



Initial Application Date: 5/24/19

Application # BRES1905-00064

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: Arnold Venecia Mailing Address: 127 JR Wilson Ln

City: Dunn State: NC Zip: 28334 Contact No: _____ Email: _____

APPLICANT*: Arnold Venecia Mailing Address: _____

City: Dunn State: NC Zip: 28334 Contact No: (910) 290-2975 Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 127 jr. wilson Ln. PIN: _____

Zoning: ERWIN Flood: _____ Watershed: _____ 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 28 x 24) Use: Extension of house 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): Proposed Addition

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.

Arnold Venecia
Signature of Owner or Owner's Agent

5-20-19
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

strong roots • new growth

****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.



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	Arnold venecia	Property Owner	Arnold venecia
Home Address	127 jr wilson LN.	Home Address	127 jr wilson LN
City, State, Zip	Dunn N.C 28334	City, State, Zip	Dunn N.C 28334
Telephone	910 282 8030	Telephone	
Email		Email	

Address of Proposed Property	127 jr wilson LN		
Parcel Identification Number(s) (PIN)	0596-41-1498	Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	addition to house		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	residential		
Does the Property Access DOT road?	yes		
Number of dwelling/structures on the property already	1	Property/Parcel size	46
Floodplain SFHA <u>Yes</u> / <u>No</u>	Watershed <u>Yes</u> / <u>No</u>	Wetlands <u>Yes</u> / <u>No</u>	
MUST circle one that applies to property	Existing/Proposed Septic System <u>Or</u> Existing/Proposed <u>County/City Sewer</u>		

Owner/Applicant Must Read and Sign

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

Print Name	Arnold Venecia	Signature of Owner or Representative	Arnold Venecia	Date	5-20-19
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For Office Use

Zoning District	RD	Existing Nonconforming Uses or Features	
Front Yard Setback	40'	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	10'	Requires Town Zoning Inspection(s)	<input checked="" type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	40'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Fee Paid: 60		Date Paid: 5/20/19	Staff Initials: JB

Comments	Add on to existing house
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Signature of Town Representative:	Joe Dask	Date Approved/Denied:	PAID 5/20/19
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MAY 20 2019

TOWN OF ERWIN
 Joe Dask

127 31



12

40

SITE PLAN APPROVAL
 Rural addition
 DISTRICT ~~district~~ USE to home
 #BEDROOMS 3 total
S2019
 ZONING ADMINISTRATOR

97 front setback



Harnett GIS

NOT FOR LEGAL USE

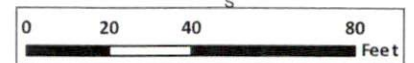


GIS/E-911 Addressing
May 24, 2019

- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property

- City Limits
- Address Numbers
- Airport
- MajorRoads**
- Interstate

- NC
- US
- Roads
- Mile_Markers
- Railroad



1 inch = 47 feet



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: Arnold Venecio Date: 5-20-19
Site Address: 127 SR Wilson Ln Dunn Phone: (910)2902975
Subdivision: _____ Lot: _____
Description of Proposed Work: Addition

General Contractor Information

Arnoldo Venecio (owner) 910-290-2975
Building Contractor's Company Name Telephone

Address Email Address

License #

Electrical Contractor Information

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

Arnoldo Venecio (owner) _____
Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Arnoldo Venecio (owner) _____
Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Arnoldo Venecio (owner) _____
Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

Arnoldo Venecio (owner) _____
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.

Arnoldo Venecia
Signature of Owner/Contractor/Officer(s) of Corporation

5-20-19
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: Arnoldo Venecia Date: 5-20-19