

Initial Application Date: 2-7-17

Application # 1750040706

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

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: Patrick & Lynn Weldon Mailing Address: 60 Yelverton Ct. HS NC 27540  
City: Holly Springs State: NC Zip: 27540 Contact No: 1-757-647-0106 Email: patrickweldon65@yahoo.com

APPLICANT\*: Tart Custom Homes Inc Mailing Address: 359 Truth Rd. New Hill NC 27562  
City: New Hill State: NC Zip: 27548 Contact No: 919-669-1818 Email: tartmahomes.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Marty Tart Phone # 919-669-1818

PROPERTY LOCATION: Subdivision: Taylor Point Lot #: 5 Lot Size: .371  
State Road # \_\_\_\_\_ State Road Name: 60 Yelverton Ct. Map Book & Page: 2006/300

Parcel: 05-0635-0103-05 PIN: 0635-18-5013.000

Zoning: R200M Flood Zone: N/A Watershed: \_\_\_\_\_ Deed Book & Page: 2006/300 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: \_\_\_\_\_ Monolithic 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 20 x 20) Use: Garage Attached by breezeway 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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

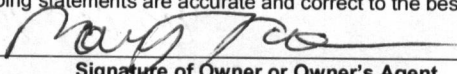
**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
		<u>37.5'</u>
Rear		<u>44'</u>
Closest Side		<u>10.8'</u>
Sidestreet/corner lot		
Nearest Building on same lot		<u>N/A</u>

Comments: Proposed detached garage w/ breezeway  
**\* NO ORANGE CARD TO GIVE TO CUSTOMER \***

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 South Left on  
Christian Light Rd. Left on Cokesbury  
Left on Wade Stephenson. Right on Truelove.  
Left on Belverton

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

2-3-16  
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: \_\_\_\_\_

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     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?

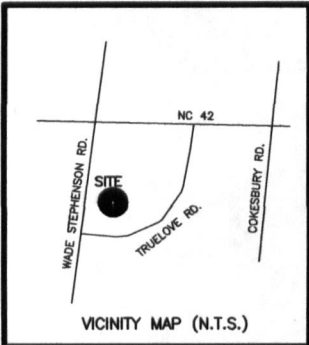
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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)

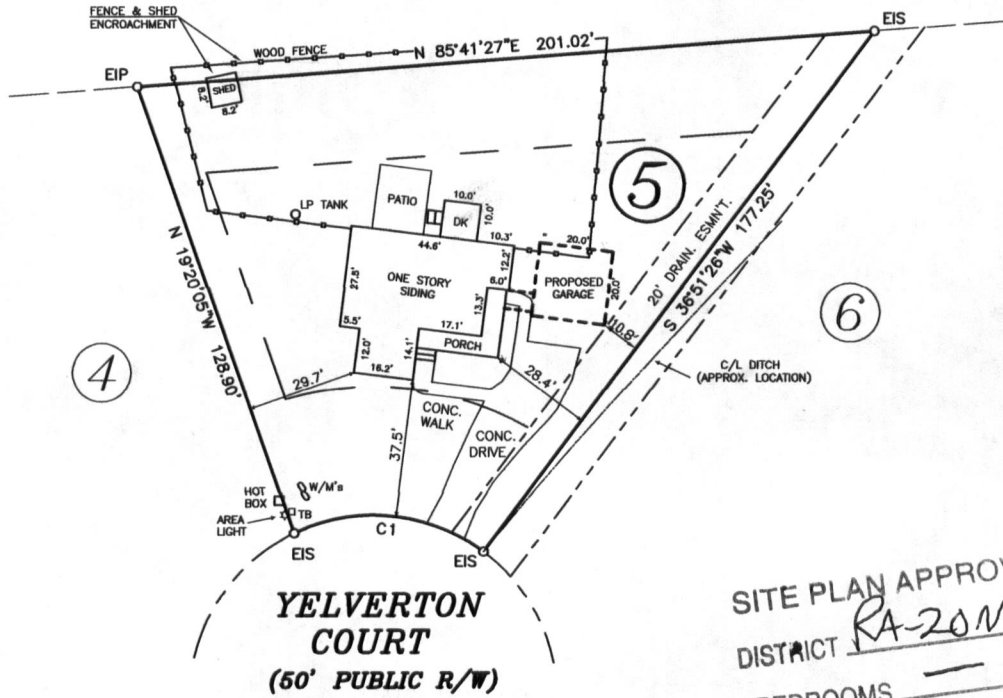
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\_\_\_\_\_  
DATE



