

Initial Application Date: 6-28-16

Application # 1050039056

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: Genny, EDWARD F. KELLY Mailing Address: 3199 NC West  
City: Coats State: NC Zip: 27521 Contact No: 678-357-4309 Email: Edk@accurategc.net

APPLICANT\*: EDWARD F. KELLY Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 27501 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Edward Kelly Phone # 678-357-4309

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.85

State Road # \_\_\_\_\_ State Road Name: 775 Maple Rd Map Book & Page: 2003, 827

Parcel: 070690 0623 02 PIN: 0692-61-2994.000

Zoning: R430 Flood Zone: X Watershed: - Deed Book & Page: 318 930 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) Monolithic
- 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 24 x 17) Use: Deck by Pool 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): 12x20 BAR

**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
Rear	_____	<u>25+</u>
Closest Side	_____	<u>40</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 EAST TO NC 55. GO NORTH THROUGH  
COATS TO MAPLE ROAD. GO RIGHT TO END  
OF MAPLE. HOUSE IS 2<sup>ND</sup> FROM LAST  
ON LEFT SIDE BEFORE CARSON GREGORY Rd.

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.

Edward Kelly  
Signature of Owner or Owner's Agent

6/28/2016  
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: \_\_\_\_\_

APPLICATION #: 39056

**\*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 # 010454-LB-6-28-14

**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?

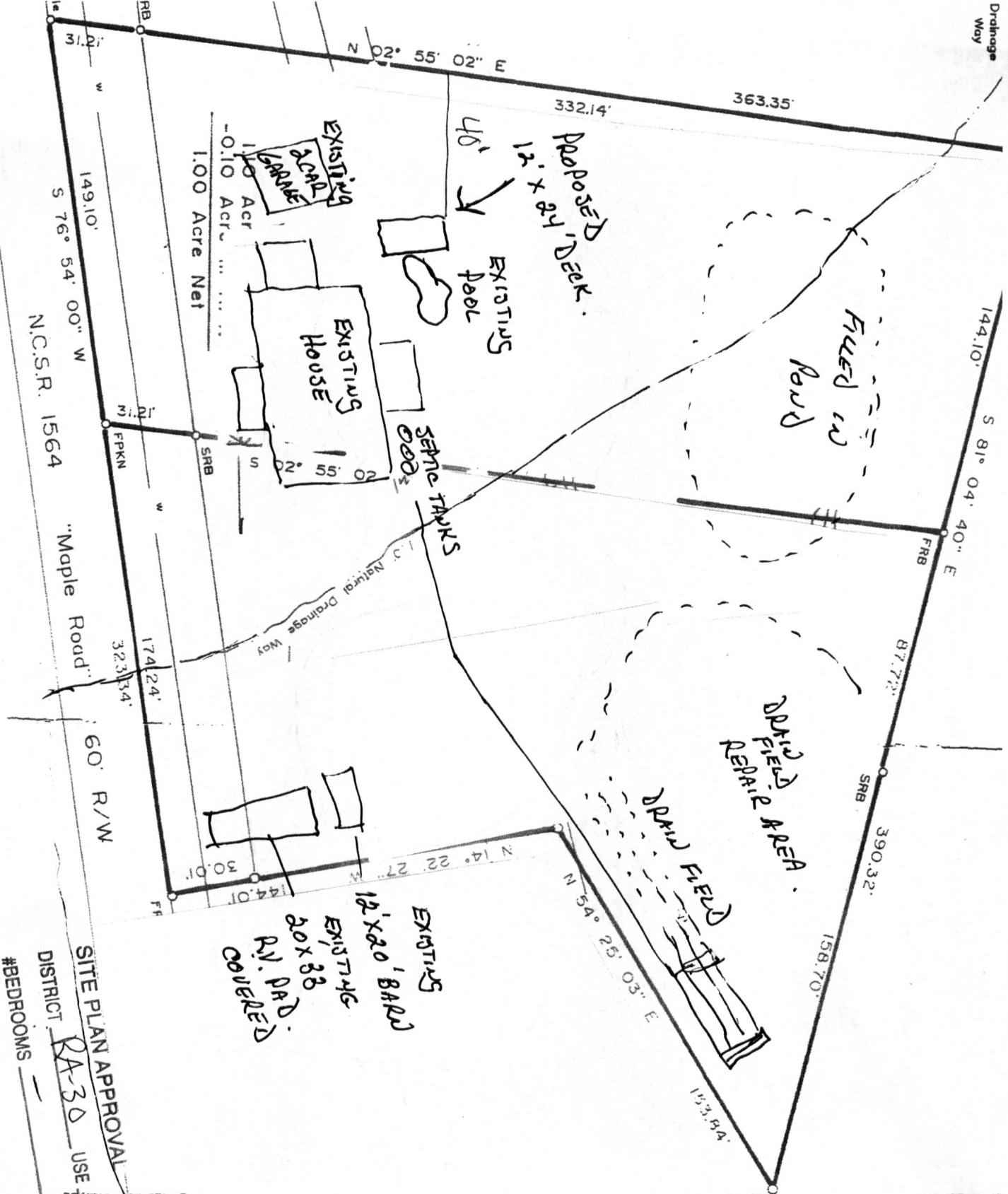
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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.**

