

Initial Application Date: 14 Nov 16

Application # 1650040171

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-7993 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: John Mack Thomas Mailing Address: 356 Thomas Arnold Ln
City: Lillington State: NC Zip: 27546 Contact No: 910 890 4978 Email: _____

APPLICANT*: Terrence FitzGibbon Mailing Address: 254 Thomas Arnold Lane
City: Lillington State: NC Zip: 27546 Contact No: 910 890 9985 Email: Tofitz4@CenturyLink.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Terrence FitzGibbon Phone # 910 890 9985

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: .95
State Road # 254 State Road Name: Thomas Arnold Ln Map Book & Page: 2009, 787
Parcel: 130631 0051 PIN: 0630-79 2889.000
Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 1 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: 4 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 _____ x _____) Use: 1736 sqft Deck RAP AROUND 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: existing Other (specify): _____

Required Residential Property Line Setbacks:

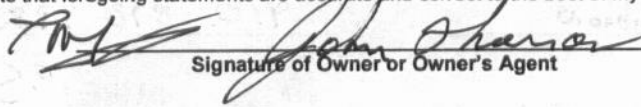
	Minimum	Actual
Front	<u>35</u>	<u>35</u>
Rear	<u>25</u>	<u>62</u>
Closest Side	<u>50ft</u>	<u>35</u>
Sidestreet/corner lot	<u>NA</u>	<u>NA</u>
Nearest Building on same lot	<u>NA</u>	<u>NA</u>

Comments: Property Lines are outside fence line but in cow pasture

confirm # 019033

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: River Rd 1/4 mile past Jim Christman Rd
Heading toward Raven Rock. Follow driveway along lake.
First & only double wide on dirt 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.



Signature of Owner or Owner's Agent

11/14/16

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

NAME: Terrence FitzGibbon

APPLICATION #: _____

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 # _____

- 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 {X} NO Does the site contain any Jurisdictional Wetlands?
- {_} YES {X} 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)

