

Initial Application Date: 1-16-14

Application # 1450032774
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: Scott + Cindy Johnson Mailing Address: 1091 Johnson Farm Rd.

City: Lillington State: N.C. Zip: 27546 Contact No: 919-818-6332 Email: _____

APPLICANT*: Jeff Pipe Mailing Address: 2568 Old Buys Creek Rd

City: Angier State: NC Zip: 27501 Contact No: 910-814-7475 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jeff Pipe Phone # 910-814-7475

PROPERTY LOCATION: Subdivision: Caswell Johnson Lot #: 2 Lot Size: 2 AC

State Road # 1519 State Road Name: Johnson Farm Road Map Book & Page: GIS

Parcel: 11 0670 0308 01 PIN: 0670-07-1786-000

Zoning: RAB Flood Zone: X Watershed: N Deed Book & Page: 1745, 9 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) Monolithic

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 10' x 20' = 200 ft² Hectd) Use: Carport 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: 1 ext Manufactured Homes: _____ Other (specify): 1 ext Barn

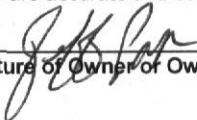
Required Residential Property Line Setbacks:

Front	Minimum	Actual
		<u>37'</u>
Rear		<u>180'</u>
Closest Side		<u>122'</u>
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: proposed addition to home

