

Application # _____

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

Application for Residential Building and Trades Permit

	. 1
Owner's Name: Tina Blackmon	Date 6 / 1/20
Site Address: 100 ULCAS ST Erwin NC	Phone 910 890 3
Subdivision:	Lot
Description of Proposed Work SWIMMING POOL	_ Total Job Cost 55, 000
Perfection Landscaping Building Contractor's Company Name 344 KOCK Hill Road	910 624 4462 Telephone
Address Fay ette VIIIE, NC	Email Address
b'1036 HEATED SQ FT GARAGE SO	QFT
Electrical Contractor Information	
Description of Work Service Size:	Amps T-Pole:YesNo
Evans Electric	
Electrical Contractor's Company Name (275 MWW/II Rd Sted man NC 38391	Telephone
Address	Email Address
DOV	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work	
Becomption of Work	Action and a substitute of the
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths
	·
Plumbing Contractor's Company Name	Telephone
A.1.)	= 3311
Address	Email Address
License #	
Insulation Contractor Information	<u>n</u>
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.

<u>le /1 /2023</u>

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: (1) 10005



initial Application Date:	Application #	
	CU#	
COUNT Central Permitting 420 McKinney Pkwy, Lill	Y OF HARNETT RESIDENTIAL LAND USE APPLICATION lington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793	
A RECORDED SURVEY MAP, RECORDED DEE	ED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LA	AND USE APPLICATION
LANDOWNER: TING Blacky	Mailing Address: 702 Lucas SI	
City: Erwin State: N	C Zig28339 Contact No: 919 890 2769 Email:	•
APPLICANT : Ting Blackmon	Mailing Address 102 Lucas St.	
City: ENWIN State: N	C Zip: 3835 Contact No: 910 890 2769 Email:	
Please IIII out applicant information if different than landown	ner	
ADDRESS: 100 CCUS DA . L/V	Uh, NC PIN:	
Zoning: KIO Flood: Watersho		
Setbacks - Front: Back: Side:_	Corner:	
PROPOSED USE:		
□ SFD: (Sizex) # Bedrooms: # Ba	aths: Basement(w/wo bath): Garage: Deck: Crawl Space:_	Monolithic Slab:
	(Is the bonus room finished? () yes () no w/ a closet? () yes () no	
	# Baths Basement (w/wo bath) Garage: Site Built Deck: esecond floor finished? () yes () no Any other site built additions? (
(is the	second floor infished?) yes) noAny other site built additions?	_) yes () no
☐ Manufactured Home:SWDWTW	(Sizex) # Bedrooms: Garage:(site built?) Deck:	(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit: TOTAL HTD S	SQ FT
☐ Home Occupation: # Rooms:U	se: Hours of Operation:	#Employees:
Addition/Accessory/Other: (Size 16 x 32)	Use: <u>SWIMMING pool</u> Closets in a	ddition? () yes () no
TOTAL HTD SQ FT GARAGE		
Water Supply: County Existing Well _	New Well (# of dwellings using well) *Must have operable	e water before final
Sewage Supply: New Septic Tank Expans	(Need to Complete New Well Application at the same time as New Tai	nk)
(Complete Environmental Health Che	cklist on other side of application if Septic) s a manufactured home within five hundred feet (500') of tract listed above?	() yes (<u>X</u> ') no
Does the property contain any easements whether un	nderground or overhead () yes (1) no	
Structures (existing or proposed): Single family dwelling	ngs: Manufactured Homes: Other (spec	cify):
If permits are granted I agree to conform to all ordinar I hereby state that foregoing statements are accurate	and correct to the best of my knowledge. Permit subject to revocation if false	pecifications of plans submitted. e information is provided.
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



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 <u>undergrowth</u> 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

<u>SEPTIC</u>	MONDAIN ORDINATION WAT BE REQUIRED TO COMPLETE ANT INSPECTION
If applying for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{}} Innovative {}} Conventional {}} Any
{}} Alternative	{}} Other
	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
}YES	Does the site contain any Jurisdictional Wetlands?
YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	Does or will the building contain any drains? Please explain.
YES YNO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES { - }} 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?
YES NO	Does the site contain any existing water, cable, phone or underground electric lines?
1	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State

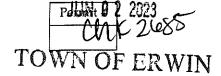
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible 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.





Town of Erwin Zoning Application & Permit

Planning & Inspections Department



Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Listy	PHOL	w -	Property C)wner			
Home Address	702 Cu	cas +		Home Add	lress			
City, State, Zip	Erwin	n NCZ	9339	City, State,	Zip			
Telephone	910-191	7-2769		Telephone				
Email				Email				
Address of Proposed	Property	700 6	~~(4)	ς+.				
Parcel Identification				3676.000	Estimat	ed Project Cost	55,000	
What is the applicant the proposed use of t			s cific.	allessor	v 53	"Mitor -	P331	
Description of any prop to the building or prope	erty		pool	~	force	L		
What was the Previou			y?					
Does the Property Ac			lroad:	<i>№</i>	Propo	rty/Parcel size		
Number of dwelling/			<u>I</u>	ساب - ۲۸۲ - ۲۸۳				
Floodplain SFHA		Watershed		<u> </u>		YesNo		
MUST circle one that a	pplies to proper		-	l Septic Syste l County/Cit		Or		
		Owner/App		· · · · · · · · · · · · · · · · · · ·				
egulations, and the laws he undersigning party a to this application as app	oroved.	own of Erwin to	review t	his request an	d conduc	et a site inspection	to ensure complia	ance
Licky B/N	erno-	Signature	of Owner o	r Representativ	e	Date	<i></i>	
or Office Use								
Zoning District	R-10	Existing None	conformi	ng Uses or Fea	tures			
Front Yard Setback		Other Permits	s Require	dCond	itional Us	seBuildingI	Fire Marshall_O	ther
	75	Requires Tov	vn Zonin	g Inspection(s)	Foundationl	Prior to C. of O.	
Side Yard Setback	12 ,	Zoning Permi	it Status	Ap	proved	Denied		
Rear Yard Setback	35	Fee Paid: 2	د	Date Paid	#6/2	123 Staff Initials	B	
Comments		(-						
continents p	21 av	terce		· · · · · · · · · · · · · · · · · · ·				
Signature of Town Repr	resentative:	no 0	35W_		Date A	proved/Denied:	6/2/20	ワク
Flacett C	13 +	5e j~>	INIL	0100	<i>' !</i>	2001 - M4	y height	61
ah cu		leve Lopnad	50	ny p	الحق	tain permi	<i>1</i>	

