



Initial Application Date: _____

Application # _____

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: Jonathan Shannon Johnson Mailing Address: 1985 Old Stage Rd
City: Coats State: NC Zip: 27521 Contact No: 9108919818 Email: jonjohn412@aol.com

APPLICANT*: Jonathan Shannon Johnson Mailing Address: 1985 Old Stage Rd
City: Coats State: NC Zip: 27521 Contact No: 9108919818 Email: jonjohn412@aol.com

*Please fill out applicant information if different than landowner

ADDRESS: Same as above PIN: 0681-95-1316-000

Zoning: RA30 Flood: X Watershed: NA Deed Book / Page: 11686-204

Setbacks - Front: Back: Side: Corner:

PROPOSED USE:

- SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:
Mod: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
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 14 x 24) Use: Closing in drive thru carport to - Garage. Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
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: X 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 or Owner's Agent Date 5/3/19

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

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Handwritten text, possibly a name or title, located in the middle left quadrant.

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Handwritten text, possibly a name or title, located in the lower right quadrant.

HARNETT COUNTY CAMA WEBVIEWER

5/3/2019 11:27:56 AM

JOHNSON JONATHAN S

Return/Appeal Notes:
 Parcel: 04-0692- -0053
 PLAT: UNIQ ID
 2008/19 243413
 ID NO: 0681-95-1316.000

1985 OLD STAGE RD N COATS NC 27521
 1400008920

BLACK RIVER RES ADVALOREM TAX (100), BUIES CREEK FR ADVALOREM TAX (100), COUNTY WIDE ADVALOREM TAX (100), SOLID WASTE FEE SOLID WASTE (1)

CARD NO. 1 of 1

Reval Year: 2017 Tax Year: 2019
 1.01 ACS JONATHAN JOHNSONMAP#2008-19

1.010 AC

SRC=

Appraised by 14 on 01/01/2017 00401 BLACK RIVER RUR

TW-04 CI-FR-EX- AT- LAST ACTION 20170302

CONSTRUCTION DETAIL		MARKET VALUE				DEPRECIATION			CORRELATION OF VALUE			
USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB	Standard	CREDENCE TO MARKET			
Foundation - 3								0.37000				
Continuous Footing	5.00								DEPR. BUILDING VALUE - CARD 109,990			
Sub Floor System - 4		50	01	2,109	122	81.74	174589	1980	1963	% GOOD 63.0		
Plywood	9.00	TYPE: RURAL HOME SITE				SINGLE FAMILY RESIDENTIAL			DEPR. OB/XF VALUE - CARD 2,500			
Exterior Walls - 21		STYLE: 1 - 1.0 Story							MARKET LAND VALUE - CARD 20,700			
Face Brick	35.00								TOTAL MARKET VALUE - CARD 133,190			
Roofing Structure - 03									TOTAL APPRAISED VALUE - CARD 133,190			
Gable	8.00								TOTAL APPRAISED VALUE - PARCEL 133,190			
Roofing Cover - 03									TOTAL PRESENT USE VALUE - PARCEL 0			
Asphalt or Composition Shingle	3.00								TOTAL VALUE DEFERRED - PARCEL 0			
Interior Wall Construction - 5									TOTAL TAXABLE VALUE - PARCEL \$ 133,190			
Drywall/Sheetrock	20.00								PRIOR			
Interior Floor Cover - 14									BUILDING VALUE 97,860			
Carpet	6.00								OBXF VALUE 2,500			
Interior Floor Cover - 08									LAND VALUE 20,800			
Sheet Vinyl	0.00								PRESENT USE VALUE 0			
Heating Fuel - 03									DEFERRED VALUE 0			
Gas	1.00								TOTAL VALUE 121,160			
Heating Type - 04									PERMIT			
Forced Hot Air/FHA - Ducted	4.00								CODE DATE NOTE NUMBER AMOUNT			
Air Conditioning Type - 03									ROUT: WTRSHD:			
Central	4.00								SALES DATA			
Bedrooms/Bathrooms/Half-Bathrooms									OFF. RECORD DATE DEED TYPE Q/UV/I INDICATE SALES PRICE			
3/2/1	13.000								01686 0204 11 2002 WD E I 0			
Bedrooms									01412 0046 4 2000 WD C I 0			
BAS - 3 FUS - 0 LL - 0									00924 0433 11 1990 WD D I 0			
Bathrooms									00924 0433 11 1990 WD D I 0			
BAS - 2 FUS - 0 LL - 0									HEATED AREA 1,846			
Half-Bathrooms									NOTES			
BAS - 1 FUS - 0 LL - 0									1692			
Office												
BAS - 0 FUS - 0 LL - 0	0											
TOTAL POINT VALUE	108.000											
BUILDING ADJUSTMENTS												
Market	3	Factor 3	1.0500									
Quality	4	Above Average	1.1000									
Size	Size	Size	0.9800									
TOTAL ADJUSTMENT FACTOR	1.130											
TOTAL QUALITY INDEX	122											

SUBAREA	TYPE	GS AREA	%	RPL CS	CODE	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG %	COND	BLDG#	AYB	EYB	ANN DEP RATE	OVR %	COND	OB/XF DEPR. VALUE
BAS		1,846	100	150892	02	GARAGE		0	0	1	2,500.00	100			1990	1990		SS	100	2500
TOTAL OB/XF VALUE 2,500																				
FCP		324	025	6621																
FOP		114	035	3270																
FST		120	050	4904																
STP		12	020	163																
WDD		400	020	6539																
FIREPLACE		3 - 1 Story Single		2,200																
SUBAREA TOTALS		2,816		174,589																

BUILDING DIMENSIONS
 BAS=W15S8W17N14W14WDD=N24E14S24W14S10WDD=W4N16E4S16S4W5S8STP=W3N4E3S4S16FCP=W14N24FST=W5S24E5N24S4E14S4W3S4E3S16S4E34S6FOP=W19N6E19S6S4E17N42S.

LAND INFORMATION																	
HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRON TAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	LAND NOTES	
HOME PAVD	5010	RA-30	0	0	1.0000	0	1.0000	TOPO ROLLING		20,000.00	1.000	AC	1.000	20,000.00	20000		
AGRI 1 PV	5111	RA-30	0	0	1.0000	0	1.0000			7,000.00	0.010	AC	1.000	700.00	700		
TOTAL MARKET LAND DATA																	
TOTAL PRESENT USE DATA																	
													1.010				
															20,700		



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: Jonathan Shannon Johnson Date: _____
Site Address: 1985 Old Stage Rd, Coats, NC 27521 Phone: 9108919818
Subdivision: N/A Lot: N/A
Description of Proposed Work: Enclose an existing carport

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Owner
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
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 of Owner/Contractor/Officer(s) of Corporation

Date 5/3/19

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: James S. Johnson

Date: 5/3/19