

Initial Application Date: 2-11-14
10-7-13

SCANNED

Application #

1350032271 70K Pen Att Gen

DATE

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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: Tiffany Freeze Mailing Address: 40 Rocky Knoll Lane
City: Farmington State: NC Zip: 27526 Contact No: 919-801-9699 Email: Chadallen@site resources
APPLICANT: Tommy Allen Const LLC Mailing Address: 8836 Ransdell Rd.
City: Raleigh State: NC Zip: 27603 Contact No: 919-779-2880 Email: tac_allen1@bellsouth net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tommy Allen Phone # 919-779-2880

PROPERTY LOCATION: Subdivision: _____ Lot #: 1 Lot Size: 0.8
State Road # 1412 State Road Name: Christen Light Rd Map Book & Page: 2002, 239
Parcel: 05 0633 0041 02 PIN: 0642 06 7464.000
Zoning: RA20R Flood Zone: X Watershed: IVA Deed Book & Page: 1603, 712 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- ☐ SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
- ☐ Mod: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(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: _____
- ☐ Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ # Employees: _____
- ☒ Addition/Accessory/Other: (Size _____ x _____) Use: 16'x26.5' + 24'x28' Garage + 12x12 Porch Closets in addition? () yes () no

Water Supply: ☒ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) ☒ Existing Septic Tank (Complete Checklist) _____ County Sewer

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: ☒ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual _____
Rear 25 _____
Closest Side 10 _____
Sidestreet/corner lot _____
Nearest Building _____
on same lot _____

Comments:

Add 12x12 porch 2-11-14

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 W to Left on
Christina Light Rd. TL on Rocky Knoll Sub
1st on Right

