



Initial Application Date: 7/23/19

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: Agner Upshaw Mailing Address: 1586 Johnson Farm Rd
City: Lillington State: NC Zip: 27546 Contact No: _____ Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 1586 Johnson Farm PIN: 0671-00-3932-000

Zoning: RABD Flood: 0 Watershed: 1A Deed Book / Page: 1471/622

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 16 x 20) Use: Replace Deck like for like 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.

[Signature]
Signature of Owner or Owner's Agent

7-23-19
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

****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.

HARNETT COUNTY CAMA WEBVIEWER

7/23/2019 3:01:26 PM

UPSHAW AGNOR L
 1586 JOHNSON FARM RD LILLINGTON NC 27546
 1400017964
 BUIES CREEK FR ADVALOREM TAX (100), COUNTY WIDE ADVALOREM TAX (100), SOLID WASTE FEE SOLID WASTE (1)
 Reval Year: 2017 Tax Year: 2019 1.71 ACS BERLES C JOHNSONPC#F-700C
 Appraised by 14 on 01/01/2017 01101 NEILL'S CREEK

Return/Appeal Notes: Parcel: 11-0670- -0302
 PLAT: / UNIQ ID 266479
 ID NO: 0671-00-3932.000
 CARD NO. 1 of 1
 1.710 AC SRC=
 TW-11 CI-FR-EX- AT- LAST ACTION 20170302

CONSTRUCTION DETAIL		MARKET VALUE						DEPRECIATION		CORRELATION OF VALUE											
Foundation - 3	5.00	USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB	Standard	0.27000	CREDENCE TO	MARKET								
Continuous Footing		50	01	2,769	113	75.71	211840	1990	1979	% GOOD	73.0	DEPR. BUILDING VALUE - CARD	154,640								
Sub Floor System - 4 Plywood	9.00	TYPE: RURAL HOME SITE SINGLE FAMILY RESIDENTIAL										DEPR. OB/XF VALUE - CARD	0								
Exterior Walls - 10 Aluminum/Vinyl Siding	30.00	STYLE: 1 - 1.0 Story										MARKET LAND VALUE - CARD	18,500								
Roofing Structure - 03 Gable	8.00											TOTAL MARKET VALUE - CARD	173,140								
Roofing Cover - 03 Asphalt or Composition Shingle	3.00											TOTAL APPRAISED VALUE - CARD	173,140								
Interior Wall Construction - 4 Plywood Panel	18.00											TOTAL APPRAISED VALUE - PARCEL	173,140								
Interior Wall Construction - 5 Drywall/Sheetrock	0.00											TOTAL PRESENT USE VALUE - PARCEL	173,140								
Interior Floor Cover - 14 Carpet	0.00											TOTAL PRESENT USE VALUE - PARCEL	0								
Interior Floor Cover - 09 Pine or Soft Woods	7.00											TOTAL VALUE DEFERRED - PARCEL	0								
Heating Fuel - 04 Electric	1.00											TOTAL TAXABLE VALUE - PARCEL \$	173,140								
Heating Type - 10 Heat Pump	4.00											PRIOR									
Air Conditioning Type - 03 Central	4.00											BUILDING VALUE	140,940								
Bedrooms/Bathrooms/Half-Bathrooms 3/2/0	12.000											OBXF VALUE	0								
Bedrooms BAS - 3 FUS - 0 LL - 0												LAND VALUE	19,500								
Bathrooms BAS - 2 FUS - 0 LL - 0												PRESENT USE VALUE	0								
Half-Bathrooms BAS - 0 FUS - 0 LL - 0												DEFERRED VALUE	0								
Office												TOTAL VALUE	160,440								
BAS - 0 FUS - 0 LL - 0	0											PERMIT									
TOTAL POINT VALUE	101.000											CODE	DATE	NOTE	NUMBER	AMOUNT					
BUILDING ADJUSTMENTS												ROUT: WTRSHD:									
Market	3	Factor	3	1.0500											SALES DATA						
Quality	4	Above Average	1.1000											OFF. RECORD	DATE	DEED TYPE	Q/U/V/I	INDICATE SALES PRICE			
Size	Size	Size	0.9700											BOOK	PAGE	MOYR					
TOTAL ADJUSTMENT FACTOR	1.120													01971	0619	8 2004	WD Q	1	194000		
TOTAL QUALITY INDEX	113													01605	0398	3 2002	WD Q	1	182500		
SUBAREA												01971	0622	8 2004	WD Y	1	0				
TYPE	GS AREA	%	RPL CS	CODE	QUALITY	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	SIZE FACT	AY	BEYB	ANN DEP RATE	OVR	% COND	OB/XF DEPR. VALUE	
BAS	2,099	100	158915																		
FEP	171	070	9085																		
FGR	729	040	22107																		
STP	28	020	454																		
UAT	1,500	010	11357																		
UST	96	040	2877																		
WDD	320	020	4845																		
FIREPLACE	3 - 1 Story Single 2,200																				
SUBAREA TOTALS	4,943		211,840																		
BUILDING DIMENSIONS																					
BAS=W3S3W12N12FEP=E15S9W3S3W12N12\$W50S36E29STP=S4W7N4E7\$E22N5E14N22\$FGR=E4UST=S12W4N12E4\$E23S27W27N12UST=E4S12W4N12\$N15\$WDD=E3N20W16S20E13\$UAT=1500\$.																					
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	VERRIDE VALUE	LAND NOTES				
HOME PD	5030	RA-30	0	0	1.0000	0	1.0000	TOPO LEVEL		15,000.00	1.000	AC	1.000	15,000.00	15000		0				
AGRI I	5113	RA-30	0	0	1.0000	0	1.0000			3,500.00	0.710	AC	1.000	3,500.00	3500		0				
TOTAL MARKET LAND DATA																					
TOTAL PRESENT USE DATA																					



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: Al Upshaw Date: 07/15/2019

Site Address: 1586 Johnson Farm Road Phone: 910-893-2297

Subdivision: _____ Lot: _____

Description of Proposed Work: 16' x 20' Deck wood frame - composite decking boards

General Contractor Information

IMPROVEMENTS, LLC 800-938-1958
Building Contractor's Company Name Telephone
312 ORVILLE WRIGHT DRIVE greensboro nc 27409 angelaservice.ci@gmail.com
Address Email Address
60722
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

07/15/2019
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:  GM Date: 7/15/19