

Initial Application Date: 12-9-13

Application # 1350032598

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: Frederick & Ekaterina Reier Mailing Address: 105 Cameron Pines Drive
City: Sanford State: NC Zip: 27332 Contact No: 910-985-3136 Email: kittiastra@gmail.com

APPLICANT*: Alpha Custom Exteriors, LLC Mailing Address: 7265 Hunt Valley Trl.
City: Wendell State: NC Zip: 27591 Contact No: 919-616-5529 Email: tim@alphacustomexteriors.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Lisa Staley Tim Staley Phone # 919-366-6444/919-218-4400
919-616-5529

PROPERTY LOCATION: Subdivision: Cameron Pines Lot #: 3 Lot Size: X .35 acre
State Road # 105 State Road Name: Cameron Pines Drive Map Book & Page: 2007, 1002
Parcel: 039586 0024 41 PIN: 9587 53 8481.000
Zoning: RA20R Flood Zone: X Watershed: NA Deed Book & Page: 3163, 584 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 7 x 12) Use: deck + Pergola 12'x 21'ft. 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: text Manufactured Homes: _____ Other (specify): proposed Deck addition

Required Residential Property Line Setbacks:

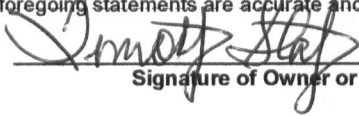
	Minimum	Actual
Front	<u>35</u>	<u>-</u>
Rear	<u>25</u>	<u>35</u>
Closest Side	<u>10</u>	<u>52</u>
Sidestreet/corner lot	<u>20</u>	<u>-</u>
Nearest Building on same lot	<u>6</u>	<u>-</u>

Comments:
No Fee EH pre Bryan M.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

1. Start out going east on W Front St/US-421 toward S Main St/US-401/NC-27/NC-210. 0.04 mi
2. Take the 1st right onto S Main St/US-401/NC-27/NC-210. 3. Turn right onto W Old Rd/NC-27 W/NC-27.
- Continue to follow NC-27 W/NC-27.NC 4. Turn left onto Buffalo Lake Rd. Buffalo Lake Rd is 0.3 miles
5. Take the 1st left onto Cameron Pines Dr. 6. 105 CAMERON PINES DR is on the left

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.



