Initial Application Date:	4	20	17

Residential Land Use Application

Application #	17-50041207

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Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

	Mailing Address: 122 RAY byrd Rd
City: L'LL' NGTON State: NCzip:27546 Conta	act No: 9106585775 Email: Brickard 1077 5 6
APPLICANT*: Mailing Address:	
City: State: Zip: Conta	act No: Email:
*Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: 50m	Phone #
PROPERTY LOCATION: Subdivision: 540ek xard	Lot #: 30 Lot Size: -51
State Road # State Road Name:	Map Book & Page: <u>2</u> 002 / <u>87</u>
Parcel: 100559 00412 37 PI	N: 0559-30-0253.000
Zoning: PA-252 Flood Zone: X Watershed: GIS Deed Book 8	& Page: 2539 / 565 Power Company*:
New structures with Progress Energy as service provider need to supply pre	
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/w/	o bath): Garage: Deck: Crawl Space: Slab: Slab:
(Is the bonus room finished? () yes () no	o w/ a closet? () yes () no (if yes add in with # bedrooms)
Mod: (Size v)# Bodrooms # Boths Becoment (w/w	vo bath) Garage: Site Built Deck: On Frame Off Frame
	o Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) #	Bedrooms: Garage:(site built?) Deck:(site built?)
7. Dunlay (Size v) No Duildings No Deduce	Part lait.
Duplex: (Sizex) No. Buildings: No. Bedro	ioms Per Unit:
Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Addition/Accessory/Other (Size 16 x 12) Use: Deck	Closets in addition? () yes (X) no
Addition/Accessory/Other. (Size 10 x 12) Use.	Closets in addition? () yes) no
Nater Supply: County Existing Well Mew Well (# of do	wellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existi	ing Septic ank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a manufactured home	e within five hundred feet (500') of tract listed above? () yes (X) no
Does the property contain any easements whether underground or overhead	
Structures (existing or proposed): Single family dwellings:	
Statution (Chicumgar proposed). Dirigie falling awainings.	Outer (specify). (1)
Required Residential Property Line Setbacks: Comments:	
Front Minimum_35_ Actual	
Rear	
Closest Side	
Sidestreet/corner lot	
In	
Nearest Building	

3-5		Ç.	3		Type	A.S.	
5 2	<u> </u>		- 31 5	164	- 4070	1 10	
						2)	

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

Application #

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

17-50041207

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

2/4/15	Rickurd	Date 4/20
Owner's Name Blanca	1 0 1	Phone 910 658 51
Site Address 122-RAY	Dyra ha	TUCN R 1
Directions to job site from Lillington	401 S. 10 Stock	E yard TURN R +1
TURN Left at	RAY byrd Rd	N. (1) N.
	THE STATE OF THE S	
Subdivision	Title and the second	Lot
December of Branced Work	16 by 12. Decl	# of Bedrooms 4
Jescription of Proposed Volk	Finished Bonus Room	Crawl Space Slab
leated SF Onneated SF	General Contractor Informa	crawl Space Slab
Doing work own	rer Beauce Ger	910 6585115
Building Contractor's Company Name	8	Telephone
Service Control	100 Section 1	Email Address
Address		Ellian Addiese
There is a speciment not small		
icense #	Electrical Contractor Informa	ation Yes No.
escription of Work	Service Size	zeAmps T-PoleYesNo
		Telephone
Electrical Contractor's Company Nam	10	relephone
P. C.	- Company of the Comp	Email Address
Address		
1000	Market Market	
icense #	hanical/HVAC Contractor Info	ormation
Description of Work		7.7.7.7.7
Description of Work		
Mechanical Contractor s Company Na	ame	Telephone
		EI Address
Address		Email Address
		8 11 2
icense #	Plumbing Contractor Informa	ation
		# Baths
escription of Work		
Company Nan	10	Telephone
lumbing Contractor's Company Nan		ALL THE RESERVE TO THE PARTY OF
Address		Email Address
AUG1855		
icense #		etion
	Insulation Contractor Inform	ation
	0.1111	Telephone
Insulation Contractor's Company Nar	ne & Address	

*NOTE General Contractor must fill out and sign the second page of this application

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 of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the **General Contractor** 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 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

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

NAME: Blanca C. Rickard 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 #_021760 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

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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 authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.				
{_}} Acc	epted	{} Innovative {} Conventional {} Any				
{}} Alte	rnative	{}} Other				
The applica question. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:				
{_}}YES	LETNO	Does the site contain any Jurisdictional Wetlands?				
{_}}YES	LYNO	Do you plan to have an <u>irrigation system</u> now or in the future?				
{_}}YES	{ LINO	Does or will the building contain any drains? Please explain				
{}}YES	(L) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?				
{_}}YES	LYNO	Is any wastewater going to be generated on the site other than domestic sewage?				
{_}}YES	INO	Is the site subject to approval by any other Public Agency?				
{_}}YES	1_1 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

