

Initial Application Date: 6/4/2024

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: Karen Jeannette Mailing Address: 79 Haywood Street
City: Spring Lake State: NC Zip: 28390 Contact No: 571 205-8880 Email: jkjeannette2010@gmail.com

APPLICANT: Karen Jeannette Mailing Address: 79 Haywood Street
City: Spring Lake State: NC Zip: 28390 Contact No: 571 205-8880 Email: jkjeannette2010@gmail.com
*Please fill out applicant information if different than landowner

ADDRESS: 79 Haywood Street, Spring Lake PIN: _____

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

Setbacks - Front: _____ Back: _____ Side: _____ 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: Round 21', 52" Height Above Ground Pool (Size _____ x _____) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT _____ **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 () no

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

Structures (existing or proposed): Single family dwellings: 1 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.

Karen M. Smith
Signature of Owner or Owner's Agent

06/04/2024
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

****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 undergrowth 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"

SEPTIC

If applying for authorization 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 applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. N/A Exterior
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO 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?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.



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: Karen Jeannette Date: 06/04/2024
Site Address: 79 Haywood Street Phone: (571) 205 8880
Subdivision: Overhills Creek Lot: 464
Description of Proposed Work: Above - Ground Pool Total Job Cost: \$7152.00

General Contractor Information

N/A
Building Contractor's Company Name Telephone
Address Email Address
HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work See Attached Service Size: 120 Amps T-Pole: Yes No
Local Choice, LLC dba Local Choice Electric Telephone (919) 615-0034
Electrical Contractor's Company Name
4013 Old Sturbridge Drive Email Address info@localchoiceelectrical.com
Address
Lc 34759
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address
License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License # _____

Insulation Contractor Information

Southern Pool Installation Telephone (984) 332-9077
Insulation Contractor's Company Name & Address

*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.

Karen M. Smith
Signature of Owner/Contractor/Officer(s) of Corporation

06/04/2024
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.

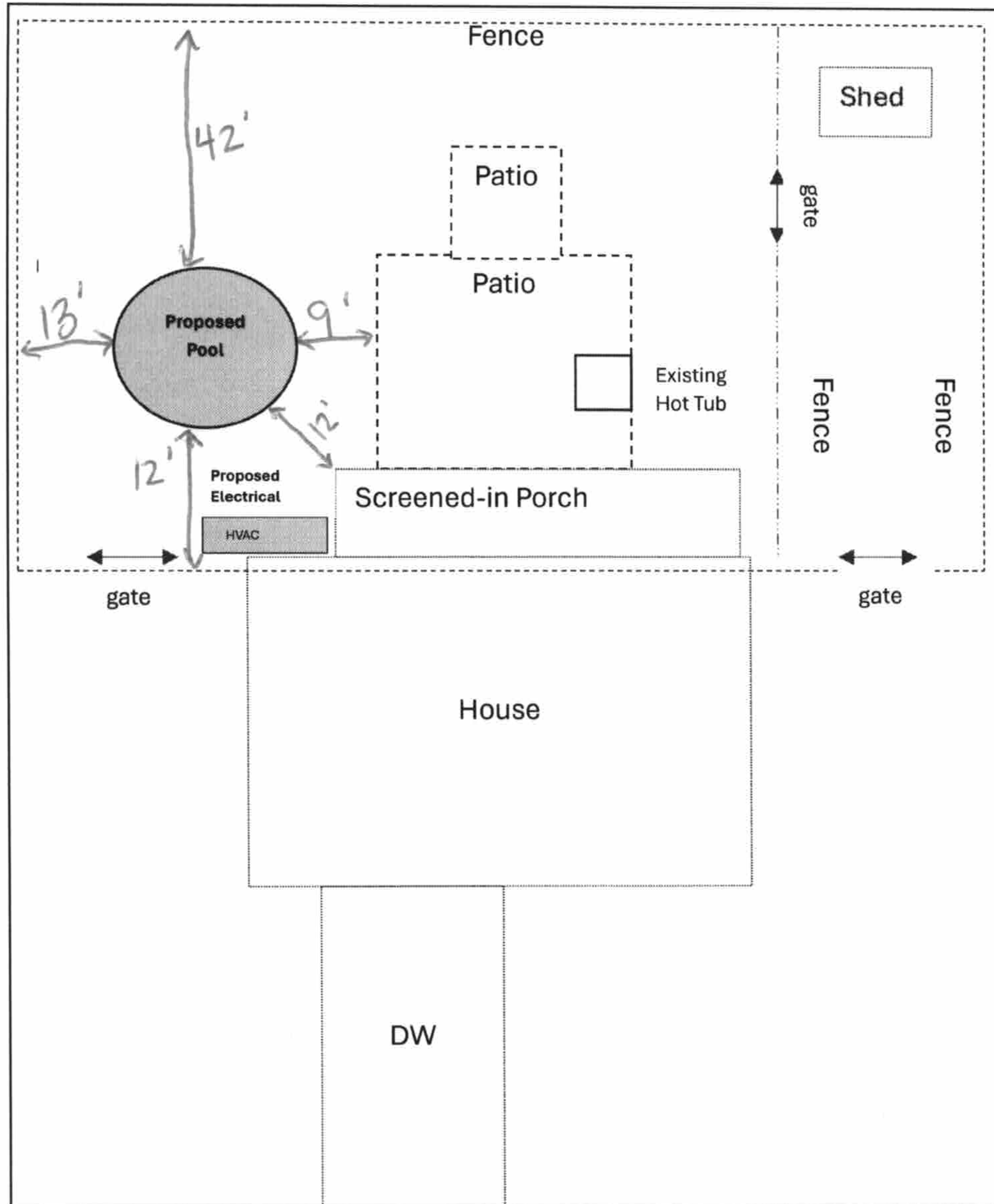
Has no more than two (2) employees and no subcontractors.

