

Initial Application Date: 8/7/14

Application # 14-50034389

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: RONALD Lee Holmes Mailing Address: 1179 ANDERSON CREEK School Rd

City: SPRING LAKE State: NC Zip: 28390 Contact No: 910-691-1750 Email: RONLholmes@EMBARQmail.com

APPLICANT\*: Same 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: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.9 AC

State Road # 1179 State Road Name: Anderson Creek School Rd Map Book & Page: GLS /

Parcel: 010525 0111 PIN: 0525-56-3520

Zoning: RA-20R Flood Zone: X Watershed: NA Deed Book & Page: GLS / 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: \_\_\_\_\_ #Employees: \_\_\_\_\_

Addition/Accessory/Other: (Size 18' x 20') Use: BEDROOM / BATH 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 92'  
Rear 25 90'+-  
Closest Side 10 35'  
Sidestreet/corner lot \_\_\_\_\_ 300'+-  
Nearest Building on same lot \_\_\_\_\_ NA

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE Hwy 2105 TOWARD Spring Lake  
TURN RIGHT ON OVERHILLS RD  
Go To STOP sign AND MAKE A SHARP LEFT ON ANDERSON CREEK SCH. Rd  
House - 1st on Left WITH POND Beside House

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.

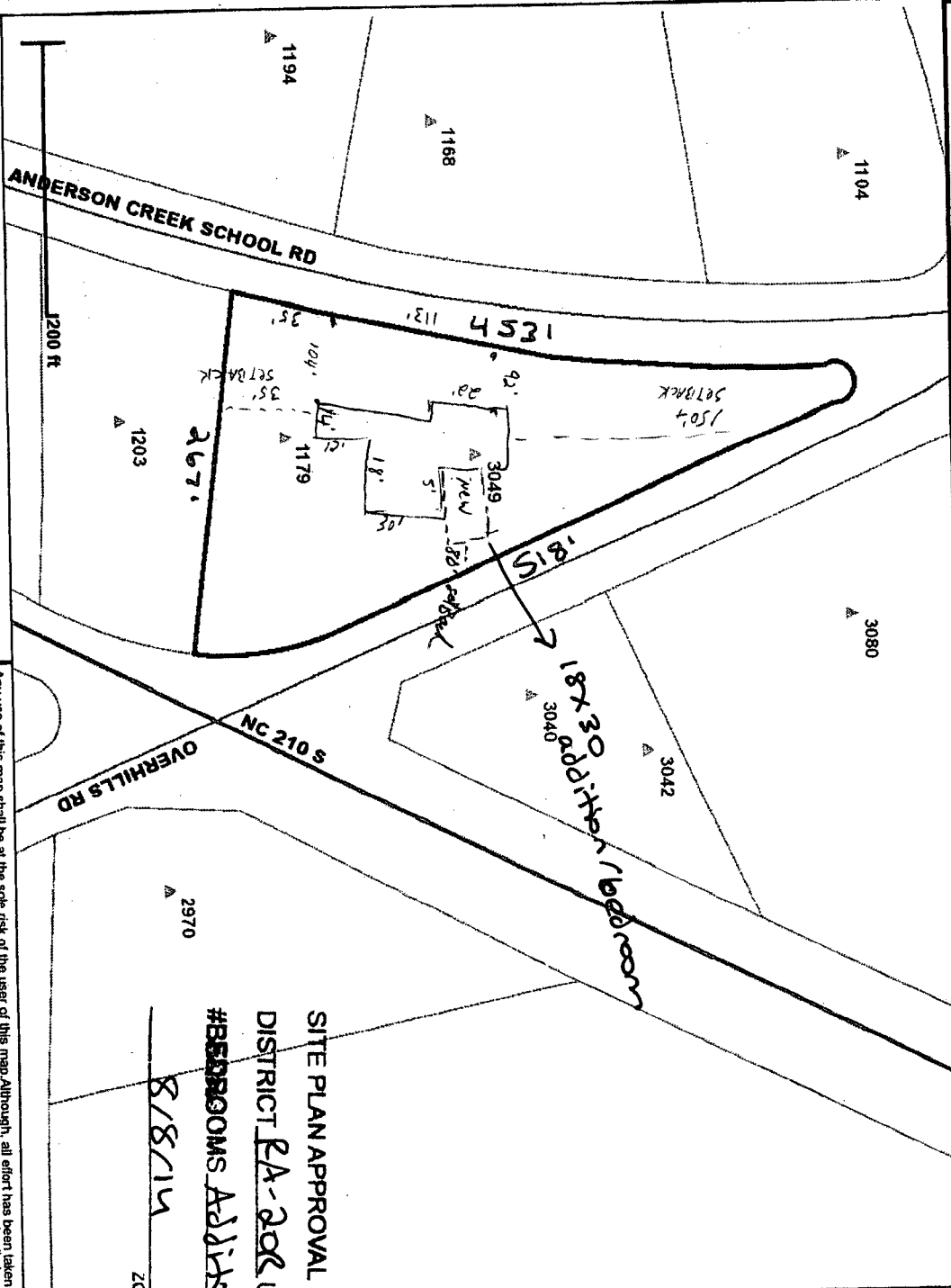
Ronald R. Huh  
Signature of Owner or Owner's Agent