11/17/16
DATE

SITE PLAN

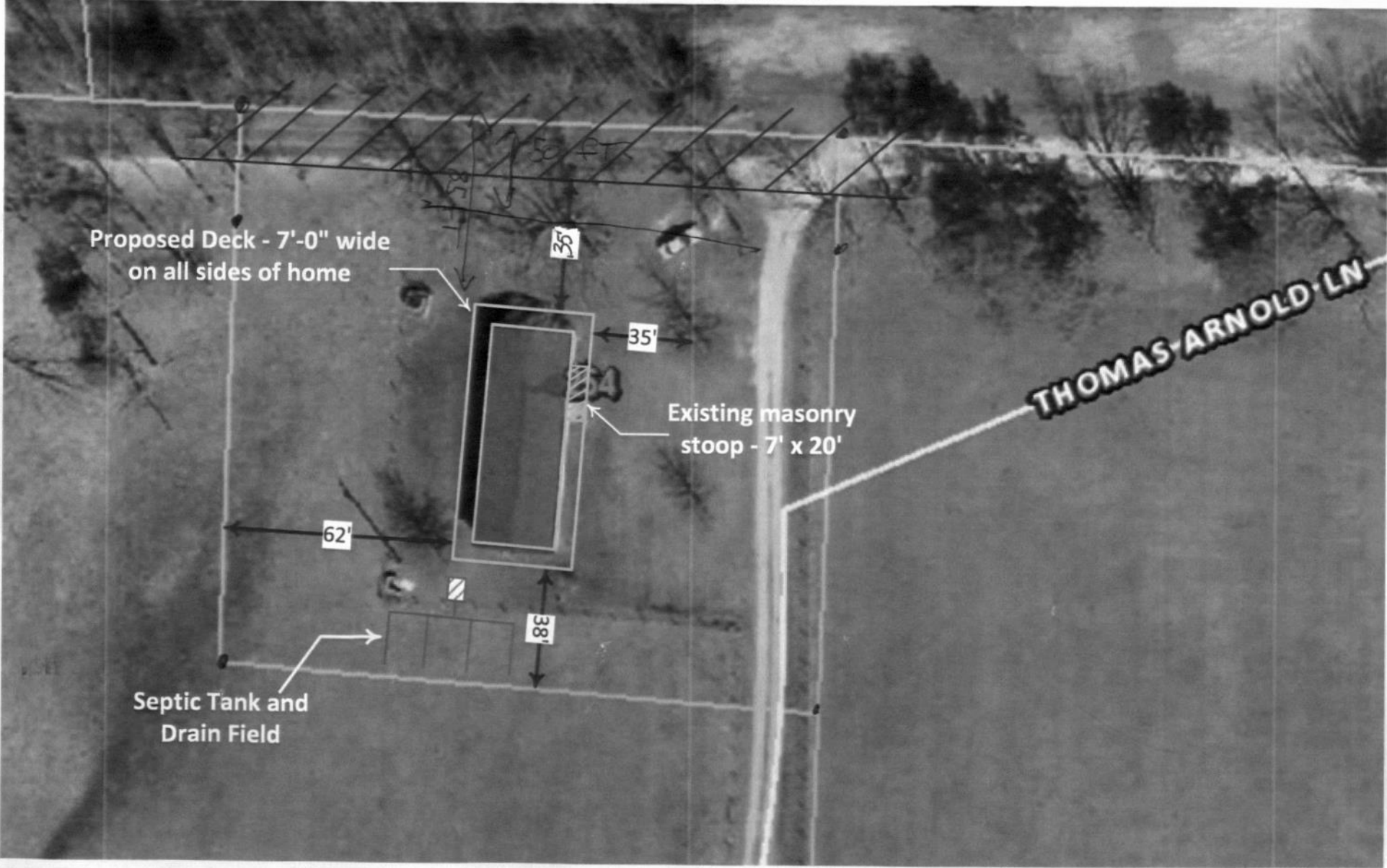
SITE PLAN APPROVAL

DISTRICT RA30 USE Deck

#BEDROOMS _____

14 Nov 16
ZONING ADMINISTRATOR

254 Thomas Arnold Lane
Lillington, NC 27546



Harnett County Central Permitting
PO Box 66 Lillington NC 27646
910 893 7625 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 Terrence Fitzgerald Date 11/14/16

Site Address 254 Thomas Arnold Lane Phone 910 890 9985

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work Building Deck # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Owner
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

[Signature] _____
 Signature of Owner/Contractor/Officer(s) of Corporation Date 11/14/16

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 Terrence A. FitzGibbon

Sign w/Title [Signature] _____ Date 11/13/2016

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 11/14/16 51 Receipt no: 148665

Year	Number	Amount
2016	50040171	
92941	TECH 4	
LILLINGTON, NC	27546	
BA	BP - ENV HEALTH FEES	\$100.00

EXISTING TANK

T A FITZGIBBON

Tender detail	
CP CREDIT CARD	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 11/14/16 Time: 13:30:34

** THANK YOU FOR YOUR PAYMENT **

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 16-50040171 Date 11/29/16
Property Address 254 THOMAS ARNOLD LN
PARCEL NUMBER 13-0631- - -0051- - -
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name
Property Zoning PENDING

Owner

Contractor

THOMAS JOHN MACK
P O BOX 554
MAMERS NC 27552
(910) 893-5270

OWNER

Applicant

FITZGIBBON TERRENCE
254 THOMAS ARNOLD LANE
LILLINGTON NC 27546
(910) 890-9985

--- Structure Information 000 000 96X28X7 WRAP AROUND DECK
Flood Zone FLOOD ZONE X
Other struct info SEPTIC - EXISTING? EXISTING
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code 1168830
Issue Date 11/29/16 Valuation 0
Expiration Date 11/29/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1168848
Issue Date 11/29/16 Valuation 0
Expiration Date 5/28/17

Special Notes and Comments

T/S: 11/14/2016 01:24 PM JFORBES ---
254 THOMAS ARNOLD LN/ 421W TO R@ JIM
CHRISTIAN RD TO L@ SOUTH RIVER RD TO
L@ THOMAS ARNOLD LN

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 11/29/16

Application Number 16-50040171
Property Address 254 THOMAS ARNOLD LN
PARCEL NUMBER 13-0631- - -0051- - -
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	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 11/29/16 52 Receipt no: 162273

Year	Number	Amount
2016	50040171	
254 THOMAS ARNOLD LN		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	
WRAP AROUND DECK		\$275.00

T A FITZGIBBON

Tender detail	
CP CREDIT CARD	\$275.00
Total tendered	\$275.00
Total payment	\$275.00

Trans date: 11/29/16 Time: 11:23:58

** THANK YOU FOR YOUR PAYMENT **