



Initial Application Date: 19 Mar 25

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: Robert + Bridget Boyer Mailing Address: 115 Bogie Landing Dr
City: Lillington State: NC Zip: 27546 Contact No: 910 403 9974 Email: campbellrx115@gmail.com

APPLICANT*: Robert Boyer Mailing Address: 115 Bogie Landing Dr
City: Lillington State: NC Zip: 27546 Contact No: 910 403 9974 Email: campbellrx115@gmail.com
*Please fill out applicant information if different than landowner

ADDRESS: 115 Bogie Landing Dr Lillington, NC PIN: 4528-19-8798.744

Zoning: RA-30 Flood: Min Risk Watershed: No Deed Book / Page: 3939.0175

Setbacks - Front: 35' Back: 25' Side: 10' Corner: _____

PROPOSED USE:

☒ SFD: (Size 66 x 48) # Bedrooms 4 # Baths 2 Basement (w/wo bath): w/o Garage: ☒ Deck: _____ Crawl Space ☒ Slab: _____ Slab: _____
TOTAL HTD SQ FT 2100 GARAGE SQ FT 418.5 (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 2100-2200 (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 _____ 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: One Manufactured Homes: N/A Other (specify): Small storage building

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.

Signature of Owner or Owner's Agent

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 Pool

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? ** Land Survey attached*
- ☐ 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? ** Attached*
- ☒ 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: Robert & Bridget Boyer Date: 19 Mar 25
Site Address: 115 Begie Landing Dr Lillington NC 27546 Phone: 910 403 9929
Subdivision: _____ Lot: 7
Description of Proposed Work: Hybrid Inground Pool Installation Total Job Cost: \$151,236.93

General Contractor Information

Backyard Leisure
Building Contractor's Company Name
3612 Spring Forest Rd Raleigh, NC 27616
Address
73890 HEATED SQ FT 2100 GARAGE SQ FT 4185
License #

919-850-2200 / 91-336-688-840
Telephone
backyardleisurechemicals@gmail.com
Email Address

Electrical Contractor Information

Description of Work Wiring pool pump to house Service Size: 2600 Amps T-Pole: Yes ☒ No
Wiring Solutions Plus
Electrical Contractor's Company Name
4724 Hargrove Rd Ste 192 Raleigh, NC 27616
Address
25181-L
License #

984-200-7489
Telephone
wiring-solutions-office@gmail.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name

Address

License #

Telephone

Email Address

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Address

License #

Telephone

Email Address

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.

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

19 Mar 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: _____ Date: _____