

Initial Application Date: 10.3.15

Application # 1550036318

CU# \_\_\_\_\_

Central Permitting 208 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: William Morris Mailing Address: 651 Darroch Rd  
City: Lillington State: NC Zip: 27546 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Jeffery Brewer Mailing Address: 26 Plum St  
City: Lillington State: NC Zip: 27546 Contact No: 9198090636 Email: jbachilles6382@gmail.com

CONTACT NAME APPLYING IN OFFICE: Jeffery Brewer Phone # 9198090636

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 1 Lot Size: 5.32  
State Road # \_\_\_\_\_ State Road Name: Darroch Rd Map Book & Page: 915  
Parcel: 01.0536.0003.03 PIN: 0536.17.1973  
Zoning: RA20R Flood Zone: V Watershed: NA Deed Book & Page: 1195.005 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 0 x 22) Use: covered deck 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: 1 Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>180</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>10+</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>10</u>	<u>—</u>

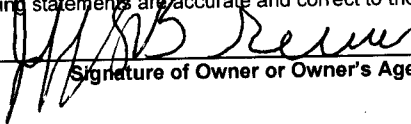
Comments: existing

REFERENCE 33343

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

HWY 210 S to Darroch Rd  
R on Darroch Rd to property on L

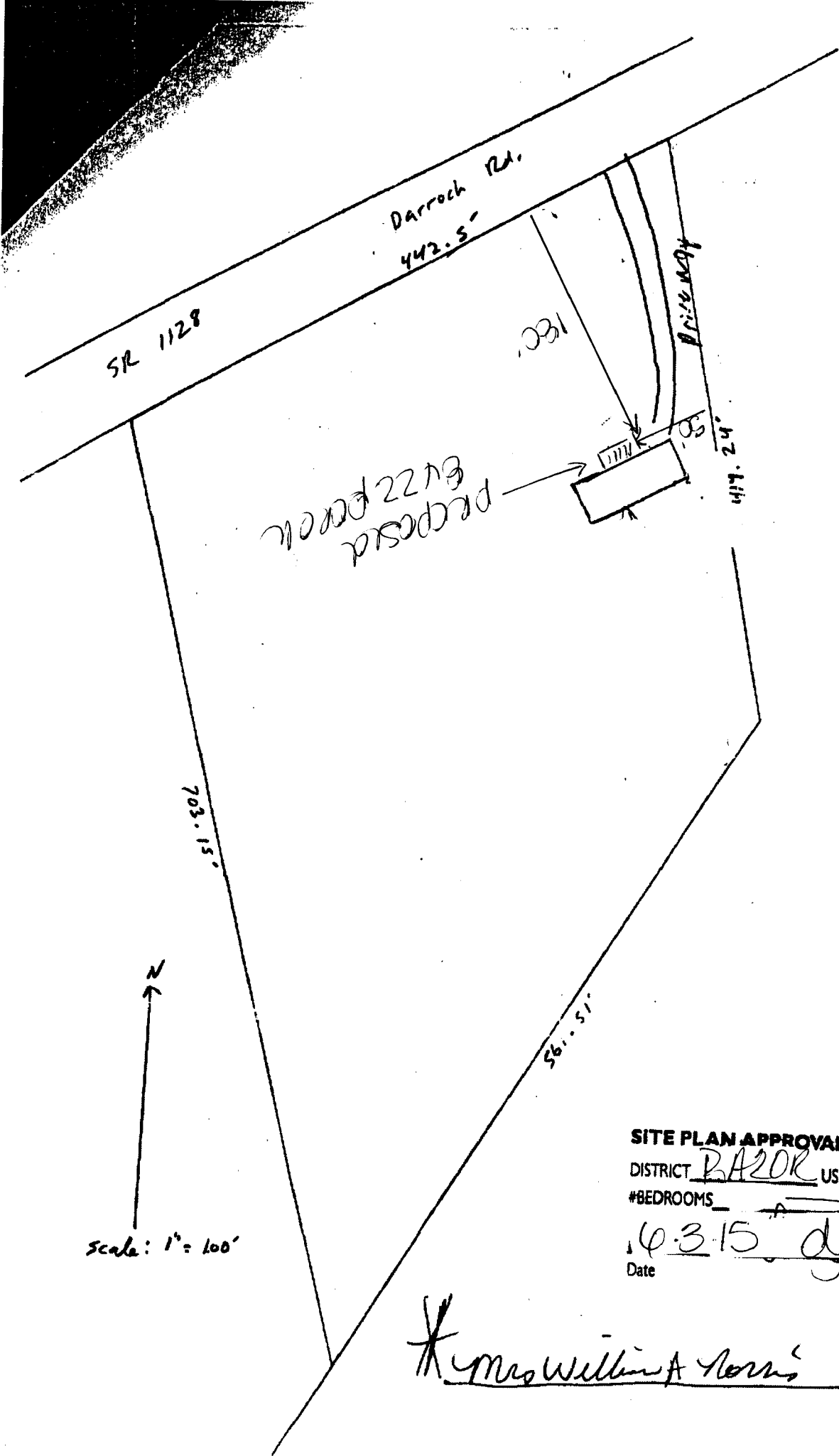
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

