

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 SALLY DAWIDKO Mailing Address 429 Highgrove DR  
City: SPRING LAKE State NC Zip 28390 Contact No 910 644 4263 Email sally.dawidko@gmail.com

APPLICANT: \_\_\_\_\_ Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact No \_\_\_\_\_ Email \_\_\_\_\_

\*Please fill out applicant information if different than landowner

ADDRESS: 589 RAINY DRIVE PIN: 0514-40-9742.000

Zoning: RES Flood: no Watershed: no Deed Book / Page: 3996 : 0734

Setbacks - Front: 86 Back: 49 Side: 15 Corner: \_\_\_\_\_

PROPOSED USE:

SFD (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_ Slab \_\_\_\_\_  
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 12 x 25) Use 2-bedroom Closets in addition? ( ) yes ( ) no

TOTAL HTD SQ FT 300 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 \_\_\_\_\_ Re-ocaton \_\_\_\_\_ 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: yes 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

Sally A. Dawidko  
Signature of Owner or Owner's Agent

11-30-2022  
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: SALLY ANN DAWIDKO Date 11-30-22  
Site Address: 589 RAINY DR SPRING LAKE Phone 910-644-4263  
Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work: ADDITION TO CURRENT HOUSE Job Cost \$55,000

**General Contractor Information**

SALLY DAWIDKO 910 644 4263  
Building Contractor's Company Name Telephone  
429 Highgrove DR SALLY DAWIDKO1950@gmail.com  
Address Email Address  
HEATED SQ FT 300 GARAGE SQ FT

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work NEW INSTALLATION FOR SERVICE Service Size: 200 Amps T-Pole: Yes  No  
EM EVANS Electric service 910 484 2016  
Electrical Contractor's Company Name Telephone  
6775 Maxwell Rd Steadman NC  
Address Email Address  
8867-L

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work NEW INSTALLATION FOR SFH  
COOL AIR 910 283 1838 910 745 6021  
Mechanical Contractor's Company Name Telephone  
3061 N MAIN STREET Hope Mills ACROY MALDONADO@gmail.com  
Address Email Address  
30929

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
Address Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation CO-LLC 910 484 7118  
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.

Sally A Davidbo  
Signature of Owner/Contractor/Officer(s) of Corporation

11-30-2022  
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: Sally A Davidbo Date: \_\_\_\_\_

