



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: Frank Hunter Mailing Address: 375 Cross Link Dr.

City: Angier State: NC Zip: 27501 Contact No: (919) 630-2250 Email: jhunter3@wcpss.net

APPLICANT*: Tuff Shed, Inc. Mailing Address: 409B Airport Blvd. Morrisville, NC 27560

City: Morrisville State: NC Zip: 27560 Contact No: (919) 275-5498 Email: 610_Permits@tuffshed.com

*Please fill out applicant information if different than landowner

ADDRESS: 375 Cross Link Dr. Angier, NC 27501 PIN: 0664-70-2944.000

Zoning: RA-30 Flood: X Watershed: _____ Deed Book / Page: 3456/0332

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: (Size 10 x 12) Use: Storage Shed - 13'-4 1/4" tall Closets in addition? () yes () no
TOTAL HTD SQ FT 0 GARAGE 0

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: _____ 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.

Chelsea Alley

Signature of Owner or Owner's Agent

2/27/25

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

****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. _____
- ☒ 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.

APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PURSUANT TO N.C.G.S. §160D-1110(h1)

[This form is only required with a permit application if the permit applicant is applying for exemption as allowed by N.C.G.S. § 160D-1110(h1)]

STATE OF NORTH CAROLINA

COUNTY OF Harnett

Inspection Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
375 Cross Link Dr. Angier, NC 27501; 0664-70-2944.000

I, Frank Elaine Hunter

(Print Full Name)

owner of the property, do hereby under penalties of perjury affirm that the proposed building construction will meet local and State on-site wastewater system setback requirements pursuant to N.C.G.S. § 130A-335. Additionally, the proposed construction shall not increase the design daily flow or wastewater strength of the existing system and thereby absolves the State, Inspection Department, and Local Health Department of any responsibility or liability regarding the existing wastewater system to the extent allowed by law.

The property owner may, at his or her discretion, consult with an authorized on-site wastewater evaluator certified by the North Carolina On-Site Wastewater Contractors and Inspectors Certification Board or an inspector, as defined in N.C.G.S. § 90A-71(5), to locate the on-site wastewater existing system and verify setbacks requirements prior to executing this affidavit.

Frank E Hunter

2/25/25

(Signature of Affiant)

Sworn to (or affirmed) and Subscribed before me this the 25th day of February, 2025

