nitial Application Date:	12.	14	15	$\overline{)}$

nitial Application Date: 12.14.15	Application # 1550037708
	DRB#CU#
COUNTY OF	COMMERCIAL HARNETT LAND USE APPLICATION
Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO	Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits
ANDOWNER: Shirley B. Wheeler	
City: Holly Springs State: NC Zip:275	40 Contact # 919-552-5529 Email:
APPLICANT*:	Mailing Address:
	Contact # Email:
Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	Lot #: Lot Size:
State Road # 42 - W State Road Name:	Map Book&Page: 2011, 303
Parcel: <u>05 - 0040 - 0022</u>	PIN:
Zoning $A30$ Flood Zone: X Watershed: NA De	eed Book&Page: 5E, 404 Power Company*:
New structures with Progress Energy as service provider need to	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTO	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTO	n
PROPOSED USE:	2 diairs my
Multi-Family Dwelling No. Units:No. Bec	
Business Sq. Ft. Retail Space:Type: Have Davcare # Preschoolers: # Afterschool	Hours of Operation: Sat . 9 Hours of Operation: Post Po
	# Employees: Hours of Operation:
Church Seating Capacity: # Bathrooms:	
Accessory/Addition/Other (Sizex) Use:	
· · · · · · · · · · · · · · · · · · ·	/ell/(# of dwellings using well) *MUST have operable water before final
	Existing Septic Tank (<i>Complete Checklist</i>) County Sewer
Comments:	1 1 41/0 T.
Christian Light Rd	to #42 Turn
Left. 12 mile on	Left toward Duncan

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

12-14-15 Date

This application expires 6 months from the initial date if permits have not been issued A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION





Map Scale = One Inch = 56 feet

Owner Information:

PID	050646 0022
NAME	WHEELER SHIRLEY B
ADDRESS	No Data
CITYST	HOLLY SPRINGS, NC 27540-0000
ACRES	0.71

Zoning Overlay Results

ID	Zoning	Acres
446	СОММ	0.10
411	RA-30	0.61

Download Results:

ZoningPolygon_050646 0022.zip

NG+ to scale
uvisting bdo

SITE PLAN APPROVAL

DISTRICT CON OL USE LAR SU(17)

#BEDROCMS

APPLICATION #: *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) 910-893-7525 option 1 **CONFIRMATION #** Environmental Health New Septic System Code 800 All property irons must be made visible. Place "pink property flags" on each corner iron of 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.
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- 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
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.

• Use Click2Gov	or IVR to hear results. Once approved, proceed to Central Permitting for re	maining permits.
SEPTIC		- ·
If applying for authorizati	on to construct please indicate desired system type(s): can be ranked in order of prefere	nce, must choose one.
{ \(\int \) Accepted	{} Innovative {} Conventional {} Any	
{ Alternative	{}} Other	
The applicant shall notify	the local health department upon submittal of this application if any of the following	ng apply to the property in
question. If the answer is	"yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	26 approved the property in
{_}}YES {}NO	Does the site contain any Jurisdictional Wetlands?	
{_}}YES {} NO	Do you plan to have an <u>irrigation system</u> 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 pr	roperty?
{_}}YES {}XO	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	Are there any Easements or Right of Ways on this property?	
{}}YES	Does the site contain any existing water, cable, phone or underground electric line	ks.
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free servi-	ce.
I Have Read This Applicati	ion And Certify That The Information Provided Herein Is True, Complete And Correc	t. Authorized County And
	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With A	
	olely Responsible For The Proper Identification And Labeling Of All Property Lines Ar	nd Corners And Making
The Site Accessible So That	t A Complete Sije Evaluation Can Be Performed.	
Drille		12-14-15
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE

*Each section below must be filled out by whoever to performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Chargeren a true traction to the