FLOOR PLAN 589 RAINEY DRIVE

ORIGINAL HOUSE

12' x 12' BEDROOM

12' x 10' BEDROOM

HVAC RETURN

closet

closet

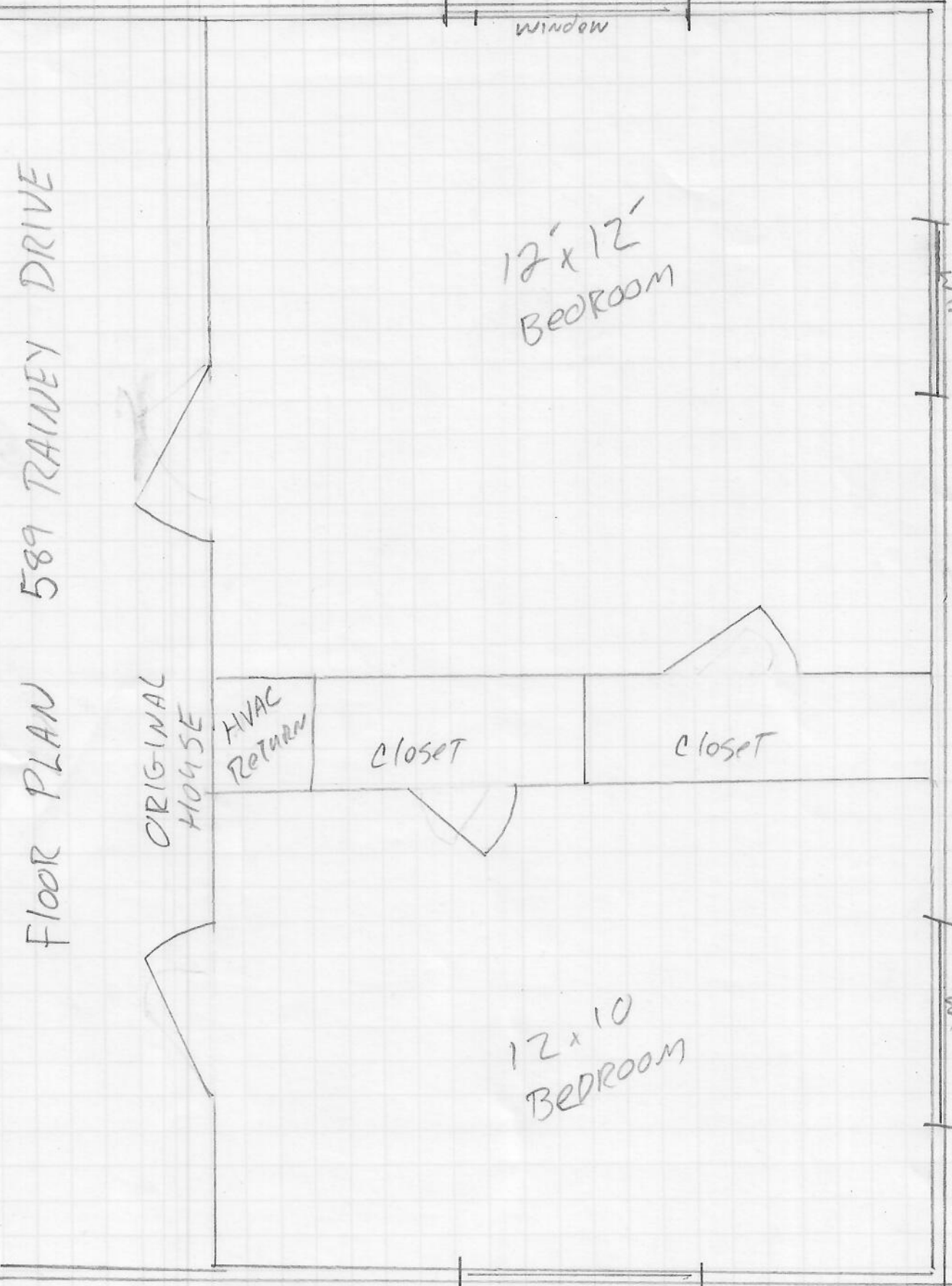
36" x 60" window

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36" x 60" window

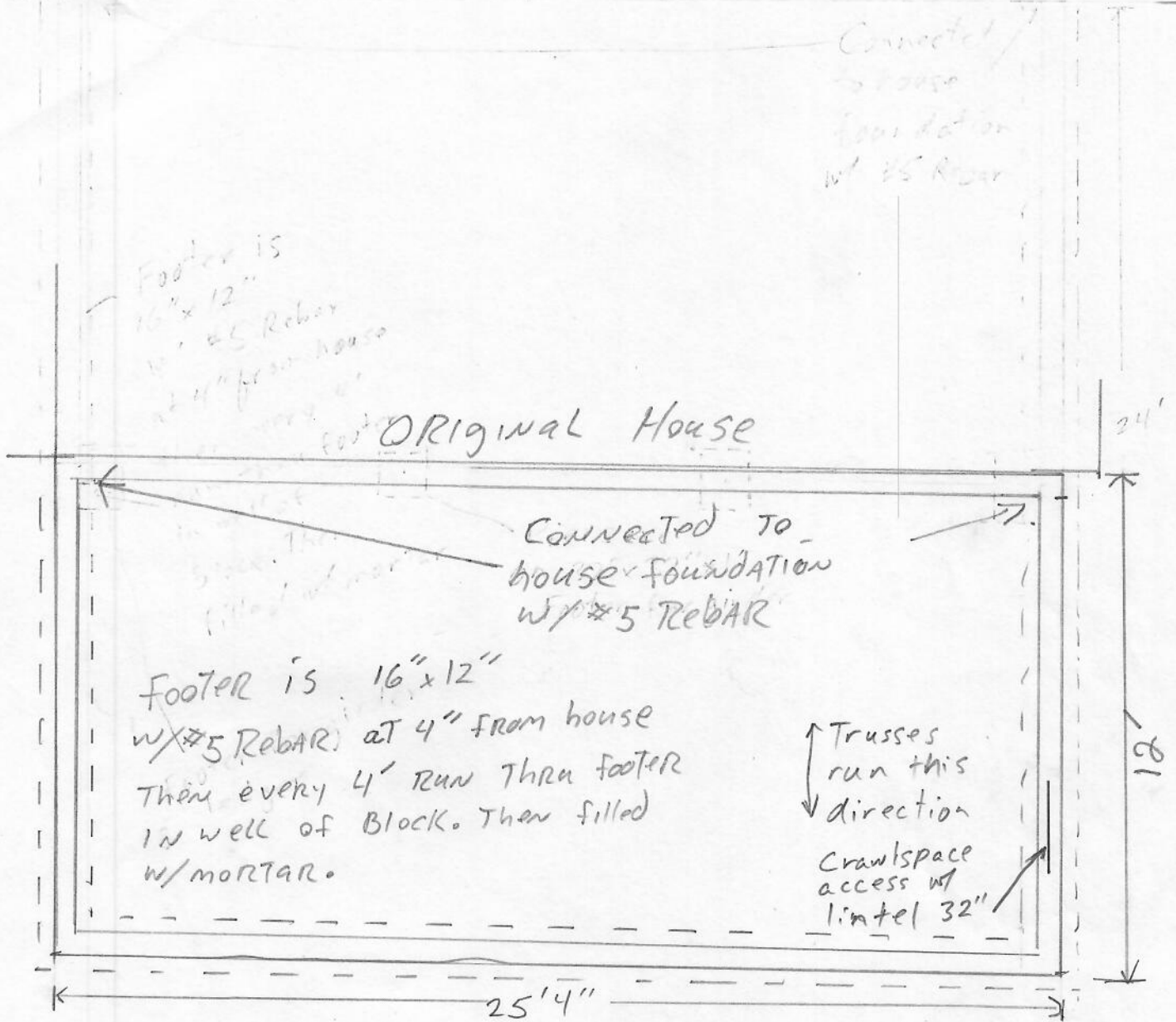
36" x 60" window

25' 4"



# Foundation Plan

Original house



- L-anchor bolts mortared into block at 1' from corners, then every 6' at least, w/ threads exposed at least 3". Bolts are placed at least 4" from outside wall to provide space for a double band
- Foundation wall is 16" x 8" block w/ Type-S mortar

Robben Kadish  
589 Rainey Drive  
Spring Lake, NC 28390

Scale  $\frac{1}{4}'' = 1'$