

SCANNED

Initial Application Date: 11-20-13
12-16-13

Application # 13500 32504 P
CU# _____

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: Michael J. Kesick Mailing Address: 205 Creekside Drive
City: Angier State: NC Zip: 27501 Contact No: 919-673-1283 Email: MIKESICK@Embargo.com

APPLICANT: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Creekside Farm Lot #: C Lot Size: 5.07
State Road # _____ State Road Name: Chapelgate Spring Rd Map Book & Page: PCMF 1162-C
Parcel: 04 0664 0005 03 PIN: 0664-81-8224,000
Zoning: RA2 Flood Zone: X Watershed: IV Deed Book & Page: 1069, 797 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: _____ Monolithic 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: 4 #Employees: _____
- Addition/Accessory/Other: (Size 32 x 35) Use: Fin Bonus Room 3Bdr - 4 Bdr 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 30' SEWER EASEMENT

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

Required Residential Property Line Setbacks:

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

Comments: Fin Up Stairs No permits Pulled, Double Permit Fees, 4
1 9100 Exist Tank Eng 3bdr to 4 Bdr
space AP, Double Permit Fee + Engg

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NORTH ON 210 TURN LEFT ON
SS NORTH FIRST LEFT ON WEST WILLIAMS ST. & 1.5 MILES TURN
LEFT ON CREEKSIDE DRIVE 2ND HOUSE ON LEFT SEPTIC TANK
IS ON RIGHT SIDE OF HOUSE IF YOU ARE FACING IT THROUGH GATE
& BY A/C UNIT SEPTIC FIELD IS IN FRONT YARD AND HORSE
PASTURE

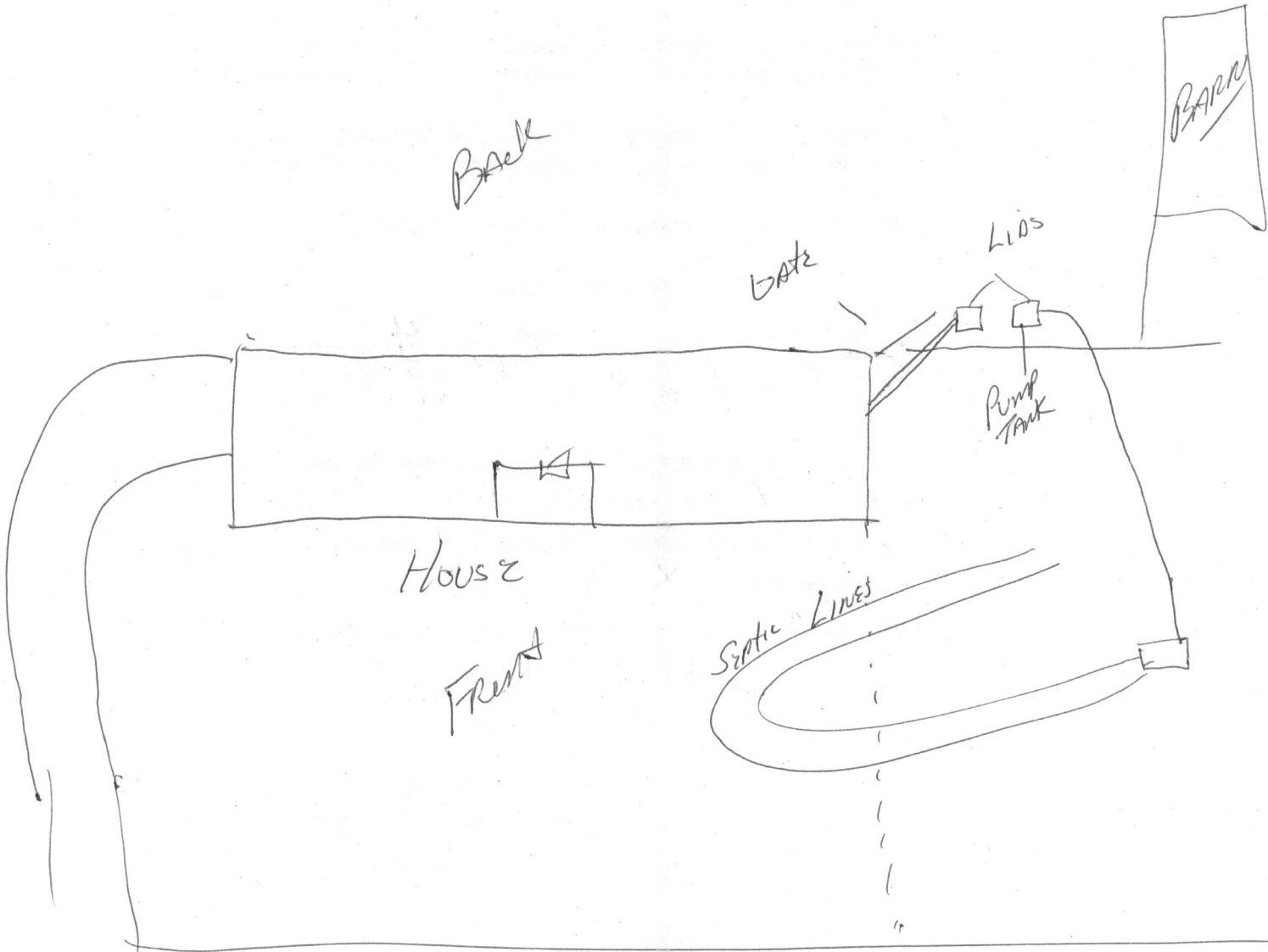
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

