



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: ROB FULCHER Mailing Address: 1878 MICAH'S WAY N
City: SPRING LAKE State: NC Zip: 28370 Contact No: (910) 489-5388 Email: slip77@hotmail.com

APPLICANT*: ODYSSEY CONTRACTING Mailing Address: 214 GARNER BUSINESS CT
City: GARNER State: NC Zip: 27529 Contact No: (919) 730-2121 Email: permits@odysseycontracting.com
*Please fill out applicant information if different than landowner

ADDRESS: 1878 MICAH'S WAY N PIN: 01053518010020

Zoning: R20K Flood: ZONE X Watershed: _____ Deed Book / Page: 03989/0735

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

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____ Monolithic
TOTAL HTD SQ FT _____ **GARAGE SQ FT** _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ **TOTAL HTD SQ FT** _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size 16 x 16) Use: SCREENED PORCH Closets in addition? () yes (X) no
TOTAL HTD SQ FT 0 **GARAGE** _____

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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: 0 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

9/13/22
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



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: ROE FULCHER Date 9/13
Site Address: 1878 MILANS WAY N Phone _____
Subdivision: _____ Lot _____
Description of Proposed Work: SCREENED PORCH Total Job Cost 55,370

General Contractor Information

ODYSSEY CONTRACTING (919) 730-2121
Building Contractor's Company Name Telephone
214 GARNER BUSINESS CT 27529 permits@odysseycontracting.com
Address Email Address
84716 **HEATED SQ FT** 0 **GARAGE SQ FT** 0
License #

Electrical Contractor Information

Description of Work CEILING FAN Service Size: _____ Amps T-Pole: Yes No
BELL TOWER ELECTRIC 919-630-3532
Electrical Contractor's Company Name Telephone
6608 DEMOCRACY ST RAL 27602 _____
Address Email Address
L.34170
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

9/13
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:  MNGP Date: 9/13

1878 MITCHS WAY N SPRING LAKE NC
 28390
 1500042356

NIN: 17 - COUNTY WIDE REVALUATION
 ANDERSON CRK FR ADVALOREM TAX (100), COUNTY
 WIDE ADVALOREM TAX (100), SOLID WASTE FEE
 SOLID WASTE (1)
 LT#758 ANDRSN CRK P4B SZAMAP#2007-477
 Appraised By 00 on 01/01/2022 00134 ANDERSON CREEK COUNTRY CL

1878 MITCHS WAY N SPRING LAKE NC
 28390
 1500042356

Reval Year: 2022 Tax Year: 2022
 Appraised By 00 on 01/01/2022 00134 ANDERSON CREEK COUNTRY CL

CARD NO. 1 of 1
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USE	USE DESCRIPTION	MOD	MODEL DESCRIPTION	STYLE	TOTAL LIVING AREA	AYB	EYB
01	SINGLE FAMILY RESIDENTIAL	01	SINGLE FAMILY RESIDENTIAL	2 - 1.5 Stories	2,772	2008	2008

CATEGORY	CODE	DESCRIPTION	BASE RATE	COUNT	RATE
Bathrooms				2.000	6000.00
Half-Bathrooms				1.000	2000.00
Bedrooms				3.000	
Foundation					
Sub Floor System					
Exterior Walls					
Exterior Walls					
Roofing Structure					
Roofing Cover					
Interior Wall Construction					
Interior Floor Cover					
Interior Floor Cover					
Heating Fuel					
Heating Type					
Air Conditioning Type					

TYPE	GS AREA	BASE RATE	SIZE FACTOR	RPL CS
BAS	1,566	123.15	0.7600	152648
FGD	460	30.00	0.9800	13524
FOP	55	28.70	1.0400	1642
FUS*	1,050	106.35	0.7600	84868
PTO	100	11.35	0.9600	1090
WDD	150	16.70	1.0000	2505

TYPE	GS AREA	BASE RATE	SIZE FACTOR	RPL CS
FIREPLA 2 - Pre Fabricated				

GRADE	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG #	AYB	EYB	DEP SCH	OVR	% COND	OB/XF DEPR. VALUE
C+														

TOTAL OB/XF VALUE	BLDG DIMENSIONS	LAND INFORMATION	HIGHEST AND BEST USE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJ/NOTES RF AC LC TO OT	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNIT TYPE	TOTAL ADJUST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES	

TOTAL MARKET LAND DATA	TOTAL PRESENT USE DATA

01-0535-18- -0100- -20- (7456510) Group:0
 9/29/2022 10:30:45 AM