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: Karen Smith owner of property Date: 6/5/2024

79 Haywood Street, Spring Lake, NC 28390
Subdivision: Overhills Creek, Lot: 464

*Drawing not to scale but
measurements written are accurate



Matthew S. Willis Register of Deeds
Harnett County, NC
Electronically Recorded
08/23/2023 11:32:42 AM NC Rev Stamp: \$605.00
Book: 4204 Page: 2572 - 2573 (2) Fee: \$26.00
Instrument Number: 2023014126

HARNETT COUNTY TAX ID #
01051402 0006 74

08-23-2023 BY: SM

Prepared By: Attorney Steve Bunce (55982)

Return To: Single Source

This instrument prepared by Attorney Steve Bunce, a licensed North Carolina Attorney delinquent taxes, if any, to be paid by closing attorney to the County upon disbursement of closing proceeds

Revenue Stamps \$605.00

Tax Pin Number: 01051402000674

NORTH CAROLINA

GENERAL WARRANTY DEED

HARNETT COUNTY

THIS DEED made and entered into this 28th day of July, 2023, by and between **Peter Anthony Torromeo, unmarried** hereinafter called "Grantor," whose mailing address is 13032 Koch Lane, Breese, IL 62230 and **Karen Jeannette, unmarried and Charles Nickum, unmarried, as Joint Tenants with full right of survivorship**, whose mailing address is 79 Haywood Street, Spring Lake, NC 28390, hereinafter called "Grantee".

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include the singular, plural, masculine, feminine, or neuter as required by context.

WITNESSETH:

The Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple (with the exceptions hereinafter stated, if any), all the certain tract or parcel of land situated in the City of Spring Lake in Anderson Creek Township, Harnett County, North Carolina, and more particularly described as follows:

Being all of Lot 464 in a subdivision known as Overhills Creek, Section 6, Part 2, and being the same being duly recorded in Book of Plats 2006, Page 1005-1008, Harnett County Registry and being the same property conveyed to Peter Anthony Torromeo by deed recorded in Book 3946, Page 580.

This property does include the primary residence of the Grantor(s).

Submitted electronically by "Single Source Real Estate Services"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

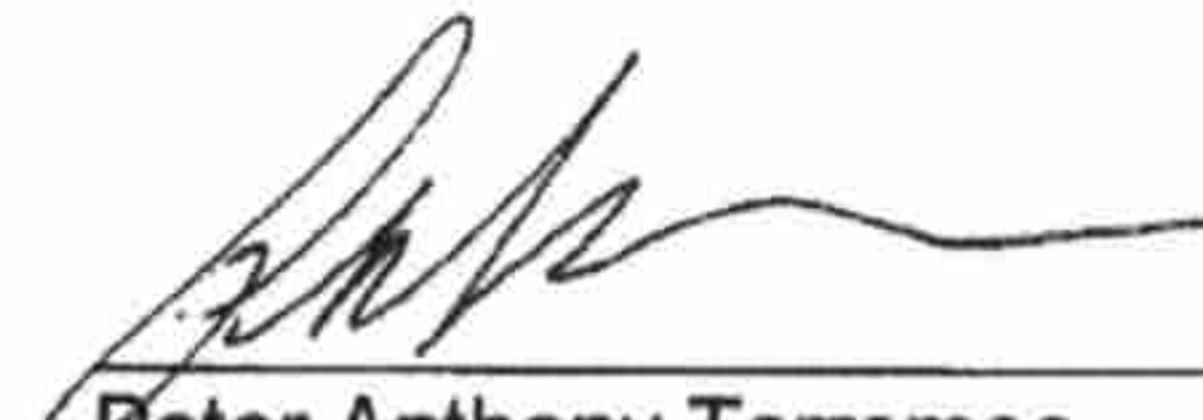
TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple; that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated, if any.