LEGEND

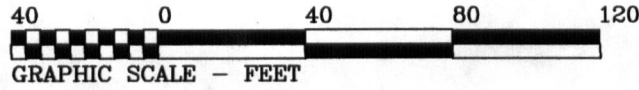
NTS	NOT TO SCALE	CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
EIP	EXISTING IRON PIPE	C1	50.00'	54.34'	51.71'	N 84°21'00"W
PP	POWER POLE					
W/M	WATER METER					
TB	TELEPHONE BOX					
IPS	IRON PIPE SET					
CP&L	TRANSFORMER					
CATV	CABLE TV BOX					
L.POLE	LIGHT POLE					
OHPL	OVERHEAD POWER LINE					
F.E.S.	FLARED END SECTION (PIPE)					
RCP	REINFORCED CONC. PIPE					
B.O.C.	BACK OF CURB					
F.H.	FIRE HYDRANT					
C/O	SEWER CLEAN OUT					
EIS	EXISTING IRON STAKE					
M.H.	MANHOLE					
ECM	EXISTING CONCRETE MONUMENT					
P.K.	PARKER KALON NAIL					
W/V	WATER VALVE					

SHELBY J. HORTON



Detached Garage  
 SITE PLAN APPROVAL  
 DISTRICT RA-20M USE  
 #BEDROOMS =  
 2-17  
 Zoning Administrator

NOTE: SHOWN IS LOT 5 OF TAYLOR POINTE S/D REF: MAP #2005 PG.77  
 AREA = 0.371 ACRES  
 60 YELVERTON COURT



THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE PREMISES, MADE UNDER MY SUPERVISION, AND THAT THERE ARE NOT ANY ENCROACHMENTS, EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE. THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:20,000. THIS MAP WAS PREPARED FOR TITLE COMPANY USE AND IS NOT INTENDED FOR RECORDATION OR CONVEYANCES WITHOUT WRITTEN AUTHORIZATION OF THE SURVEYOR AND OTHER APPROPRIATE OFFICIALS.

PROFESSIONAL LAND SURVEYOR  
 L-3247

PRELIMINARY PLAT  
 NOT FOR RECORDATION

PRELIMINARY PLOT PLAN FOR:  
**TART CUSTOM HOMES**

BUCKHORN TOWNSHIP, HARNETT COUNTY, N.C.  
 SCALE 1" = 40' JANUARY 27, 2017

MAULDIN-WATKINS SURVEYING P.A.  
 1301 BROAD ST. / P.O. BOX 444  
 FUQUAY-VARINA, NC. 27526  
 919-552-9326



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 Patrick Weldon <sup>Lynn</sup> Date 3-16-17  
Site Address 60 Yelverton Ct. Holly Springs Phone 919-669-1818  
Directions to job site from Lillington 401 South W. Lefton Chris North Rd.  
Left on Cokesbury Left on Wade Stephenson  
Right on True Love  
Subdivision Taylor's Pointe Lot 5  
Description of Proposed Work New Garage # of Bedrooms 0  
Heated SF \_\_\_\_\_ Unheated SF 400 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Tart Custom Homes 919-669-1818  
Building Contractor's Company Name Telephone  
359-Truth Rd. New Hill NC 27562 tartma@hpw.com  
Address Email Address  
58978  
License #

**Electrical Contractor Information**

Description of Work New Garage Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes  No  
Dawson's Elec. Inc 919-552-9681  
Electrical Contractor's Company Name Telephone  
609 Cotton Rd. F.V. NC 27526  
Address Email Address  
225948  
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

Mary Jane  
Signature of Owner/Contractor/Officer(s) of Corporation

3-16-17  
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 Tart Custom Homes

Sign w/Title Mary Jane Owner Date 3-16-17