

Initial Application Date: 11-4-15

Application # 1550037411

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: Kate Siletzky Mailing Address: 67 Dees St.

City: Lillington State: NC Zip: 27546 Contact No: 910-890-4052 Email: _____

APPLICANT: Hamilton Builders Inc. Mailing Address: 286 Pine St East

City: Lillington State: NC Zip: 27546 Contact No: 910-890-0973 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jerry Hamilton Jr. Phone # 910-890-0973

PROPERTY LOCATION: Subdivision: Manor Hills Lot #: 2 Lot Size: 3/4 acre 052

State Road # off 421 State Road Name: Dee St. Map Book & Page: 15 / 33

Parcel: 130640 130640 0103 PIN: 0040-43-1531.000

Zoning: RA-30 Flood Zone: N/A Watershed: _____ Deed Book & Page: 932 / 83 Power Company*: Duke

*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 12 x 16) Use: Screen porch 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): _____

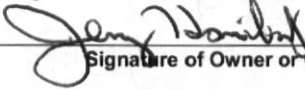
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>64</u>
Rear		<u>25</u>		<u>64</u>
Closest Side		<u>10</u>		<u>36.7</u>
Sidestreet/corner lot		<u>0</u>		<u>0</u>
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 421 approx 2 miles
to Manor Hills on Right. Turn Right go to 67 Dec St 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.



Signature of Owner or Owner's Agent

11-2-15

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

NAME: Hamilton Builders

APPLICATION #: 37411

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 # 012695-11-4-15

- 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:**

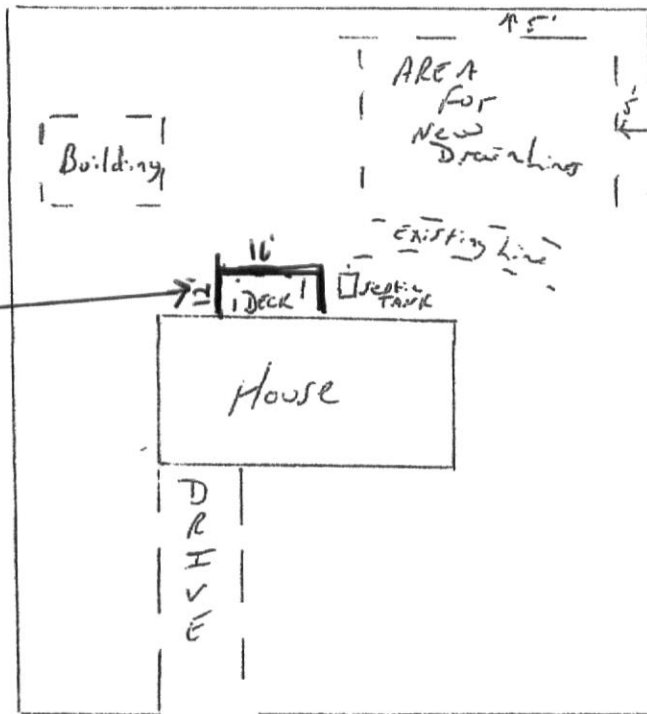
- YES NO Does the site contain any Jurisdictional Wetlands?
 - YES NO Do you plan to have an irrigation system now or in the future?
 - YES NO Does or will the building contain any drains? Please explain. _____
 - YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this 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.

Jerry Donbail Hamilton Builders
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-2-15
 DATE

Proposed screen
porch.
12'x6'



Dec St.

SITE PLAN APPROVAL
DISTRICT RA-30 USE Screened Porch
#BEDROOMS _____
11-4-15 _____
Date Zoning Administrator LB