Title to the property hereinabove described is subject to the following exceptions:

- a. County and/or Municipal Zoning Ordinances, Rules, and Regulations.
- b. Restrictive Covenants, Easements, and Rights of Way of Record.
- c. County and/or Municipal Ad Valorem Taxes.

IN WITNESS WHEREOF, the Grantors have hereunto set their hands, the day and year first above written.



 Peter Anthony Torromeo

STATE OF NORTH CAROLINA

COUNTY OF CUMBERLAND

I, certify that the following person(s) personally appeared before me this day each acknowledging to me that he or she signed the foregoing document: Peter Anthony Torromeo

Date: 8/18/2023



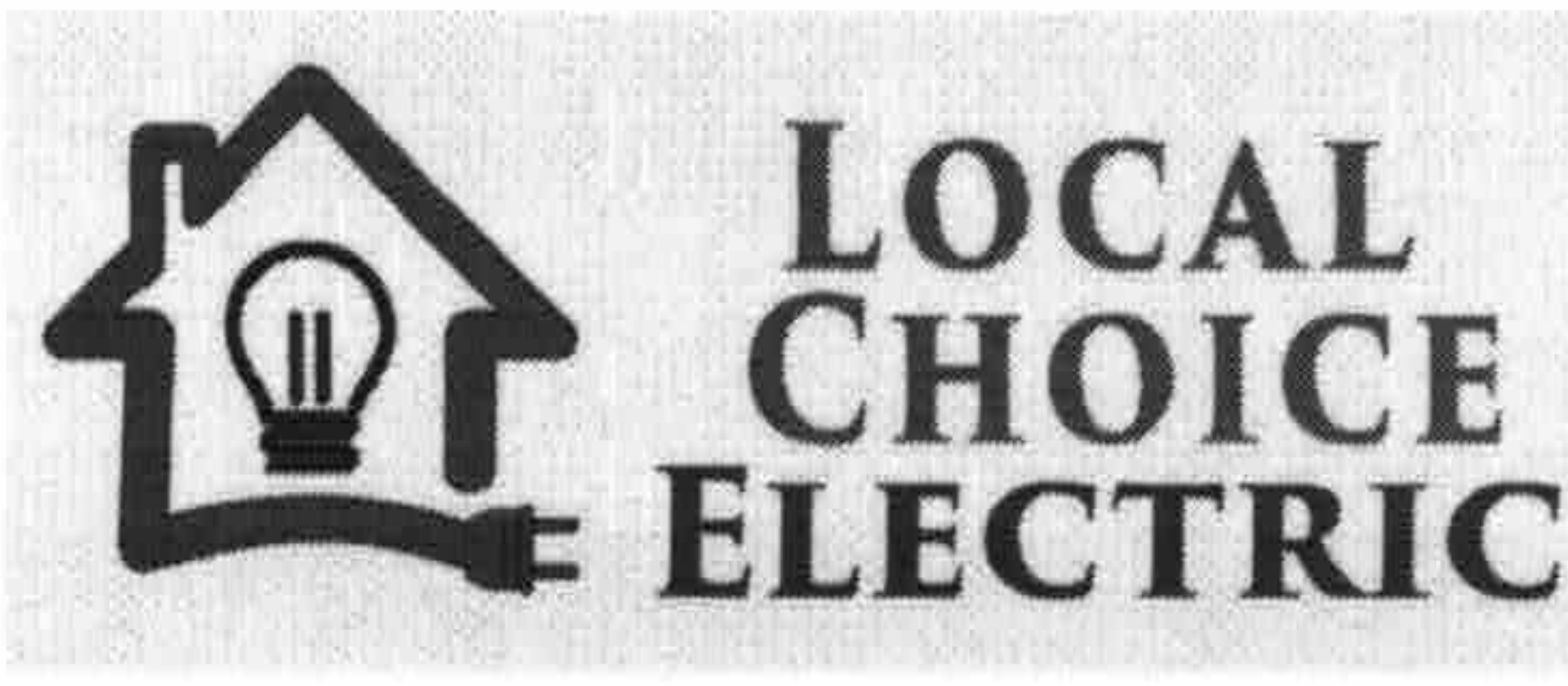
 Notary Public Signature

DONALD S. BUNCE
 Notary Public
 Cumberland County, NC

Donald S Bunce

 Printed Name of Notary Public

My Commission Expires: 11/29/2027



Local Choice Electric

Charles Nickum
 79 Haywood St
 Spring Lake, NC 28390

☎ (704) 352-2505
 ✉ ECUtrack28@gmail.com

ESTIMATE	#209-3
ESTIMATE DATE	Jun 5, 2024
EXPIRATION DATE	Jul 4, 2024
TOTAL	\$1,341.00

CONTACT US

4013 Old Sturbridge Dr
 Apex, NC 27539

☎ (919) 615-0034
 ✉ Info@localchoicelocal.com

Service completed by: Tim Zens

ESTIMATE

Services	qty	unit price	amount
Level 2/ receptacle for pool >5ft Conduit Installation - 120v up to 20amps Run new 20 amp circuit in conduit on side of home to pool pump location.	3.0	\$129.00	\$387.00
Level 5/ additional pipe and wire >Install new Outdoor outlet with GFCI, InUse Cover, and up to 5 ft of EMT/PVC Conduit	1.0	\$358.00	\$358.00
Level 2/ new breaker for pool Add/Replace Standard single pole Breaker Eaton CH 20 amp	1.0	\$129.00	\$129.00
Level 6 Main Grounding system 2 rods, water pipe (within 25ft), and intersystem lug	1.0	\$467.00	\$467.00

Services subtotal: \$1,341.00

Subtotal	\$1,341.00
Tax (North Carolina Sales Tax 4.75%)	\$0.00
Total	\$1,341.00

