractor's	Electrical Contractor Informa Service Size  PACE Electric Co. Two  Company Name  Rd Taukend No. 27332	relephone
Address	e to Jungano Re 2 35	Facil Address
Address		Email Address
	_	
License #	Mechanical/HVAC Contractor Info	ormation
Description of Work		
Description of Work	700/02	
Mechanical Contractor	's Company Name	Telephone
Wiceriamoar Contractor	5 Company Name	relephone
Address		Email Address
71441000		Littali Address
License #	_	
	Plumbing Contractor Informa	ation
Description of Work	1642	# Baths
Plumbing Contractor's	Company Name	Telephone
	osinpany manie	reispinens
Address		Email Address
License #	_	
	Insulation Contractor Informa	ation
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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="mailto:any">any</a> 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 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: Celellec Steller Date: 4-23-19						