



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: Holly Ingram Mailing Address: 457 SEA Mist Dr, Sanford
City: Sanford State: NC Zip: _____ Contact No: 719-244-4770 Email: _____

APPLICANT: Pool Space of the Pines Mailing Address: 965 Old US Hwy 1,
City: Southern Pines State: NC Zip: 28387 Contact No: 910-690-0167 Email: off@stuckercorconstruction.com
*Please fill out applicant information if different than landowner

ADDRESS: 457 SEA Mist Dr PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

- SFD: (Size x) # Bedrooms: # Baths: Basement(w/w bath): Garage: Deck: Crawl Space: Slab: Slab: Monolithic
(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/w 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 2' x 75') Use: Retaining wall 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.

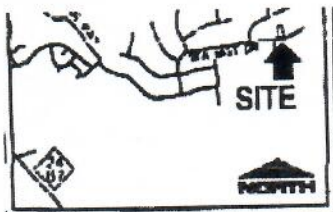
[Signature]
Signature of Owner or Owner's Agent

5/16/20
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



(143)
N/F
MEDALLION CONSTRUCTION GROUP
DB 3245, PG 385
CAROLINA LAKES
PHASE X
BLOCK "T" PART "C"
PB 2013, PG 358

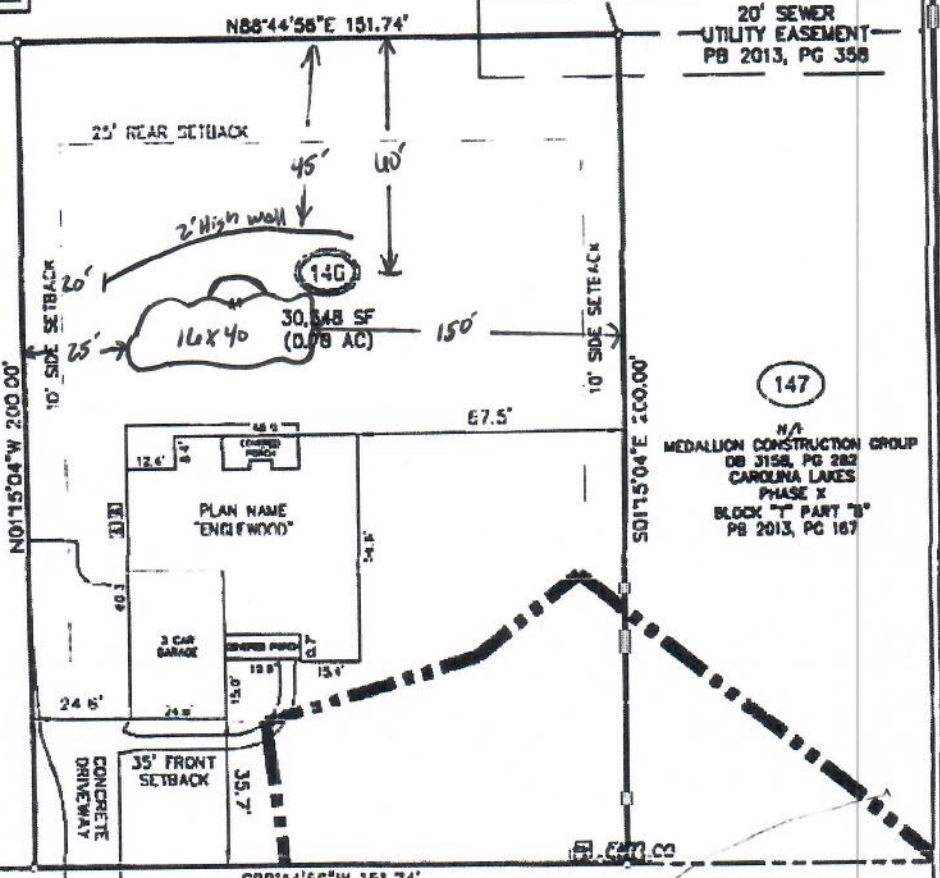
N/F
RICHARD CARL GRIMBERG, JR. & WIFE,
MARY ELIZABETH GRIMBERG
DB 3228, PG 128
CAROLINA LAKES
PHASE X
BLOCK "T" PART "C"
PB 2013, PG 358

VICINITY MAP
NOT TO SCALE



(145)

N/F
MEDALLION CONSTRUCTION GROUP
DB 3249, PG 414
CAROLINA LAKES
PHASE X
BLOCK "T" PART "B"
PB 2013, PG 187



(147)

N/F
MEDALLION CONSTRUCTION GROUP
DB 3158, PG 282
CAROLINA LAKES
PHASE X
BLOCK "T" PART "B"
PB 2013, PG 187

LEGEND:
EP-EXISTING IRON PIPE
ES-EXISTING IRON STAKE
SRI-SET IRON ROD
N/F-NOW OR FORMERLY
R/W-RIGHT OF WAY

REFERENCES:
PIN 9585-85-4865.000
DB 3158, PG 651
PB 2013, PG 168

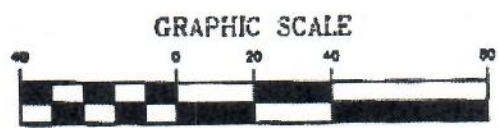
NOTES:
1. ALL DISTANCES ARE HORIZONTAL DISTANCES.
2. ZONING: RA-20R

CLOSING MAP FOR

CLIENT: MEDALLION CONSTRUCTION
SUBMISSION: CAROLINA LAKES PHASE X - BLOCK T, PART B
457 SEA MIST DRIVE
SCALE: 1" = 40'
LOT 148

BARBECUE TOWNSHIP
NEAR SANFORD
HARNETT COUNTY
NORTH CAROLINA
DATE: AUGUST 4, 2018

DRAWN BY: SEAN
PROJECT: 698



(IN FEET)
1 inch = 40 ft



THIS IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY





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: Holly Ingram Date: 5/6/20
Site Address: 457 SEA MIST DR, Sanford, NC Phone: 719-244-4770
Subdivision: Carolina Lakes Lot: _____
Description of Proposed Work: 2' High x 75' Retention wall Total Job Cost: 14000

General Contractor Information

Pool Space of the Pines / Jeff Tucker 910-690-0167
Building Contractor's Company Name Telephone
965 Old US Hwy 1, Southern Pines, NC jeff@jktuckerconstruction.com
Address Email Address
70828

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]
Signature of Owner/Contractor/Officer(s) of Corporation

5/6/20
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: [Signature] Manager Date: 5/6/20