Application

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

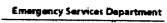
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Shirley R Wheeler	Date:	
Owner's Name: Shirley B Wheeler Site Address: 13044 WC 42, Helly Springs Directions to job site from Lillington:	nc 21340 Phone: 919-552-55	129
Directions to job site from Lillington:		_
Directions to job site from Limitgion.		
		-
	\ / Lot:	-
Subdivision:		-
Description of Proposed Work:		-
Heated SF Unheated SF Building Cost \$		
General Contractor Information. Building Cost w	,	
Building Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Description of Work Daw Son's Electric Toc. Electrical Contractor's Company Name	Amps #T-Poles	
Description of WorkService dize.	919 201-3841	
Electrical Contractor's Company Name	Telephone	
609 Cotton Rd. Fuguay-Varina Address nc 27526	·	
Address nc 27526	Email Address	
	25948-L	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical C		
Description of Work	# Units	
	Telephone	
Mechanical Contractor's Company Name	releptione	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information: Plumbing Cost	t \$	
Description of Work	# Baths/	
Blanchards Plumbing		
Plumbing Contractor's Company Name	Telephone	
LArry Blanchard		
Address	Email Address	
Comparation	/0434 License #	
Signature of Owner/Contractor/Officer(s) of Corporation		
Insulation Contractor Information	!	
Insulation Contractor's Company Name & Address	Telephone	_

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Info	<u>ormation</u>
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Info	License #
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Drive	eway Access/Permit? Yes No
I hereby certify that I have the authority to make necessary app and that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if <u>any</u> changes occur number of bedrooms, building and trade plans, Environmental Hickneys, I certify it is my responsibility to notify the Harnett Coulany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is charged at full price per current fee schedule.	ne Building, Electrical, Plumbing and I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use unty Central Permitting Department of
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensation The undersigned applicant being the:	tion N.C.G.S. 87-14
General Contractor Owner Officer/	Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), to set forth in the permit:	firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained worke	rs' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained verthem.	vorkers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own covering themselves.	policy of workers' compensation insurance
Has no more than two (2) employees and no subcontractor	ors.
While working on the project for which this permit is sought it is undepartment issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted wo carrying out the work.	ge of worker's compensation insurance prior
Company or Name:	







5M27700



Application for Plan Review

Appl	ication # 10 - 000 - 100
Date Received: 12.1	Received By: A AMAM
Name of Project:	Shear 42
Physical Address of Project:	Shear 42
	13044 MC 41 Holly SpringMC 27540
Plans Submitted By:	, , ,
Project Phone:	(
Contact Person/Address:	LAKesha JArrett
	730 Truelove Rd.
	Holly Springs nc 27540
Contact Email:	Holly Springs MC 27,540 1A Keshagarris @ g mail. Com
Contact Phone:	(<u>919</u>)- <u>758</u> - <u>5335</u> ()
Contractor's Name/Info:	
Contractor's Phone:	()

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting http://hteweb.harnett.org/Click2GovBP/Index.jsp or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

Parcel Identification		and the second terms of the second
PIN	0646-30-0103.000	
ParcelNumber	050646 0022	
[REID]	0036924	
Owner Information		e gages a commencer of the same state of
[AccountNumber]	1500002101	
[Name1]	WHEELER SHIRLEY B	
[Name2]		
[Address1]	13066 NC 42	
[Address2]		
[Address3]		
City	HOLLY SPRINGS	
[State]	NC NC	
[ZipCode]	27540-0000	
Assessment Data		
[ParcelBuildingValue]	93730	
[ParcelObxfValue]		
[ParcelLandValue]	20000	
[TotalAssessedValue]	113730	
Property Information		
[StreetDirection]		
[UnitNumber]	and the state of t	
[HouseNumber]	013044	
[StreetName]	NC 42	
[StreetType]		
[StreetSuffix]		
Legal Desciption		
[LegalDescription]	LT#1 SHIRLEY B WHEELER MAP#2011-363 1.00AC	
[LegalLandUnits]	0.75	
[LegalLandType]	AC	
GIS Calc Acres	0.71	
[PlatBook]	2011	
[PlatPage]	363	
Structure Data		
[Actual Year Built]	1969	
[TotalAcutalAreaHeated]	1915	
Sales Information		and approximation of the second of the secon
[DeedBook]	0005E	
DeedPage	0404	
[DeedDate]	2005-05-27 20:00:00	
[SaleYear]	2005	
[SalePrice]		
Parcel Links		
Zoning Overlay	050646 0022	
Soils Overlay	050646 <u>0022</u>	

Donna Johnson

From:

lakesha garris < lakeshagarris@gmail.com>

Sent:

Wednesday, December 16, 2015 1:54 PM

To:

Donna Johnson

Subject:

List of chemicals

Good afternoon! Here's a list of the chemicals.

-Hair Spray, Shampoo, Conditioner, Hair Color and Perms

- -Ammonium Persulfate
- -Toluene
- -Alcohol
- -Citric Acid

#1550037708- Shirley Wheeler