  
Signature of Owner or Owner's Agent

6/3/15  
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\*\*



SR 1128

Darroch Rd.  
442.5'

1031

Driveway

preposed porch  
2213 & 22 porch

703.15'

417.24'

561.51'

Scale: 1" = 100'

**SITE PLAN APPROVAL** *covered*  
 DISTRICT BAROR USE porch  
 #BEDROOMS 1  
 Date 4.3.15 *dydism*  
 Zoning Administrator

*\* Mrs. William A. Norris*

NAME: Jeffrey Brewer

APPLICATION #: 1550036318

**\*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 # 010142  
6.3.15

**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.**

Jeffrey Brewer  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/3/15  
DATE



**Harnett**  
**C O U N T Y**

NORTH CAROLINA  
strong roots • new growth

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**HARNETT COUNTY CENTRAL PERMITTING**  
**PRIVILEGE LICENSE**

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One year privilege license for projects under \$30,000. License must be renewed each year. This is not a business license. Does not cover work in Angier, Dunn, Erwin or Lillington zoning. For Building Permits Only, Not Valid For Trades.

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: Jeffery S. Brewer

Company Name: Achilles Home Improvement

Address: 26 Plum St

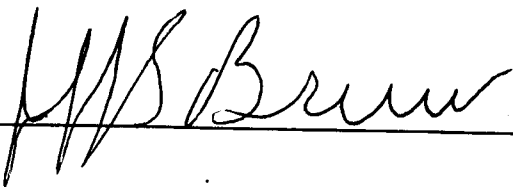
Mailing Address: Same

City, State, Zip: Lillington NC 27546

Phone Number: 919-809-0636 Fax: \_\_\_\_\_

Type of Business/Work Performed: \_\_\_\_\_

Home Improvement Contractor

Signature of Applicant: 

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 William NERRIS Date 6/11/15

Site Address 657 Darroch Rd Phone \_\_\_\_\_

Directions to job site from Lillington Take 401 S to Darroch Rd

(B) on Darroch property is down on (B)

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work Covered Deck # of Bedrooms \_\_\_\_\_

Heated SF  Unheated SF 176 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Achilles Home Improvement

919-809-0636

Building Contractor's Company Name

Telephone

26 Plum St Lillington

Jbachilles6382@gmail.com

Address N/A

Email Address

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

JJB Brewer  
Signature of Owner/Contractor/Officer(s) of Corporation

6/11/15  
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 Achilles Home Improvement

Sign w/Title JJB Brewer Owner Date 6/11/15

Plan Box # File

Date 6-17-15

Job Name William Morris

App # 15-50036318

Valuation 6512

<sup>Permit</sup>  
Heated SQ Feet 176

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 \_\_\_\_\_

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_



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 . . . . .	15-50036318	Date	6/19/15
Property Address . . . . .	651 DARROCH RD		
PARCEL NUMBER . . . . .	01-0536- - -0003- -03-		
Application type description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Owner

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NORRIS WILLIAM ALBERT & VILLA  
MAE  
RT 1 BOX 110-G  
BUNNLEVEL NC 28323

Contractor

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ACHILLES HOME IMPROVEMENTS  
26 PLUM ST  
LILLINGTON NC 27546  
(919) 809-0636

Applicant

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BREWER JEFFERY

--- Structure Information 000 000 8X22 COVERED PORCH

Flood Zone . . . . .	FLOOD ZONE X		
Other struct info . . . . .	SEPTIC - EXISTING?	EXISTING	
	WATER SUPPLY	COUNTY	

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Permit . . . . .	RESIDENTIAL BUILDING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1094770		
Issue Date . . . . .	6/19/15	Valuation . . . . .	0
Expiration Date . . . . .	6/18/16		

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Permit . . . . .	LAND USE PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1094788		
Issue Date . . . . .	6/19/15	Valuation . . . . .	0
Expiration Date . . . . .	12/16/15		

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Permit . . . . .	PRIVILEGE LICENSE		
Additional desc . . . . .			
Phone Access Code . . . . .	1094333		
Issue Date . . . . .	6/19/15	Valuation . . . . .	0
Expiration Date . . . . .	6/18/16		

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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.

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Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

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Required Inspections

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Seq	Phone Insp#	Insp Code	Description	Initials	Date
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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	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___