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

10-7-13
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

SITE PLAN APPROVAL

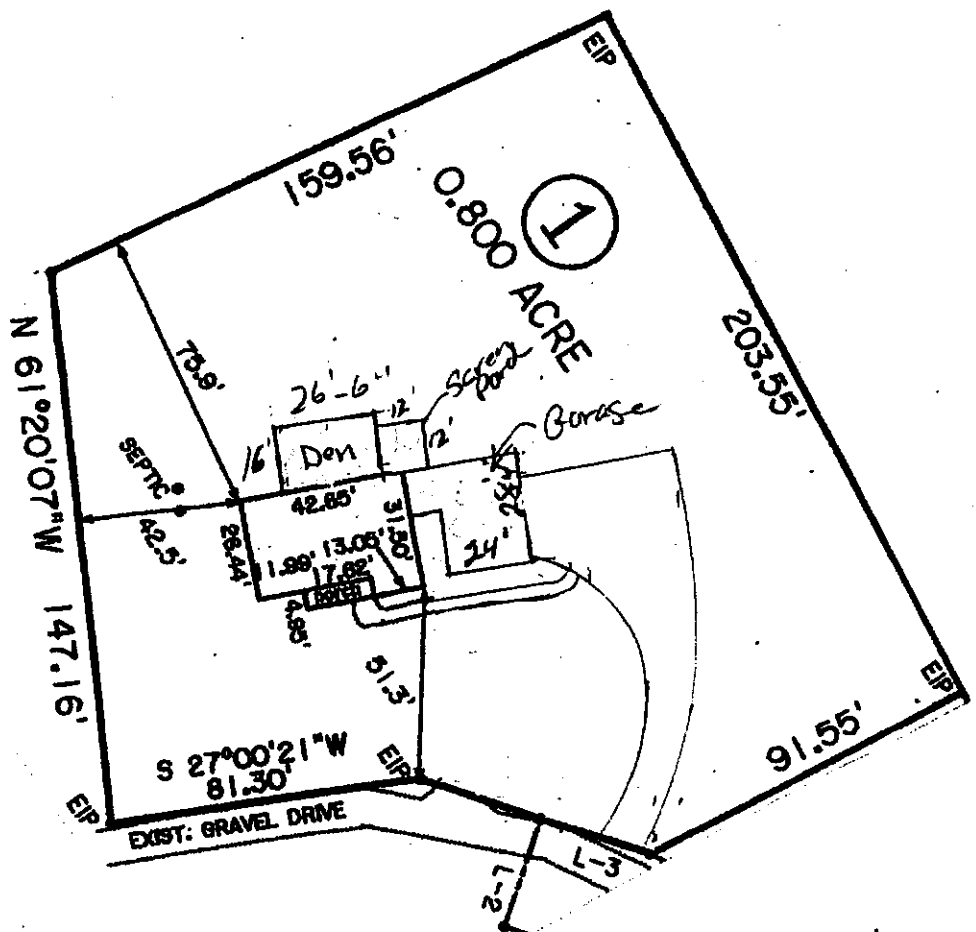
DISTRICT RA 20 USE 12x12 Porch

#BEDROOMS 0

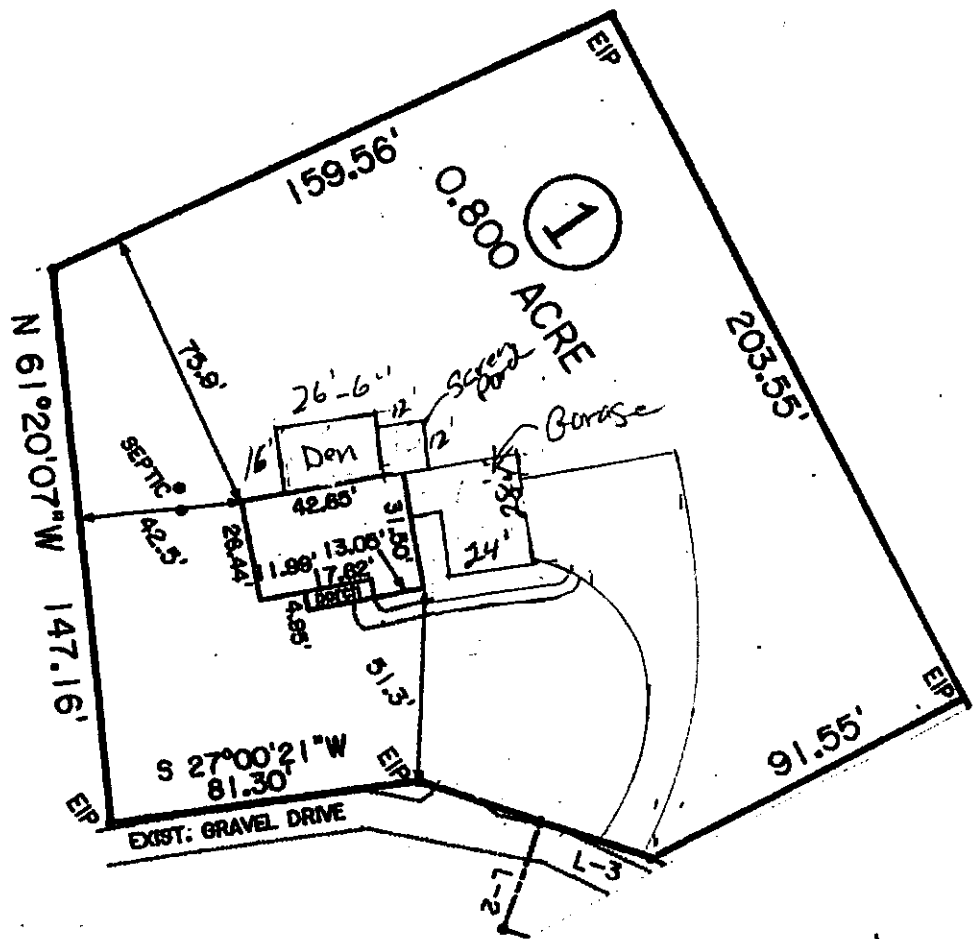
Date 2-11-14

V.L.M.
Zoning Administrator

16x26.5 Den Adolst
24x18 Att Gar



1" = 50'
40 Rock Knoll LI



1" = 50'
 40 Rock Knoll Ln

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7625 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner's Name Tiffany Freeze Allen + Chad Allen Date 2-5-2014
 Site Address 40 Rocky Knoll Lane Fugate Phone 919-801-9699
 Directions to job site from Lillington 401 N TL on Christon Light Road
Turn Left on Rocky Knoll 1st house on Right

Subdivision Add 1/2 Bath
 Description of Proposed Work Add 2 Car Garage with Room Above # of Bedrooms 1
 Heated SF 924 Unheated SF 602 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Tommy Allen Construction INC Telephone 919-779-2880
 Building Contractor's Company Name
8836 Rungden Road Raleigh NC 27603 Email Address fac-allen1@bellsouth.net
 Address
20121
 License #

Electrical Contractor Information

Description of Work Owner Service Size Amps T-Pole Yes ☒ No
 Electrical Contractor's Company Name Telephone 919-801-9699
 Address Email Address
 License #

Mechanical/HVAC Contractor Information

Description of Work Add Packag Unit over Garage + 2 Runs Down
Owner Telephone 919-801-9699
 Mechanical Contractor's Company Name
 Address Email Address
 License #

Plumbing Contractor Information

Description of Work Add 1/2 Bath Change master # Baths 1/2
Barbour + Purren Telephone 919-553-4455
 Plumbing Contractor's Company Name PO Box 934
Clayton NC 27528 Email Address
 Address
27132
 License #

Insulation Contractor Information

Live Green Telephone 919-665-7825
 Insulation Contractor's Company Name & Address

*NOTE General Contractor 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

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

Company or Name _____

Sign w/Title _____ Date _____

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.

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

2-11-2014
Date

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Company or Name Tommy Allen Const Inc

Sign w/Title Tommy Allen Pres Date 2-11-2014

THESE DOCUMENTS SONT
DEPOSES EN VERTU DE LA
LOI DU 15 JANVIER 1981
RELATIVE A L'ACCES
AUX DOCUMENTS OFFICIELS
DE LA PRESIDENTE DE LA
REPUBLIQUE

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