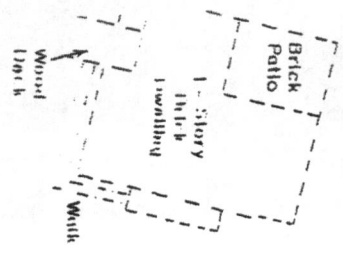
**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/28/2016  
DATE



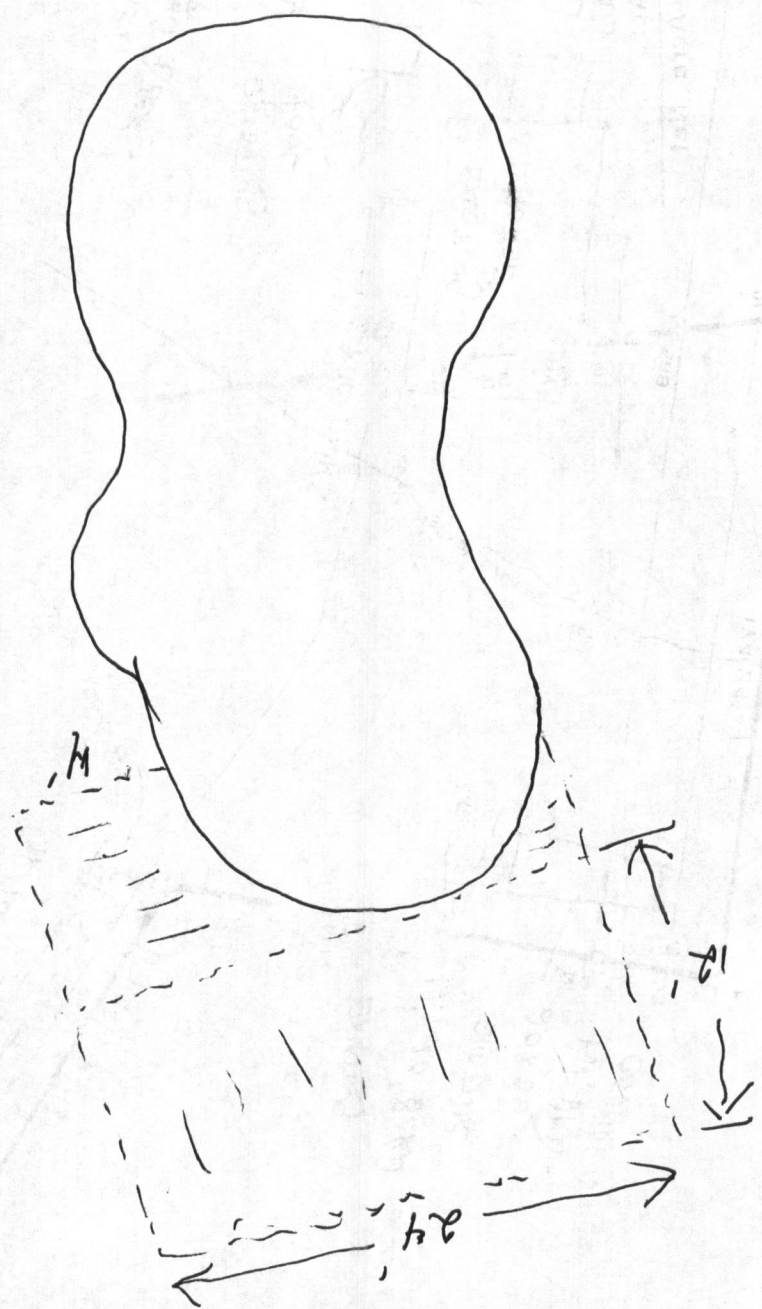
EXISTING  
12' X 20' BARN  
EXISTING  
20 X 38  
RV PAD  
COVERED



SITE PLAN APPROVAL  
DISTRICT RA-30 USE  
Deck  
#BEDROOMS —

Date 12-28-16  
Zoning Administrator





09/09/11

Application # 39054

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

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

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

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

**General Contractor Information**

Doing Work As owner  
Building Contractor s Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Edward Kelly  
Signature of Owner/Contractor/Officer(s) of Corporation

6/28/2016  
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

Edward Kelly    HOMEOWNER    Date 6/28/2016

Application Number . . . . .	16-50039056	Page	2
Property Address . . . . .	775 MAPLE RD	Date	7/11/16
PARCEL NUMBER . . . . .	07-0690- - -0623- -02-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		
Permit . . . . .	RESIDENTIAL BUILDING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1148121		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	103	B103	R*BLDG FOUND & TEMP SVC POLE		/ /
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		/ /
999	113	B113	R*BLDG WATER/DAMP PROOFING		/ /
999	217	E217	R*ELEC RECONNECT		/ /
999	209	E209	R*ELEC TEMP POWER CERT		/ /
999	207	E207	R*ELEC TEMP SERVICE POLE		/ /
999	205	E205	R*ELEC UNDER SLAB		/ /
999	213	E213	R*ELECTRICAL UNDERGROUND		/ /
999	409	M409	R*GAS PIPING		/ /
999	405	M405	R*MECHANICAL UNDERGROUND		/ /
999	105	B105	R*OPEN FLOOR		/ /
999	305	M305	R*PLUMB SEWER CONNECTION		/ /
999	309	P309	R*PLUMB UNDER SLAB		/ /
999	307	P307	R*PLUMB WATER CONNECTION		/ /
999	115	B115	R*OVERHEAD ELEC, MECH, PLB		/ /
999	820	Z820	PZ*ZONING/FINAL INSPECTION		/ /
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE		/ /
999	814	A814	ADDRESS CONFIRMATION		/ /
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		/ /
999		H828	ENVIRO. WELL PERMIT		/ /
999	104	B104	R*FOUND & SETBACK VERIF SURVEY		/ /



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 . . . . . 16-50039056 Date 7/11/16  
Property Address . . . . . 775 MAPLE RD  
PARCEL NUMBER . . . . . 07-0690- - -0623- -02-  
Application type description CP ADD & ALTER RESIDENTIAL  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner Contractor  
-----  
KELLY GENNY L & EDWARD F OWNER  
25 BAILEY DR SW  
LILBURN GA 30047

Applicant  
-----  
KELLY EDWARD  
775 MAPLE RD  
ANGIER NC 27501  
(678) 357-4309

--- Structure Information 000 000 12X24X17 DECK BY POOL  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
SEPTIC - EXISTING? EXIST  
WATER SUPPLY COUNTY

-----  
Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . 1148121  
Issue Date . . . . . 7/11/16 Valuation . . . . . 0  
Expiration Date . . 7/11/17

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Special Notes and Comments  
T/S: 06/28/2016 11:15 AM LBENNETT --  
401 EAST TO NC 55 - GO NORTH THROUGH  
COATS TO MAPLE RD- GO RIGHT TO END OF  
MAPLE - HOUSE IS 2ND FROM LAST ON LEFT  
SIDE BEFORE CARSON GREGORY

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\_\_\_\_\_  
\_\_\_\_\_