

Initial Application Date: 3-2-16

Application # 1650038130

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: Anika Thompson Mailing Address: PO Box 278
City: Spring Lake State: NC Zip: 28390 Contact No: 9102248477 Email: anika_thompson@hotmail.com

APPLICANT: same as above Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Anika Thompson Phone # 9102248477

PROPERTY LOCATION: Subdivision: Brafford Estates Lot #: 20 Lot Size: .96ac
State Road # 176 State Road Name: Travis Dr. Map Book & Page: PC# 430C
Parcel: 099565 0058 51 PIN: 9575-25-0209.000

Zoning: R400R Flood Zone: X Watershed: III Deed Book & Page: 2843, 796 Power Company*: Central EMC

*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 16.8' x 13.8') Use: 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 ex + owned Other (specify): Deck 1 proposed

Required Residential Property Line Setbacks:

Front	Minimum	Actual
		<u>87</u>
Rear		<u>25'</u>
Closest Side		<u>37</u>
Sidestreet/corner lot		
Nearest Building on same lot		

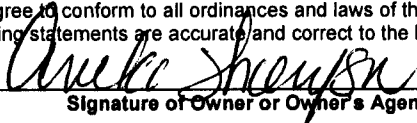
Comments: Septic is on the(front) corner back end of the house near window.
(same side as driveway)

L-shaped Deck 16x8 - 13x8

Pre G. Byrd the lid doesn't need to be dug up but does need to be marked!

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Main St in Lillington, right onto Hwy 27 towards Cameron, take to end.
Left onto Hwy 24, Right onto Brafford Estates Dr . Left onto Travis Dr. keep straight to 176.

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

3/2/16
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****

SITE PLAN APPROVAL

DISTRICT ~~R220R~~ USE Deek'

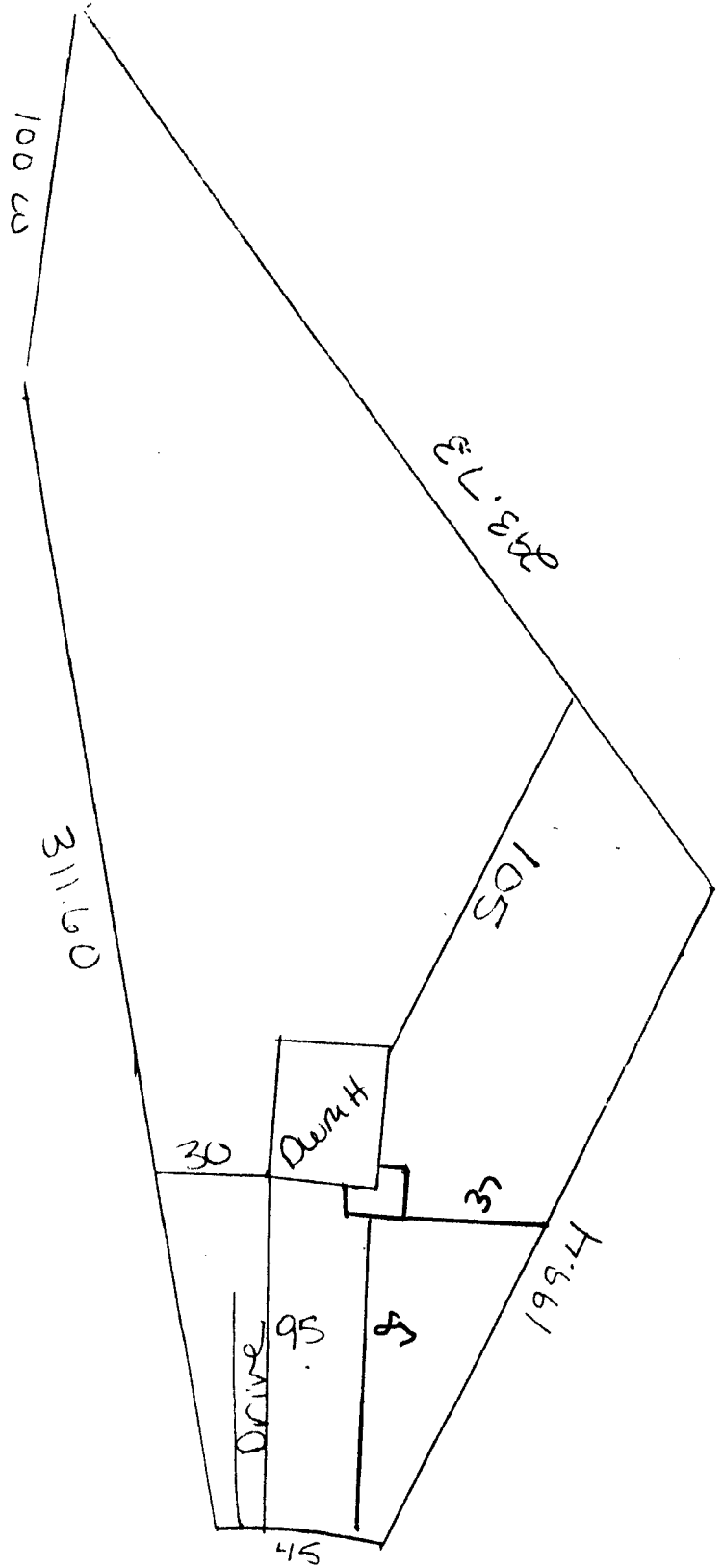
#BEDROOMS

3-2-16

Date


Zoning Administrator

Annela Kating



HTE #: 15-5-35785

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

Name: Anika Latney Thompson

Phone #: 910-224-8477

Address: P.O. Box 278 Spring Lake, NC 28390

Name of Mobile Home Park or S/D: Brafford Est. lot 20

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 24

Purpose of Inspection: replace home

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

1. the intended use of the septic system should change, and/or
2. the system should fail or malfunction, and/or
3. the owner or tenant of the property change, and/or
4. after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM


Signature of Environmental Health Specialist

4/24/2015
Date

09/09/11

Application #

Harnett County Central Permitting
PO Box 66 Lillington NC 27548
910 893 7825 Fax 910 893 2703 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 Anika Thompson Date 2-23-16
Site Address 176 Travis Dr. Cameron, NC 28526 Phone 910-334-8477
Directions to job site from Lillington Left on E Main St @ CVS, right at light onto Hwy 27, follow to end. Left onto Hwy 24 at Veterans Memorial, right onto Bradford Estates Dr. left onto Travis, straight to 176
Subdivision Bradford Estates Subdivision Lot 20 (176)

Description of Proposed Work deck # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information
Building Contractor's Company Name East Coast mfg, LLC / Wayne Johnson Telephone 843-274-8991
Address 2627 Hwy 301 North Dillon, SC 29536 Email Address _____
License # 53876

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

Wayne Johnson East Coast Mfg LLC 2/23/15
 Signature of Owner/Contractor/Officer(s) of Corporation 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 East Coast Mfg LLC

Sign w/Title Wayne Johnson, Owner / Contractor. Date 2/23/16