11-17-2013
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



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 or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owner s Name Michael Kesick Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

Owner
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No

Electrical Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

Owner
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

Owner
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor s Company Name _____

Telephone _____

Address _____

Email Address _____

Owner
License # _____

Insulation Contractor Information

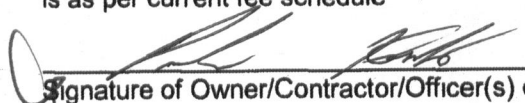
Owner
Insulation Contractor s Company Name & Address _____

Telephone _____

***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

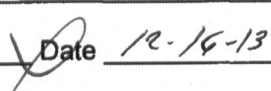
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

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 12-16-13

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 13-50032514 Date 12/23/13
Property Address 205 CREEKSIDE DR
PARCEL NUMBER 04-0664- - -0005- -03-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name CREEK SIDE FARMS
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

KESICK MICHAEL J & LORI ANN OWNER
1201 CREEKSIDE DRIVE
ANGIER NC 27501
(919) 639-0521

Applicant

KESICK MICHAEL J

--- Structure Information 000 000 32X35 FIN BON ROOM CHG # BDR FROM 3-4
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . .
Phone Access Code . 1012350
Issue Date 12/23/13 Valuation 0
Expiration Date . . 12/23/14

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc . .
Phone Access Code . 1012368
Issue Date 12/23/13 Valuation 0
Expiration Date . . 12/23/14

Permit RESIDENTIAL INSULATION PERMIT
Additional desc . .
Phone Access Code . 1012376
Issue Date 12/23/13 Valuation 0
Expiration Date . . 12/23/14

Permit LAND USE PERMIT
Additional desc . .
Phone Access Code . 1012392

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Application Number	13-50032514	Page	2
Issue Date	12/23/13	Date	12/23/13
Expiration Date	6/21/14	Valuation	0

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1012400		
Issue Date	12/23/13	Valuation	0
Expiration Date	12/23/14		

Permit	NOTIFICATION PERMIT		
Additional desc			
Phone Access Code	1009638		
Issue Date	11/21/13	Valuation	0

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1012418		
Issue Date	12/23/13	Valuation	0
Expiration Date	12/23/14		

Special Notes and Comments

T/S: 11/21/2013 09:57 AM VBROWN ----
205 CREEK SIDE DRIVE ANGIER 27501.
401N RIGHT ON CHALYBEATE SPRINGS RD.
TAKE THIS ROUTE BECAUSE OF THE BRIDGE
CONSTRUCTION IT IS ON THIS SIDE OF
CROSS LINK SUB DIV. GO PAST CROSS LINK
SUB DIV 500 FT TOWARDS BRIDGE
CONSTRUCTION CREEK SIDE DRIVE ON RIGHT
PAST CROSS LINK SUB DIV.

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PARCEL NUMBER	04-0664- - -0005- -03-		
Application description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	CREEK SIDE FARMS		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	TI	0/00/00
Permit type RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
Permit type NOTIFICATION PERMIT					
999	800	H800	ENVIR. HLTH. CONFIRMATION	JM	AP 12/17/13
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	___/___/___
999	806	P806	PLANNING REVIEW	_____	___/___/___
999	802	B802	BLDG PLAN REVIEW	_____	___/___/___
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	___/___/___