

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Initial Application Date: 8 22 19

1	NORTH CAROLINA	
	Application #	

CU# _____

	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
	Spring Lake state: NC zip: 2839 Charles No: 9104363828 Email: diviccin Egypoil Cen
APP	PLICANT*: Vorthpoint Apts Mailing Address: Same
City:	State: Zip: Contact No: Email:ase fill out applicant information if different than landowner
ADD	PIN: 6514-01-2642:000
Zon	ing: Row Flood: X Watershed: Deed Book / Page: 3100/827
Set	backs – Front: Back: Side: Corner:
PR	DPOSED USE:
	SFD: (Sizex) # 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: (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:
P	Addition/Accessory/Other: (Size (x 36) Use: Cack Feplacement Closets in addition? (_) yes (_) no
Sew	er Supply: ounty 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) rage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic) s owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no
Doe	s the property contain any easements whether underground or overhead () yes () no
Stru	ctures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
If pe	remits 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 reby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
	Sindature of Owner of Owner's Adent 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

- <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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC					
If applying for authorizati	on 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 <u>irrigation system</u> 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.



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: Northpoint Apartments	Date: 8-77-19
Site Address: 960 Analea Dr	Phone: 910 436 332
Subdivision:	
Description of Proposed Work: Deck reparement	
General Contractor Inform	mation
Building Contractor's Company Name	Telephone
Address	Email Address
License #	
Description of Work Service	rmation 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 #	
Description of Work	
Description of Work	# Daths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Info	rmation
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 bysigning-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.

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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: Date: 8-27-9				

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

County of Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
9108 Atalea
1. Northport partments
(Print Full Name)
hereby claim an exemption from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the relevant provision in paragraph 1 and initialing paragraphs 2-5 below and attesting to the following: 1 I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:);
 I will personally superintend and manage all aspects of the construction or alteration of the buildin and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
 I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(7 for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
 The building will be solely occupied by the owner(s), firm or corporation as set forth above for at least twelve (12) months following completion.
6. This AFFIDAVIT applies to the following trades: Mechanical Plumbing Plumbing
7. The total cost of this project is \$ 1500 . (Signature of Affiant) Date
Sworn to (or affirmed) and Subscribed before me this the 22 day of Signature of Notary Public Printed Name of Notary Public My Commission Expires: 10123133 (Notary Spamp or Seal)
(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to law (I) (NOTE: II) (NOTE: III) (NOTE: IIII) (NOTE: IIIII) (NOTE: IIIII) (NOTE: IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII