

Initial Application Date: 10-31-06

Application # 0650016084

**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Barkley J. Arnold Mailing Address: 122 Philemon Drive

City: Fuquay Varina State: NC Zip: 27526 Home #: 919 552-2392 Contact #: Barkley Arnold

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1427 State Road Name: Revels rd of Philemon Drive

Parcel: 050634004508 PIN: 0034-73-2717.000

Zoning: RA30 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 10.25

Flood Plain: X Panel: 10420 Watershed: IV Deed Book/Page: 2076/649 Plat Book/Page: 2005/285

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N left on Christian Light, left on Revels, left on Philemon dr.

**PROPOSED USE:**

Circle:

- SFD (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Deck     Crawl Space / Slab
- Modular:     On frame     Off frame (Size     x    ) # Bedrooms     # Baths     Garage     (site built?    ) Deck     (site built?    )
- Multi-Family Dwelling No. Units     No. Bedrooms/Unit
- Manufactured Home:     SW     DW     TW (Size     x    ) # Bedrooms     Garage     (site built?    ) Deck     (site built?    )
- Business Sq. Ft. Retail Space     Type     # Employees:     Hours of Operation:
- Industry Sq. Ft.     Type     # Employees:     Hours of Operation:
- Church Seating Capacity     # Bathrooms     Kitchen
- Home Occupation (Size     x    ) # Rooms     Use     Hours of Operation:
- Accessory/Other (Size 30 x 30) Use det. garage
- Addition to Existing Building (Size     x    ) Use     Closets in addition (   ) yes (   ) no

Water Supply: (   ) County (   ) Well (   ) (No. dwellings    ) (   ) Other    

Sewage Supply: (   ) New Septic Tank (Need to fill out New Tank Checklist) (   ) Existing Septic Tank (   ) County Sewer (   ) Other    

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? (   ) YES (   ) NO

Structures on this tract of land: Single family dwellings Yes Manufactured Homes     Other (specify) 1 prop det garage

| Required Residential Property Line Setbacks: | Minimum | Actual | Comments: |
|--|---------|--------|-----------|
| Front  | 35      | 180    |           |
| Rear   | 25      | 470    |           |
| Side   | 10      | 29     |           |
| Corner/Sidestreet                            | 20      | /      |           |
| Nearest Building on same lot                 | 10      | 24     |           |

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Barkley J. Arnold  
Signature of Owner or Owner's Agent

10-24-06  
Date

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

**Harnett County Planning Department**PO Box 65, Lillington, NC 27546  
910-893-7527

conf-#

 Environmental Health New Septic Systems Test**Environmental Health Code 800**

- Place "property flags" in each corner of lot. All property lines must be clearly flagged.
- Place "house corner flags" at each corner of where the house/manufactured home will sit. Use additional flagging to outline driveways, garages, decks, out buildings, swimming pools, etc.
- Place flags at locations as developed on site plan by Customer Service Technician and you.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- *No grading of property should be done.* Undergrowth should be cleaned out to allow soil evaluation to be performed. Inspectors should be able to walk freely.
- After preparing proposed site call the voice permitting system at 910-893-7527 and give code **800** for Environmental Health confirmation. Please note confirmation number given at end of recording for proof of request.
- To hear results, call IVR in approx. 7-10 working days. Once approved, proceed to Central Permitting for permits.

 Environmental Health Existing Tank Inspections**Environmental Health Code 800**

- Place Environmental Health "orange" card in location that is easily viewed from road.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7527 and give code **800** for Environmental Health confirmation. Please note confirmation number given at end of recording for proof of request.
- To hear results, call IVR in approx. 7-10 working days. Once approved, proceed to Central Permitting for permits.

 Health and Sanitation Inspections**Health and Sanitation Plan Review 826**

- After submitting plans for food and lodging, call the voice permitting system at 910-893-7527 and give code **826** for Health and Sanitation confirmation. Please note confirmation number given at end of recording for proof of request.
- To hear results, call IVR in approx. 7-10 working days. Once approved, proceed to Central Permitting for permits.

 Fire Marshal Inspections**Fire Marshall Plan Review Code 804**

- Call the voice permitting system at 910-893-7527 and give code **804** for plan review. Please note confirmation number given at end of recording for proof of request.
- To hear results, call IVR in approx 7-10 working days. Once approved, proceed to Central Permitting for permits.
- Pick up Fire Marshal's letter and place on job site until work is completed.

 Public Utilities

- Place stake with "orange" tape/name thirty feet (30) from the center of the road at the location you wish to have water tap installed.
- Allow four to six weeks after application for water/sewer taps. Call Utilities at 893-7575 for technical assistance.

 Building Inspections

- Call the voice permitting system at 910-893-7527 to schedule inspections. Please note confirmation number given at end of recording for proof of request.
- For new housing/set up permits must meet E 911 / Addressing guidelines prior to calling for final inspection.
- To hear results of inspections, call IVR after scheduled inspection is done.

 E911 Addressing**Addressing Confirmation Code 814**

- Address numbers shall be mounted on the house, 3 inches high (5" for commercial).
- Numbers must be a contrasting color from house, must be clearly visible night and day at entrance of driveway if home is 100 ft or more from road, or if mailbox is on opposite side of road.
- Once you purchase permits and footing inspection has been approved call the voice permitting system at 910-893-7527 and give code **814** for address confirmation. This must be called in even if you have contacted E911 for verbal confirmation.

 **Customers can view all inspection results online at [www.harnett.org](http://www.harnett.org).**Applicant Signature: ROARDate: 10/31/06



\* 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 # 16084

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: BARKLEY S. ADAMS Date: 11-8-06

Address: 122 PHILEMON DRIVE F.V. NC 27526 Phone: 919 868-3354

Directions to job site from Lillington: 401N left on Christian Light rd left on Revels left on Philemon

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: 25000.00 Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ owner  
License # \_\_\_\_\_

Barkley S. Adams  
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ 1500.00

TS Pole: Yes ( ) No  Underground  Overhead ( )  
Permanent Service: Underground  Overhead ( ) Service Size: 200 AMP Amps

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ owner  
License # \_\_\_\_\_

Barkley S. Adams  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work Split System heat pumps  
Number of Units 2 Type System Heat Pump Mechanical Cost \$ 2000.00

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ owner  
License # \_\_\_\_\_

Barkley S. Adams  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work Water speckle & stop sink  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ owner  
License # \_\_\_\_\_

Barkley S. Adams  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other ( ) Not Required ( )

Insulating INC  
Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?       yes      \_\_\_ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ yes       no
3. Do you intend to directly control & supervise construction activities?  yes      \_\_\_ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?       yes      \_\_\_ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?       yes      \_\_\_ no

Bobby B. Allen      11-8-06  
Sign & date

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 if any changes occur including listed contractors, site plan, 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.

Bobby B. Allen  
Signature of Owner/Contractor/Officer(s) of Corporation

11-8-06  
Date





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

Application for Residential Building and Trades Permit

Owner's Name: BARKLEY ARNOLD Date: 1-9-23  
Site Address: 122 PHILEMON DRIVE FUGUY VARIAN Phone: \_\_\_\_\_  
Subdivision: NC 27526 Lot: \_\_\_\_\_  
Description of Proposed Work: DETACHED GARAGE Total Job Cost: 50,000.00

General Contractor Information

BARKLEY ARNOLD Telephone: 919 868 3354  
Building Contractor's Company Name  
122 Philemon Drive Email Address: barnold@harcamechanical.com  
Address

HEATED SQ FT N/A GARAGE SQ FT 1200

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

Electrical Contractor Information

Description of Work PANEL, meter base, recept lights Service Size: 200 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.

*Walter A. O'Neil*  
Signature of Owner/Contractor/Officer(s) of Corporation

1-9-23  
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: \_\_\_\_\_

ADDRESS . . : 122 PHILEMON DR  
 CONTRACTOR :  
 OWNER . . : ARNOLD BARKLEY S & ROBIN L  
 PARCEL . . : 05-0634- - -0045- -08-  
 APPL NUMBER: 06-50016084 CP GARAGE/CARPORT RESIDENTIAL DETACHED  
 DIRECTIONS : 401N LEFT ON CHRISTIAN LIGHT LEFT ON  
 REVELS LEFT ON PHILEMON DR. JD 10/31/06

STRUCTURE: 000 000 30X30 DET GARAGE  
 FLOOD ZONE . . . . : FLOOD ZONE X

PERMIT: CPBP 00 CP BUILDING PERMIT

| TYPE/SQ | REQUESTED<br>COMPLETED     | INSP<br>RESULT    | DESCRIPTION<br>RESULTS/COMMENTS                 | VRU #:    |
|---------|----------------------------|-------------------|---|-----------|
| 3101 01 | 11/09/06<br><u>11-9-06</u> | TI<br><u>APBS</u> | R*BLDG FOOTING / TEMP SVC POLE<br>footing only. | 001305945 |

COMMENTS AND NOTES



ADDRESS : 122 PHILEMON DR  
CONTRACTOR :  
OWNER : ARNOLD BARKLEY S & ROBIN L  
PARCEL : 05-0634- - -0045- -08-  
PPL NUMBER: 06-50016084 CP GARAGE/CARPORT RESIDENTIAL DETACHED  
DIRECTIONS : 401N LEFT ON CHRISTIAN LIGHT LEFT ON  
REVELS LEFT ON PHILEMON DR. JD 10/31/06

STRUCTURE: 000 000 30X30 DET GARAGE  
FLOOD ZONE . . . . : FLOOD ZONE X  
PROPOSED USE . . . . : GARAGE SEPTIC - EXISTING? . . . . : YES  
WATERSHED DISTRICT . . . . : IV

PERMIT: CPBP 00 CP BUILDING PERMIT

| YP/SQ  | REQUESTED<br>COMPLETED | INSP<br>RESULT | DESCRIPTION<br>RESULTS/COMMENTS                 |
|--------|------------------------|----------------|---|
| 101 01 | 11/09/06               | BS             | R*BLDG FOOTING / TEMP SVC POLE VRU #: 001305945 |
|        | 11/09/06               | AP             | footing only.                                   |
| 103 01 | 11/15/06               | TI             | R*BLDG FOUND & TEMP SVC POLE VRU #: 001308267   |
|        | <u>11-15</u>           | <u>AP</u>      |   |
| 309 01 | 11/15/06               | TI             | R*PLUMB UNDER SLAB VRU #: 001308276             |
|        | <u>11-15</u>           | <u>AP</u>      |   |

COMMENTS AND NOTES



**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- \_\_\_\_\_ General Contractor
- X   \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

  X   \_\_\_\_\_ Has/have not 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.

Firm Name: Barkley Arnold Owner

Sign/Title: Barkley Arnold

Date: 11-8-06