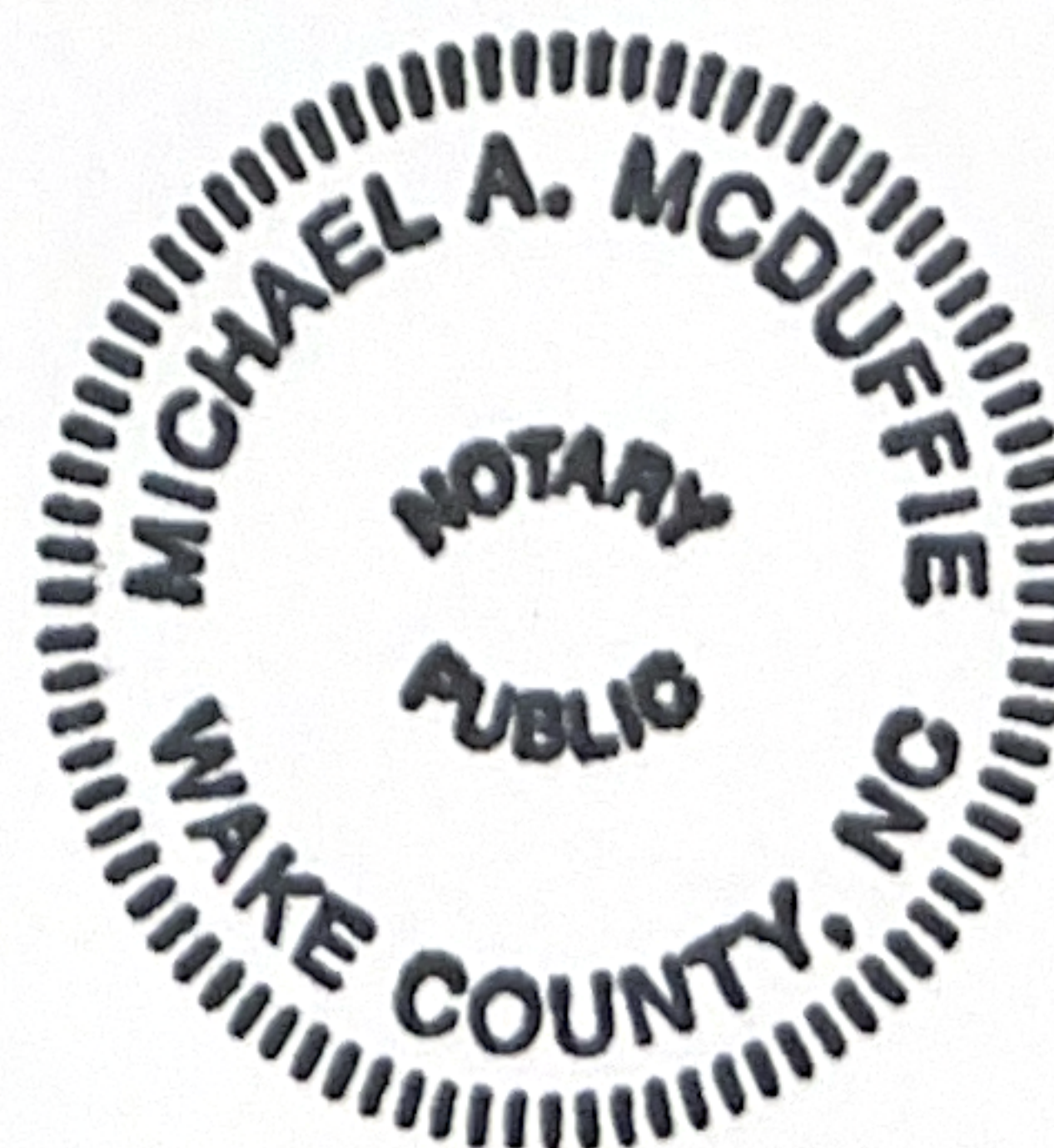
Michael A. McDuffie

Signature of Notary Public

Michael A. McDuffie

Printed Name of Notary Public

My Commission Expires: March 30th 2026 (Notary Stamp or Seal)





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: Frank Hunter Date: _____
Site Address: 375 Cross Link Dr. Angier, NC 27501 Phone: (919) 630-2250
Subdivision: Cross Link Place Lot: 50
Description of Proposed Work: Building a 10' x 12' x 12'-10" storage shed Total Job Cost: \$7,086

General Contractor Information

Tuff Shed, Inc. (919) 466-0341
Building Contractor's Company Name Telephone
409B Airport Blvd. Morrisville, NC 27560 610_Permits@tuffshed.com
Address Email Address
63616 HEATED SQ FT 0 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work N/A Service Size: _____ Amps T-Pole: ___ Yes ___ No
Electrical Contractor's Company Name Telephone
Address Email Address
N/A
License #

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information

N/A
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.

Chelsea Alley

Signature of Owner/Contractor/Officer(s) of Corporation

2/27/25

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: *Chelsea Alley*

Chelsea Alley (Permit Technician)

Date: 2/27/25

BUILDING DATA:

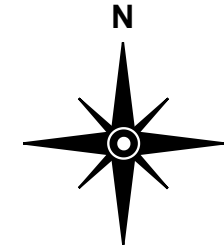
1. CONSTRUCTION TYPE: VB
2. OCCUPANCY GROUP: U
3. USE: STORAGE SHED
4. FIRE SPRINKLERS: NONE
5. HEIGHT: 13'-4 1/4"

GOVERNING CODES:

2018 NC Building Code
2015 IRC & IBC

NO ELECTRICAL UNDER THIS PERMIT

Approximate Septic Locations as shown in
Harnett County Operation Permit # 28877
dated 10-5-16




