

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 282 Rafter Creek Lane PIN: 9670-50-2430.000
LANDOWNER: Michael + Angie Licata Sanford, NC 27332 Mailing Address: 282 Rafter Creek Lane
City: Sanford State: NC Zip: 27332 Phone: 623 414 0127 Email: licatamj@gmail.com

*Please fill out applicant information if different than landowner.

APPLICANT: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

PROPOSED USE:

☐ Single Family Dwelling: (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____ GARAGE SQ FT: _____ Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ Modular: (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____

☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Size ____ x ____) # Bedrooms: ____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (Circle One)

ZONING: _____

☐ Duplex: (Size ____ x ____) # Buildings: _____ # Bedrooms Per Unit: _____ TOTAL HTD SQ FT: _____

☒ Addition/Accessory/Other: (Size 24 x 30) Use: Workshop

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☒ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

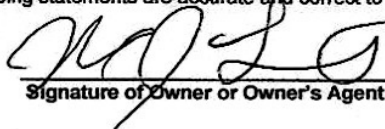
GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: ☒ 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 the 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

24 Nov 2025
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.

APPLICATION CONTINUES ON BACK

RESIDENTIAL BUILDING APPLICATION

Site Address: 282 Rafter Creek Lane, Sanford, NC 27332 PIN: 9670 -50-2430.000

Owner: Michael + Angie Licata Phone: 6234140127 Email: licatanj@gmail.com

Description of Proposed Work: Metal building Workshop Total Job Cost: \$ 19,956.22

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

5 Star Metal Buildings
General Contractor's Company Name
P.O. Box 1186 Toast, NC 27049
Address

844-308-9705
Phone
orders@5startmetalbldgs.com
Email

License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: wiring of shop (lights, outlets, etc) Service Size: 100 Amps T-Pole: YES ☐ NO ☒

Wicker Electric, Inc
Electrical Contractor's Company Name
454 Womack Lake Cir Sanford, NC
Address 27330

919-770-0472
Phone
wickerelectric@gmail.com
Email

License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____

Mechanical Contractor's Company Name _____

Phone _____

Address _____

Email _____

License # _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: _____

Plumbing Contractor's Company Name _____

Phone _____

Address _____

Email _____

License # _____

INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name _____

Phone _____

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corporation

24 Nov 2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

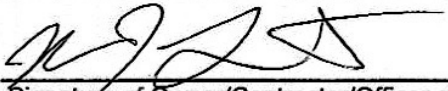
____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



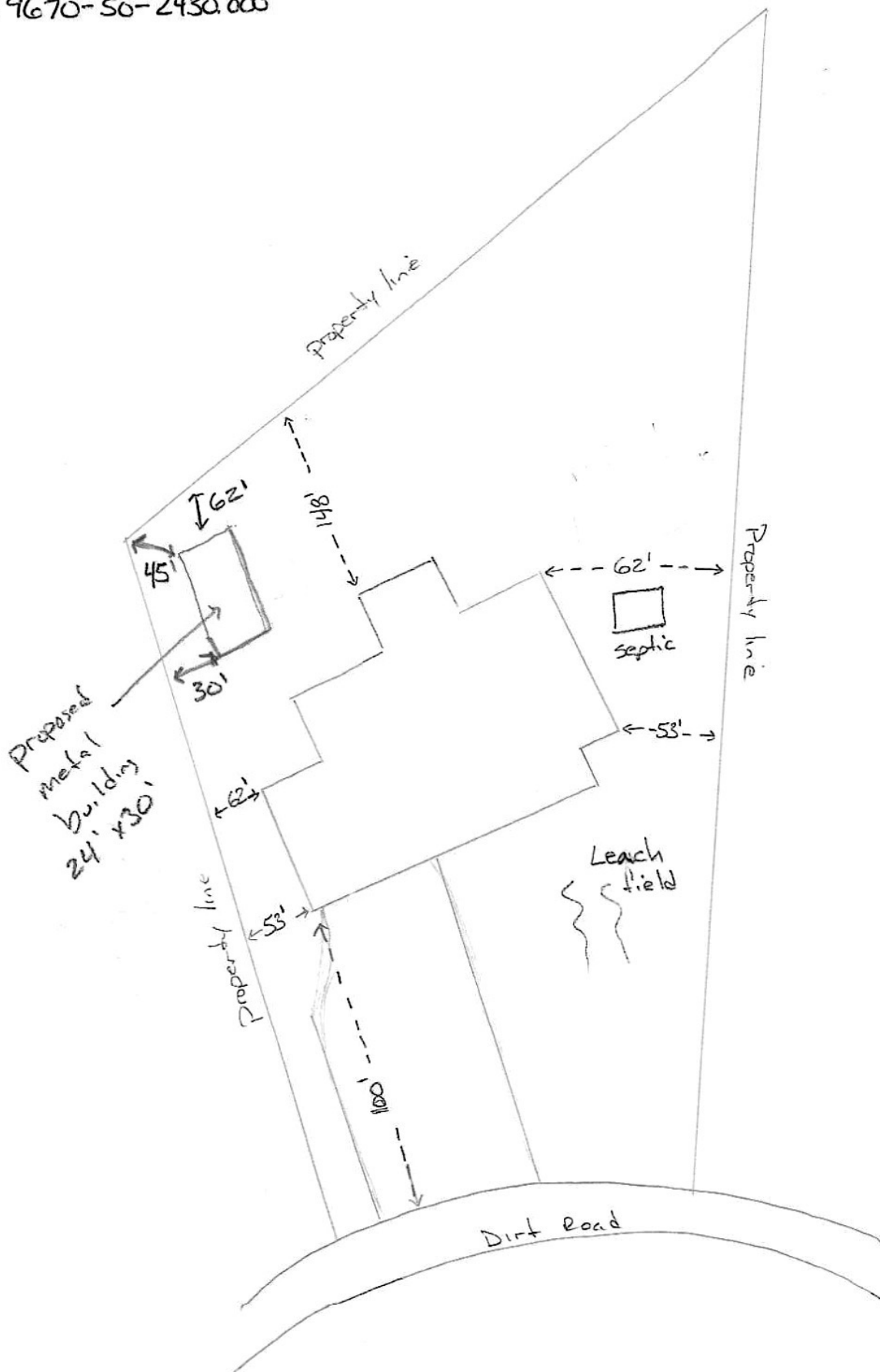
Signature of Owner/Contractor/Officer of Corporation

24 Nov 2025

Date

Michael & Angie Licata

PIN: 9670-S0-2430.000



APPENDIX H

AFFIDAVIT OF ON-SITE WASTEWATER EXISTING SYSTEM PUSUANT 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:

282 Rafter Creek Lane, Sanford, NC 27332

PIN: 9670-50-2430.000

I, Michael Licata

(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.

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.

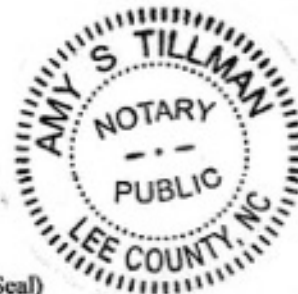
[Signature]
(Signature of Affiant)

25 Nov 2025
Date

Sworn to (or affirmed) and Subscribed before me this the 25th day of November, 20 25

[Signature]
Signature of Notary Public

Amy S. Tillman
Printed Name of Notary Public



My Commission Expires: Dec-8, 2024 (Notary Stamp or Seal)