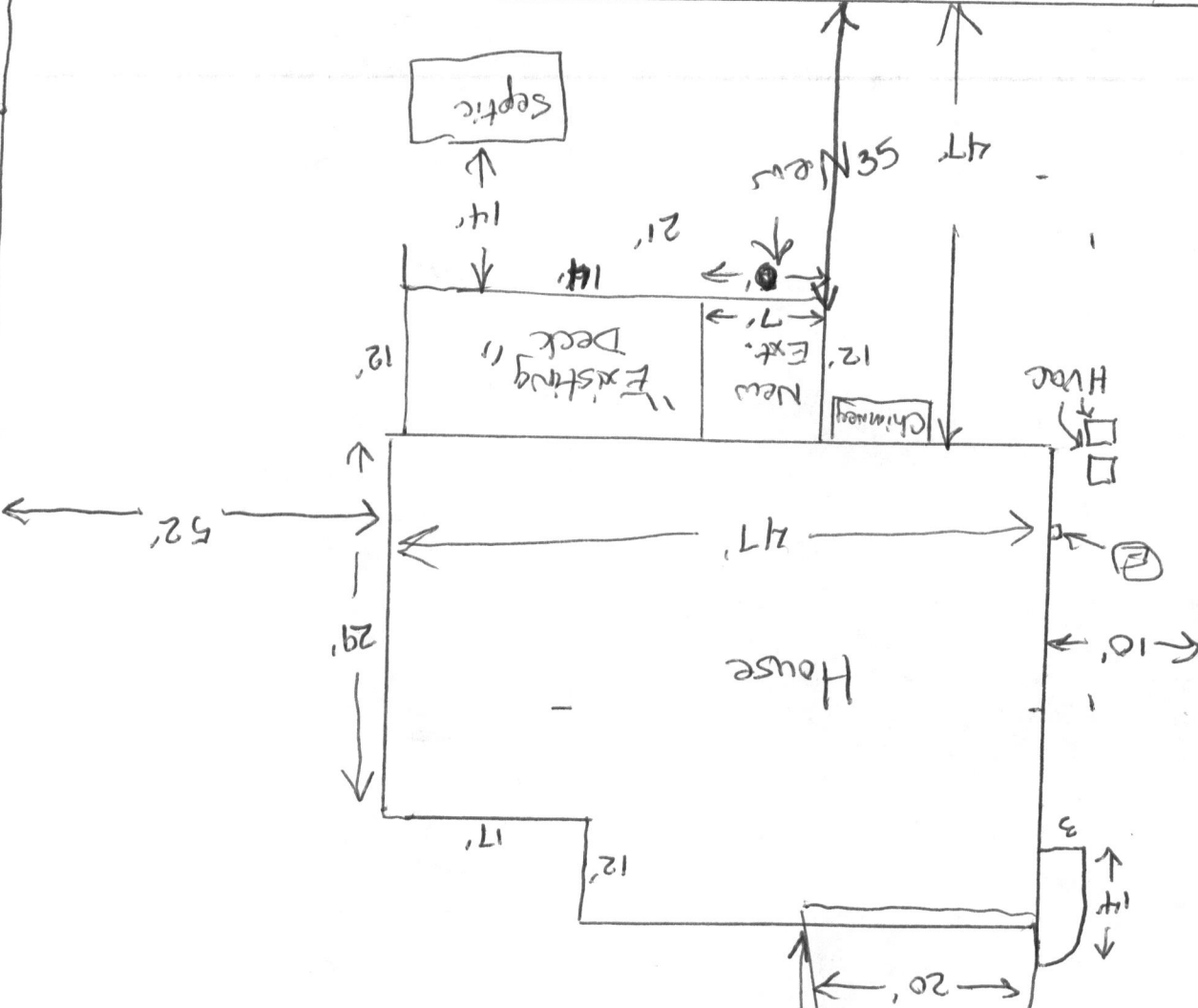
Signature of Owner or Owner's Agent

12-9-13

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 Deck Addition
 DISTRICT RA20R USE w/ Pergola

#BEDROOMS _____
 12-9-13 _____
 Date Zoning Administrator

105
 Lot 3#
 Cameron Pines Dr.
 Sanford

Street

Property

Alpha Custom Exteriors
 919-304-4444 office



Zoning Overlay Results

HARNETT GIS

Zoom in Zoom out Pan



Map Scale = One Inch = 31 feet

Owner Information:

PID	039586 0024 41
NAME	REIER FREDERICK J
ADDRESS	No Data
CITYST	SANFORD, NC 27332
ACRES	0.35

Zoning Overlay Results

ID	Zoning	Acres
459	RA-20R	0.35

Download Results:

[ZoningPolygon_039586_0024_41.zip](#)

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 Frederick + Ekaterina Reier Date _____
Site Address 105 Cameron Pines Drive Sanford NC Phone 910-985-3136
Directions to job site from Lillington 1. East on W. Front St/US-421 Toward Main St/US-401
NC 27/NC-210. 2. First Right S. Main St/US-401/NC-27/NC-210.
3. Right onto W. Old Rd/NC27 W/NC27. 4. Left on Buttolodake Rd. 5. 1st Left
Cameron Pines
Subdivision Cameron Pines Lot 3
Description of Proposed Work Extend Deck w/ Pergola # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Alpha Custom Exteriors, LLC 919-366-6444
Building Contractor's Company Name Telephone
7265 Hunt Valley Trl. Wendell NC 27591 Tim@AlphaCustomExteriors.com
Address Email Address
72276
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

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

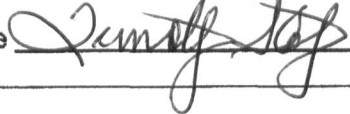
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Alpha Custom Exteriors, LLC

Sign w/Title  Date 12-9-13

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	13-50032598	Page	2
Property Address	105 CAMERON PINES DR	Date	1/06/14
PARCEL NUMBER	03-9586- - -0024- -41-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	CAMERON PINES 19 LOTS		
Property Zoning	RES/AGRI DIST - RA-20R		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

Plan Box # File

Date 12-9-13

Job Name Alpha Custom

App # 32598

Valuation 880

SQ Feet 88

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____

Envir. Health _____

Other _____

.....
Additions / Other

Footing

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final

PREPARED 1/27/14, 14:03:19
Harnett County

INSPECTION TICKET
INSPECTOR: IVR

PAGE 40
DATE 1/28/14

ADDRESS . . : 105 CAMERON PINES DR SUBDIV: CAMERON PINES 19 LOTS
CONTRACTOR : ALPHA CUSTOM EXTERIORS, LLC PHONE : (919) 616-5529
OWNER . . : REIER FREDERICK & EKATERINA PHONE :
PARCEL . . : 03-9586- - -0024- -41-
APPL NUMBER: 13-50032598 CP ADD & ALTER RESIDENTIAL
DIRECTIONS : T/S: 12/09/2013 02:01 PM JBROCK -----
CAMERON PINES OFF OF BUFFALO LAKE RD
ADDRESS IS 105 CAMERON PINES DR

STRUCTURE: 000 000 7X12 DECK ADDITION W/ PERGOLA
FLOOD ZONE : FLOOD ZONE X
SEPTIC - EXISTING? : EXT TNAK WATER SUPPLY : COUNTY

PERMIT: CPBP 00 CP BUILDING PERMIT

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	1/07/14	MR	R*BLDG FOOTING / TEMP SVC POLE TIME: 17:00 VRU #: 002482081
	1/07/14	AP	T/S: 01/06/2014 12:22 PM VBROWN ----- T/S: 01/07/2014 01:55 PM MREARIC -----
R125 01	1/21/14	FS	ONE TRADE ROUGH IN VRU #: 002485545
	1/23/14	AP	T/S: 01/23/2014 03:06 PM FSPIVEY -----
R131 01	1/28/14	TI	ONE TRADE FINAL TIME: 17:00 VRU #: 002488658
	<u>1/28/14</u>	<u>AP Dt</u>	T/S: 01/27/2014 11:43 AM VBROWN -----

----- COMMENTS AND NOTES -----