8-8-14  
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\*\*

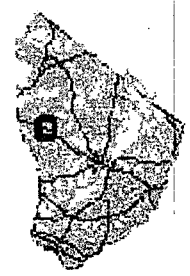
HARNETT COUNTY, NORTH CAROLINA  
GIS/LAND RECORDS



Harnett County GIS  
305 W Cornelius Harnett Blvd, Suite 100  
Lillington NC 27546  
Phone: 910-893-7523 www.harnett.org

Any use of this map shall be at the scale risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information. Harnett County, its officers, employees and agents shall hold harmless Harnett County, its officers, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

SITE PLAN APPROVAL  
DISTRICT RA-20R USE CARE  
#BEDROOMS Addition of 4th bedroom  
8/8/14  
ZONING ADMINISTRATOR



- Address Points
- Road Centerlines
- Major Roads
- Rivers
- Parcels
- County Boundary
- City Limits



NAME: Ronald Lee Holmes

APPLICATION #: 14-50034389

**\*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 # 005775

- 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.**

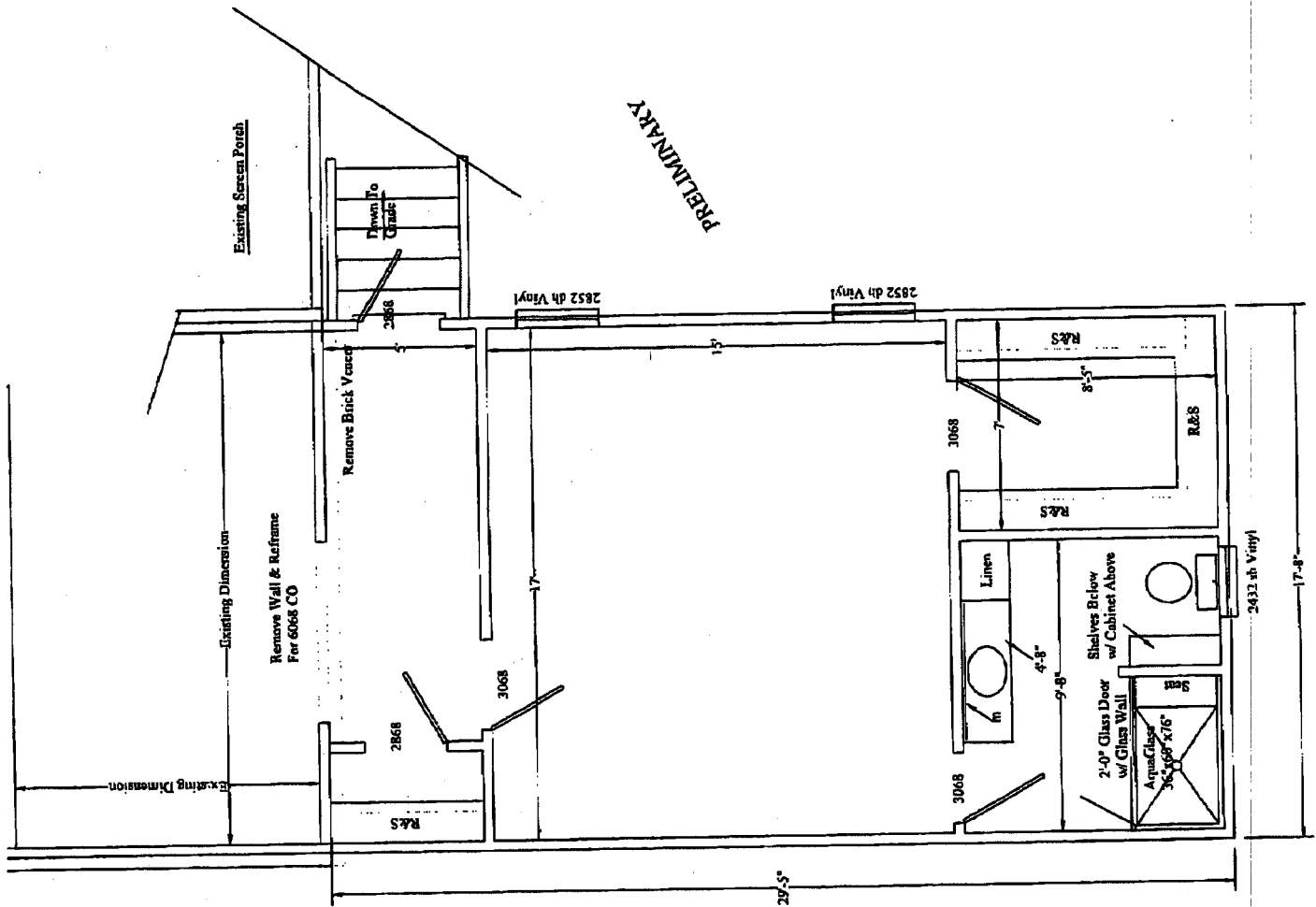
**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