We provide a comprehensive warranty for our electrical services, covering parts and labor for a period of 5 years from the service completion date, with exclusions for consumable components like batteries and bulbs. Additionally, we offer an extended 20-year warranty specifically for whole breaker panels that we replace, ensuring their long-term reliability. If any issues arise within the warranty period, our team will promptly address and correct them, ensuring that the work we perform works as intended. Please note that this warranty is non-transferable and does not cover damages resulting from misuse, negligence, unauthorized modifications, or acts of nature. For any warranty-related inquiries, feel free to contact us, and thank you for choosing Local Choice Electric for your electrical service needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/7/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

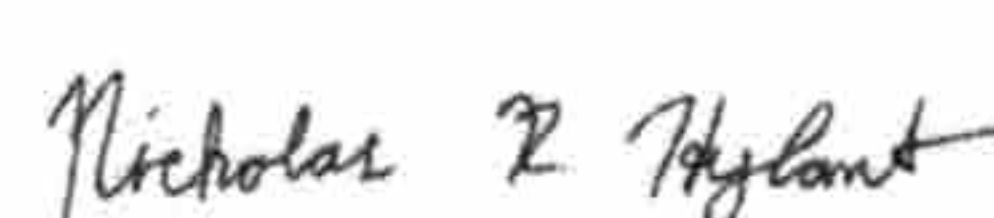
PRODUCER Hylant - Toledo 811 Madison Ave. Toledo, OH 43604	CONTACT NAME: PHONE (A/C, No, Ext): (419) 255-1020		FAX (A/C, No): (419) 255-7557	
	E-MAIL ADDRESS: Toledo-office@hylant.com			
INSURED Local Choice, LLC dba Local Choice Electric 4013 Old Sturbridge Dr Apex, NC 27539	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : Allmerica Financial Benefit Ins Co		41840	
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			L2WJ540870	9/5/2023	9/5/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	W2WJ540851	9/5/2023	9/5/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Loc 1: 4013 Old Sturbridge Dr, Apex, NC 27539
 Policy includes blanket Additional Insured in respects to the general liability when required by written agreement, subject to policy provisions.

CERTIFICATE HOLDER Local Choice, LLC dba Local Choice Electric 4013 Old Sturbridge Dr Apex, NC 27539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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