Owner:	Frank Hunter	PIN#:	0664-70-2944.000	Lot Size:	1.43	Drawn:	CA	Purpose of site plan:	Placement of 10'x 12' x 12'-10 1/4" storage shed
Address:	375 Cross Link dr Angier, NC 27501	Scale:	1":80'0"	Date:	02/18/2025	Rev:	C		



August 24, 2024

This letter hereby authorizes the current employee(s) listed below, on behalf of Tuff Shed, Inc., to apply for, receipt for, and sign for any and all building permits and inspections as required by our company, as well as arrive to locations for works. This authorization will remain active until further notice:

Chelsea Alley



Tom Saurey, CEO
Tuff Shed, Inc.

State of Colorado
County of Denver

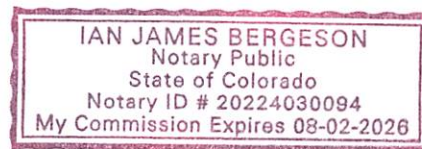
The foregoing instrument was acknowledged before me this 24th day of August 2024, by Tom Saurey, CEO of Tuff Shed, Inc., a Colorado corporation.



Signature of Notary Public

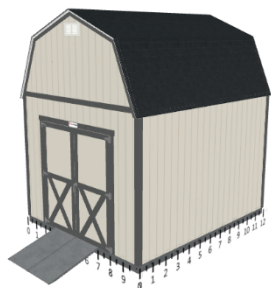
My Commission Expires: 8/2/2026

(Seal)

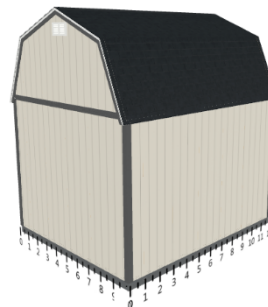




Frank Hunter
375 Cross Link dr
Angier NC 27501
Q-2992266

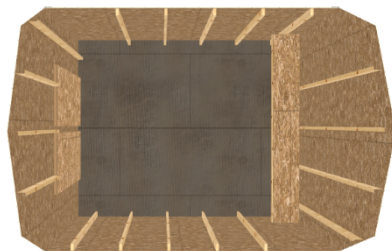


13' 4 1/4"



Wall D

Wall A



Wall C

Wall B

Base Details/Permit Details

Building Size & Style

TB-800 - 10' wide by 12' long

Paint Selection

Base: Southern Breeze, Trim: Knight's
Armor
Customer to apply 2nd coat

Roof Selection

Charcoal 3 Tab

Drip Edge

White

Is a permit required for this job?

Yes

Who is pulling the permit?

Tuff Shed

Optional Details

Doors

3' x 6'7" Double Shed Door (6'), LowerX,
Heavy Duty Ramp Pair

Roof

193 Sq Ft Radiant Barrier Roof Decking

Floor and Foundation

120 Sq Ft 3/4" Treated Floor Decking
Upgrade
120 Sq Ft 16" OC Joist Spacing
4 Ea Shed Anchor into Dirt - Auger or
MR88

Interior

10 Lin Ft Shelving - 16" deep
60 Sq Ft Overhead Loft

Vents

2 Ea 16"x8" Wall Vent - White
12 Ea Floor Track Vent Screen

Loft

Wall C - Straight Loft, 6' Deep Wall C

Jobsite/Installer Details

**Do you plan to insulate this building after
Tuff Shed installs it?**

No

**Is there a power outlet within 100 feet of
installation location?**

Yes

**The building location must be level to
properly install the building. How level
is the install location?**

Within 5"-8" of level

**Will there be 24" of unobstructed
workspace around the perimeter of all
four walls?**

Yes

**Can the installers park their pickup truck &
trailer within approximately 200' of
your installation site?**

Yes

Substrate Shed will be installed on?

Grass

Customer Signature: _____ Date: 1/27/2025

Signed by:

Frank Hunter

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