NORTH
SCALE

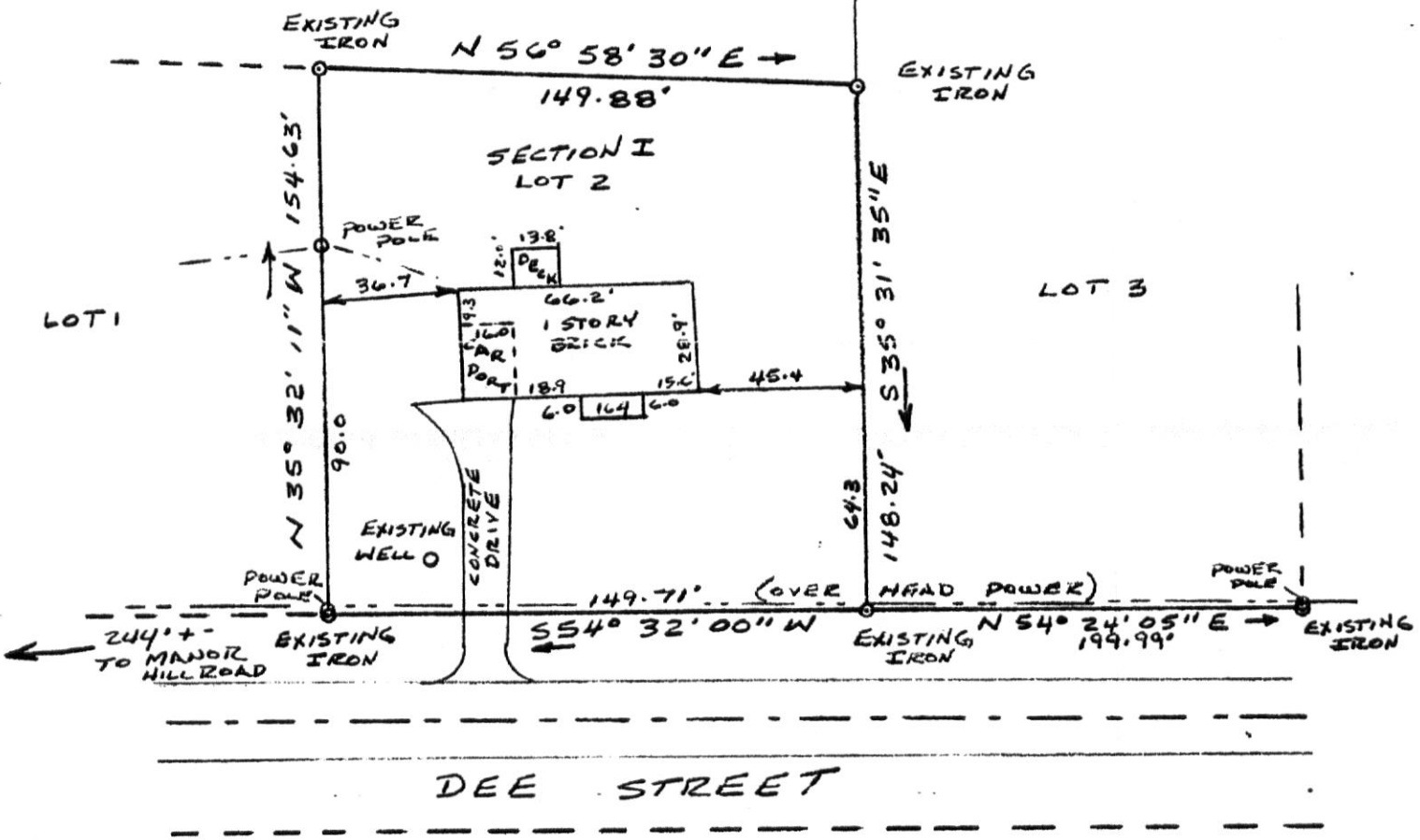
DEED REF:

BOOK 532
PG. 63

LOT 7

MAP REF:

BOOK 15
PG. 33



SURVEY AND LOCATION MAP
FOR
KATHLEENS SILETZKY
UPPER LITTLE RIVER TOWNSHIP
HARNETT COUNTY N. C.
MARCH 26, 1991

DRAWN AND SURVEYED

BY:

WILEY R. BENNETT
Box 134
WILKINSON, N.C. 27546
Wiley R. Bennett



NOTE: THIS PROPERTY
DOES NOT LIE IN
A FLOOD HAZARD AREA
AS DETERMINED BY
DEPARTMENT OF H.U.D.
Wiley R. Bennett

09/09/11

Application #

37411

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 Kate Siletzky Date 11-2-15
Site Address 67 Dec St. Phone 910-890-4052
Directions to job site from Lillington 421 West to Manor Hills T.R.
67 Dec St. down on left.

Subdivision Manor Hills Lot 2
Description of Proposed Work Screen Porch 12x16 # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Hamilton Builders Inc.
Building Contractor's Company Name
286 Pine St. East, Lillington NC
Address
65281
License #

910-890-0973
Telephone
Hamilton Builders NC at yahoo.com
Email Address

Electrical Contractor Information

Description of Work Ceiling life
Patrick Electric
Electrical Contractor's Company Name
1309 N. Main St. Lillington NC
Address
4910-4
License #

Service Size _____ Amps T-Pole _____ Yes No
910-893-5774
Telephone
Email Address

Mechanical/HVAC Contractor Information

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

Telephone _____
Email Address _____

Plumbing Contractor Information

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

Telephone _____
Email Address _____

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

Jerry Hamilton Jr. Pres.
Signature of Owner/Contractor/Officer(s) of Corporation

11-2-15
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 HAMILTON BUILDERS INC.

Sign w/Title Jerry Hamilton Jr. Pres.

Date 11-2-15

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.

Page 2
Date 12/02/15

Application Number 15-50037411
Property Address 67 DEES ST
PARCEL NUMBER 13-0640- - -0103- - -
Application description CP ADD & ALTER RESIDENTIAL
Subdivision Name MANOR HILLS
Property Zoning PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
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	_____	___/___/___