Ronald L Holmes  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-7-14  
DATE

910-893-2793

TO: Harnett Co. Planning Dept  
From: Ronald Holmes  
RE: Holmes addition



09/09/11

Application #

14-50034389

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 RONALD + VIVIAN Holmes Date 10-7-14  
Site Address 1179 ANDERSON CREEK SCHOOL RD Phone 910-691-1750  
Directions to job site from Lillington SPRING LAKE NC 28380  
Went 210 S TO OVERHILLS RD, RIGHT ON OVERHILLS, 200 yds - Left ON ANDERSON CREEK SCHOOL RD, 1st House on Left  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work BEDROOM + BATH addition # of Bedrooms 1  
Heated SF 550 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Min EL Service Size \_\_\_\_\_ Amps T-Pole Yes No  
owner  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New Syst  
owner  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Bath # Baths \_\_\_\_\_  
owner  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
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

0-5



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

Ronald L Adams  
Signature of Owner/Contractor/Officer(s) of Corporation

10-8-14  
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 Ronald L Adams Date 10-8-14



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.

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Application Number . . . . . 14-50034389 Date 10/28/14  
Property Address . . . . . 1179 ANDERSON CREEK SCHOOL RD  
PARCEL NUMBER . . . . . 01-0525- - -0111- - -  
PIN . . . . . 0525-56-3520.000  
Application type description CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
HOLMES RONALD L & V OWNER  
1179 ANDERSON CREEK SCHOOL RD  
SPRING LAKE NC 28390  
(910) 893-2609

Applicant  
-----  
HOLMES RONALD

--- Structure Information 000 000 18X30 BEDROOM ADDITION  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 4.00  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY COUNTY

-----  
Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1057140  
Issue Date . . . . . 10/28/14 Valuation . . . . . 35874  
Expiration Date . . . . . 10/28/15

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1059393  
Issue Date . . . . . 10/28/14 Valuation . . . . . 0  
Expiration Date . . . . . 10/28/15

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Permit . . . . . RESIDENTIAL INSULATION PERMIT  
Additional desc . . . . . BED AND BATH ADDIT  
Phone Access Code . . . . . 1059419  
Issue Date . . . . . 10/28/14 Valuation . . . . . 0  
Expiration Date . . . . . 10/28/15

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . . BED AND BATHROOM ADDIT  
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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 . . . . .	14-50034389	Page	2
Phone Access Code . . . . .	1059427	Date	10/28/14
Issue Date . . . . .	10/28/14	Valuation . . . . .	0
Expiration Date . . . . .	4/26/15		

Permit . . . . .	RESIDENTIAL MECHANICAL PERMIT		
Additional desc . . . . .	NEW UNIT		
Phone Access Code . . . . .	1059435		
Issue Date . . . . .	10/28/14	Valuation . . . . .	0
Expiration Date . . . . .	10/28/15		

Permit . . . . .	RESIDENTIAL PLUMBING PERMIT		
Additional desc . . . . .	BATH		
Phone Access Code . . . . .	1059443		
Issue Date . . . . .	10/28/14	Valuation . . . . .	0
Expiration Date . . . . .	10/28/15		

Special Notes and Comments  
T/S: 08/08/2014 03:02 PM LSEGARS ---  
TAKE HWY 210 S TOWARDS SPRING LAKE,  
TURN RIGHT ON OVERHILLS RD, GO TO STOP  
SIGN AND MAKE A SHARP LEFT ON ANDERSON  
CREEK SCHOOL RD, HOUSE IS FIRST ON LEFT  
WITH POND, 1179 ANDERSON CREEK SCHOOL  
RD

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 . . . . .	14-50034389	Page	3
Property Address . . . . .	1179 ANDERSON CREEK SCHOOL RD	Date	10/28/14
PARCEL NUMBER . . . . .	01-0525- - -0111- - -		
PIN . . . . .	0525-56-3520.000		
Application description . . . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

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	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					

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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

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PARCEL NUMBER . . . . .	01-0525- - -0111 - -		
PIN . . . . .	0525-56-3520.000		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
	Permit type . . . . .		LAND USE PERMIT		
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	_____	__/__/__

Plan Box # DS

Date 10/9/14

Job Name Ronald Holmes

App # 14-50034389

Valuation <sup>\$</sup> 35874

Heated SQ Feet 552

Garage \_\_\_\_\_

**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 Existing tank Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_  
Foundation \_\_\_\_\_  
Slab \_\_\_\_\_  
Mono \_\_\_\_\_  
Open Floor \_\_\_\_\_  
Rough In \_\_\_\_\_  
Insulation \_\_\_\_\_  
Final \_\_\_\_\_

\* 18x30 Bedroom addition

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