

Initial Application Date: 10-2-19

Application #	BRESIGIO	-0008
Application #	DITE : 110	

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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: Onesimus Tava Mailing Address: 4442 hillman grave so
City: Cameron State: NC zip 28326 contact No: 303 CIUD 5 Email: Invester 130 /4/20, Can
APPLICANT': Same Mailing Address:
City: State: Zip: Contact No: Email:  *Please fill out applicant information if different than landowner
ADDRESS:PIN:
Zoning: RA 20 Flood: Watershed: Deed Book / Page:
Setbacks - Front: Back: Side: Corner:
PROPOSED USE:
SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath):Garage:Deck:Crawl Space:Slab: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 Fr
Manufactured Home: _SW _DW _TW (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:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employee
Water Supply:CountyExisting 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)  Sources Supply: New Sentic Tenk
(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
Structures (existing or proposed). Striger latinly dwellings.
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.
12-1-2019 Date
Signature of Owner or Owner's Agent  ***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



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

10-1-2019 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner Officer/Agent of the	he Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or c set forth in the permit:	corporation(s) performing the work	
Has three (3) or more employees and has obtained workers' competent	nsation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' continued.	ompensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy of w covering themselves.	orkers' compensation insurance	
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of work to issuance of the permit and at any time during the permitted work from an carrying out the work.	er's compensation insurance prior	
Sign w/Title:	Date:	



Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # <u>BRES1910</u> 0008

ERES1910 - 0005

PRES1910 - 0002

\* 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

on on license.	
Owner's Name: Onesimus ausc	Date: 10-1-2019
Owner's Name: Onesimus Tausc Site Address: 444) hillman grave of (4)	Mrsan Phone: 910 303-9423
Description of Proposed Work: replacing 20 2x10 flo	or jeists
General Contractor Information	1
Onesimus Tavoc	910 303-9423
	Telephone
Building Contractor's Company Name  4442 hill mon grac of Cumeron Ne  Address	7/0 303-9423 Telephone  In ucster 13 e yahoo. Com Email Address
Address	Email Address /
License #	
	on —
Description of Work and 8 receptor Service Size:	Amps T-Pole: Yes No
VR6 electrical	9/9 351~) ) 5 Telephone
Electrical Contractor's Company Name	Teléphone
690 record Sented ac 27832	=
Address 32452	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	an .
Description of Work new tub pex lines	
Plumbing Contractor's Company Name	4/9 84)-6744 Telephone
985 thomas kelly rd Sent and NC 273	relephone
Address	Email Address
30001	Emailyidalooo
License #	
Insulation Contractor Information	<u>on</u>
	T
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



## "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 authorizati	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{ } Accepted	{ } Innovative { } Conventional { } Any
{ } Alternative	{
	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{ }YES {\times NO	Does the site contain any Jurisdictional Wetlands?
( )YES (X) 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.
XIYES ( INO	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 { <sup>∞</sup> 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?
KIYES   INO	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 Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are Granted Righ	nt Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules, I
Understand That I Am Sol	ely 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.