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

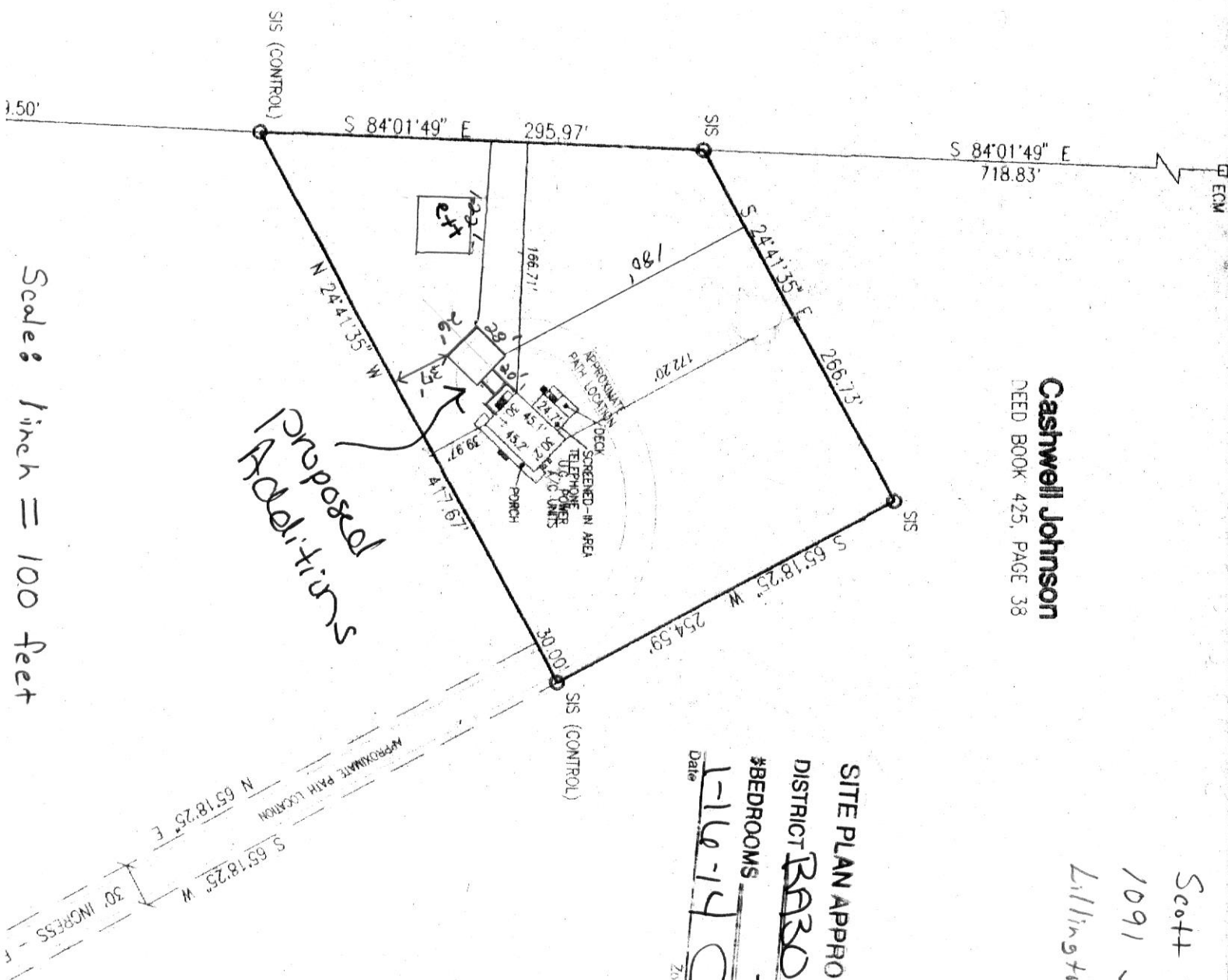
1-16-14
Date

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



John T. Johnson
and
vis D. Johnson
BOOK 575, PAGE 157



Cashwell Johnson
DEED BOOK 425, PAGE 38

Scott & Cindy Johnson
1091 Johnson Farm Rd.
Lillington, N.C. 27546

SITE PLAN APPROVAL
DISTRICT RA30 USE Additions
#BEDROOMS 1

Date 1-16-14

Zoning Administrator

Cashwell Johnson
DEED BOOK 425, PAGE 38

Scale: 1 inch = 100 feet

NAME: Johnson

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 lot. All property 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 remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- {__} Accepted {__} Innovative {__} Conventional {__} Any
 {__} Alternative {__} Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- {__} YES {__} NO Does the site contain any Jurisdictional Wetlands?
 {__} YES {__} NO Do you plan to have an irrigation system 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 property?
 {__} YES {__} NO 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 {__} NO Are there any Easements or Right of Ways on this property?
 {__} YES {__} NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-16-14
DATE

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 14-50032774 Date 3/12/14
 Property Address 1091 JOHNSON FARM RD
 PARCEL NUMBER 11-0670- - -0308- -01-
 Application type description CP ADD & ALTER RESIDENTIAL
 Subdivision Name
 Property Zoning CONSERVATION DISTRICT

Owner

Contractor

JOHNSON SCOTT C
 1091 JOHNSON FARM ROAD
 LILLINGTON NC 27546

POPE JEFFREY LYNN
 2568 OLD BUIES CREEK ROAD
 ANGIER NC 27501
 (919) 639-0220

Applicant

POPE JEFF
 2568 OLD BUIES CREEK RD
 ANGIER NC 27501
 (910) 814-7475

--- Structure Information 000 000 10X20 ADDITION & 26X28 CARPORT ADD
 Flood Zone FLOOD ZONE X
 Other struct info SEPTIC - EXISTING? EXT TANK
 WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
 Additional desc . . .
 Phone Access Code . 1022631
 Issue Date 3/12/14 Valuation 0
 Expiration Date . . 3/12/15

Permit RESIDENTIAL ELECTRICAL PERMIT
 Additional desc . . .
 Phone Access Code . 1023142
 Issue Date 3/12/14 Valuation 0
 Expiration Date . . 3/12/15

Permit RESIDENTIAL INSULATION PERMIT
 Additional desc . . .
 Phone Access Code . 1023159
 Issue Date 3/12/14 Valuation 0
 Expiration Date . . 3/12/15

Permit LAND USE PERMIT
 Additional desc . . .
 Phone Access Code . 1023167
 Issue Date 3/12/14 Valuation 0

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	14-50032774	Page	2
Expiration Date	9/08/14	Date	3/12/14

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1023175		
Issue Date	3/12/14	Valuation	0
Expiration Date	3/12/15		

Special Notes and Comments

T/S: 01/16/2014 09:41 AM JBROCK ----
1091 JOHNSON FARM RD

	Page	3
Application Number	14-50032774	Date 3/12/14
Property Address	1091 JOHNSON FARM RD	
PARCEL NUMBER	11-0670- - -0308- -01-	
Application description . . .	CP ADD & ALTER RESIDENTIAL	
Subdivision Name		
Property Zoning	CONSERVATION DISTRICT	

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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___

09/09/11

Application #

32774

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 Scott & Cindy Johnson Date 3-12-14

Site Address _____ Phone _____

Directions to job site from Lillington Hwy 421 towards Buies Creek
LT. on Johnson Farm Rd. 1/2 mile on LT.

Subdivision _____ Lot _____

Description of Proposed Work Garage / Laundry # of Bedrooms _____

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

General Contractor Information

Jeffrey L. Pope 910-814-7475

Building Contractor's Company Name _____ Telephone _____

2568 Old Buies Crk Rd. Angier N.C. _____

Address _____ Email Address _____

41084

License # _____

Electrical Contractor Information

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

RPB Electric 919-524-5694

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

28839-L

License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Straight Flush Plumbing 919-422-8044

Plumbing Contractor's Company Name _____ Telephone _____

978 Mitchell Rd. Lillington N.C. _____

Address _____ Email Address _____

23655

License # _____

Insulation Contractor Information

Insulating Inc. _____

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

Jeffrey L. Pope
Signature of Owner/Contractor/Officer(s) of Corporation

3-12-14
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 Jeffrey L. Pope

Sign w/Title Jeffrey L. Pope Date 3-12-14

Plan Box # A5

Date 3.10.14

Job Name Jeff Pohl

App # 1450032774

Valuation 37800

Heated SQ Feet 195

Garage 838

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 WHS Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

195 26487
12669

728
110