



Application # 14500343108

Initial Application Date: ~~7-29-14~~
8-28-14

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: DOUG CLINE Mailing Address: 779 LAFAYETTE RD.
City: FURQUAY VARINA State: NC Zip: 27526 Contact No: _____ Email: _____

APPLICANT: DAVID DOZIER Mailing Address: 1508 MYCENTRE PL.
City: FURQUAY VARINA State: NC Zip: 27526 Contact No: 919 946 3662 Email: dozier@nc.rr.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: DAVID DOZIER Phone # 919 946-3662

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 1.81 AC
State Road # 779 State Road Name LAFAYETTE RD. Map Book & Page 2014 / 71
Parcel: 080653 D103 PIN: 0653-76-7339-000
Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 349 / 72 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: 3 # Baths: 2 1/2 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 18.43 x 11.92) Use: Master BATH: walk in closet Closets in addition? () yes () no
15.50 x 30.30 ent porch to be covered: screened

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

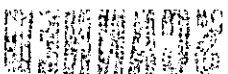
Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: leaf Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum _____	Actual <u>104.00</u>	_____
Rear	_____	<u>118+</u>	_____
Closest Side	_____	<u>43.8+</u>	_____
Sidestreet/corner lot	_____	_____	_____
Nearest Building on same lot	_____	_____	_____

Comments: 8-28-14 Per EHA Do Away with Pool



SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 N TOWARDS FURWAY
TR ON LAFAYETTE RD, HOUSE 1 MILE ON
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.

[Handwritten Signature]
Signature of Owner or Owner's Agent

7/29/14
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

[Faint handwritten notes at the bottom of the page]

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	14-50034310	Page	2
Issue Date	9/03/14	Date	9/03/14
Expiration Date	3/02/15	Valuation	0

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1052802		
Issue Date	9/03/14	Valuation	0
Expiration Date	9/03/15		

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1052810		
Issue Date	9/03/14	Valuation	0
Expiration Date	9/03/15		

Special Notes and Comments
T/S: 07/29/2014 04:16 PM JBROCK ----
779 LAFAYETTE RD

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Application Number	14-50034310	Page	3
Property Address	779 LAFAYETTE RD	Date	9/03/14
PARCEL NUMBER	08-0653- - -0103- - -		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	WOODROW W NEAL & RUBY B NEAL		
Property Zoning	RES/AGRI DIST - RA-30		

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	105	B105	R*OPEN FLOOR	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
999	429	R429	FOUR TRADE FINAL	_____	__/__/__
999	425	R425	FOUR TRADE ROUGH IN	_____	__/__/__
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 ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	__/__/__
999	217	E217	R*ELEC RECONNECT	_____	__/__/__
999	205	E205	R*ELEC UNDER SLAB	_____	__/__/__
999	215	E215	R*ELEC. UND. POOL	_____	__/__/__
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
Permit type RESIDENTIAL INSULATION PERMIT					
999	185	I185	C*INSULATION INSPECTION	_____	__/__/__
999	129	I129	R*INSULATION INSPECTION	_____	__/__/__
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__

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Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__
			Permit type RESIDENTIAL MECHANICAL PERMIT		
999	409	M409	R*GAS PIPING	_____	__/__/__
999	407	M407	R*MECH ABOVE CEILING	_____	__/__/__
999	405	M405	R*MECHANICAL UNDERGROUND	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
			Permit type RESIDENTIAL PLUMBING PERMIT		
999	305	M305	R*PLUMB SEWER CONNECTION	_____	__/__/__
999	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
999	309	P309	R*PLUMB UNDER SLAB	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__
999	315	P315	R*PLUMB HW HEATER	_____	__/__/__

14 50034310+11

Harnett County Central Permitting
PO Box 85 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 DENISE BARBOUR Date 9/3/14
Site Address 779 LAFAYETTE RD Phone _____
Directions to job site from Lillington 401 N TOWARDS F.V., TR ON LAFAYETTE RD. 1 1/2 MILE ON LEFT
Subdivision N/A Lot _____
Description of Proposed Work RENOVATION # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? NO Crawl Space Y Slab N

General Contractor Information

NC Custom Homes Telephone 919 946-3662
Building Contractor's Company Name _____
1508 WYLER PL. F.V. Email Address adzier@nc.vv.com
Address 6623 127526
License # _____

Electrical Contractor Information

Description of Work REWORK Service Size 200 Amps T-Pole Yes No
GANDY MICH Telephone 919-971-7446
Electrical Contractor's Company Name _____
130 JAN ST, ANGLEA Email Address _____
Address 8986
License # _____

Mechanical/HVAC Contractor Information

Description of Work NEW HVAC
CAROLINA COMFORT AIR Telephone 919 329 2944
Mechanical Contractor's Company Name _____
Address _____ Email Address _____
License # 31589

Plumbing Contractor Information

Description of Work REPLUMB BATH # Baths 2 1/2
WALTER PLUMBING Telephone (910) 890-2299
Plumbing Contractor's Company Name _____
PO Box 494, MAMERS Email Address _____
Address 31589
License # _____

Insulation Contractor Information

INSULATION INC Telephone (919) 772-9000
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

9/3/14

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 _____

Sign w/Title _____

Date 9/3/14

Addition

Plan Box # C6

Date 7-29-14

Job Name Drier

App # 34310

Valuation 50757

Heated SQ Feet 219

Garage 562

= 781

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 _____

Application # 1450034310

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structure: DOUG CLINE ~~DEWISE BARBANA~~ Phone: 919-673-5630

Owner (s) Mailing Address: _____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 779 LAFAYETTE Rd. LUDWIG

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done _____

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington: _____

Subdivision: _____ Lot #: _____

I DAVID DOZIER will provide the HVAC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

HVAC SPECIALISTS

Contractor's Company Name _____

Telephone _____

COKESBURY Rd., F.V.

Address _____

Email Address _____

22035

License # _____

Structure Owner / Contractor Signature: [Signature] Date: 10/20/14

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**