Initial Application Date:_	10	24	LIO	1
• •		•	Į	

Application #	17:	2007	124	14
	CLI			

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

Central Permitting

Nearest Building on same lot

Residential Land Use Application

03/11

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION State: NC Zip: 250) Contact No: 919 669 7066 Email: + Contact, exmel Com Imberry Mailing Address: 2563 Oak Grove Church Rd State: NC Zip: 2781 Contact No: 919 669 7066 Email: tru, nboy o gna! Com CONTACT NAME APPLYING IN OFFICE:_ PROPERTY LOCATION: Subdivision: ____ State Road Name: Watershed: Deed Book & Page: 3237/80 Power Company from Progress Energy. *New structures with Progress Energy as service provider need to supply premise number ____ PROPOSED USE: Monolithic _) # Bedrooms:___ # Baths:___ Basement(w/wo bath):____ Garage:___ Deck:___ Crawl Space:___ Slab:_ Slab:____ SFD: (Size (is the bonus room finished? (___) yes (___) no_w/ a closet? (___) yes (___) no (if yes add in with # bedrooms) _) # 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:_ Use: Home Occupation: # Rooms:____ Addition/Accessory/Other: (Size 36, 20) Use: Frnis _ Closets in addition? (___) yes (___) no County ____ Existing Well _____ New Well (# of dwellings using well ______) *Must have operable water before final Sewage Supply: _____ New Septic Tank (Complete Checklist) V____ 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 Manufactured Homes:_____ Other (specify):_____ Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/corner lot

on Dak Love Church Rd
On Dak Love Church 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 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.***

[&]quot;This application expires 6 months from the initial date if permits have not been issued"



Harnett GIS

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
IE THE INCORMATION	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
PERMIT OR AUTHORIZ	ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depending upon documen 910-893-752	tation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 5 option 1 CONFIRMATION #
	Health New Septic System Code 800
 All property 	r irons must be made visible. Place "pink property flags" on each corner iron of lot. All property
lines must be	e clearly flagged approximately every 50 feet between corners.
 Place "orang 	e 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. Environmental Health card in location that is easily viewed from road to assist in locating property.
Place orange 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 b 	e addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
for failure to	o uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
After prepari	ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code electing notification permit if multiple permits exist) for Environmental Health inspection. Please note
800 (after se	number given at end of recording for proof of request.
Use Click2G	ov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
Environmental	Health Existing Tank Inspections Code 800
 Follow above 	e 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) an	d then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) VE LIDS OFF OF SEPTIC TANK
 After uncove 	pring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
if multiple p	ermits, then use code 800 for Environmental Health inspection. Please note confirmation number
given at end	of recording for proof of request.
	ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC If applying for authoriz	nation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{} Innovative {
	(} Other
The applicant shall not	tify the local health department upon submittal of this application if any of the following apply to the property in
question. If the answe	r is "yes" applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES ()NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_ _\ HO	Do you plan to have an irrigation system now or in the future?
1_1YES_ 1_4NO	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	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?
LLYES (_) NO	
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Appl	ication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	The state of the s

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 OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10-24-17

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company name & phone must match. Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

_ 	200 12-24-17
Owner's Name Tony Wimberly Site Address 2563 Oak Grove Church Pel, Angle	Date 10-24-17
Site Address 2563 Can Crove Church Hel, Hoge	Phone 4/4 6/04 7000
Directions to job site from Lillington 210 Hay - Shoult Ja	moun kel, cert on
Dak Come church Pet	
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	Crawl Space Slab
General Contractor Information	1
Building Contractor's Company Name	Telephone
	Email Address
Address	
License #	
Description of Work Service Size	<u>in</u> Amos T-Pole Yes No
Description of Work Service 3/26	
Electrical Contractor's Company Name	Telephone
Address	Email Address
our	
License # Mechanical/HVAC Contractor Inform	nation
Description of Work	
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
DUNY	
License # Plumbing Contractor Information	<u>on</u>
Description of Work	# Baths
Description of Years	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
<u>Our</u>	
License # Insulation Contractor Informati	<u>no</u>
aine	
Insulation Contractor's Company Name & Address	Telephone

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.

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 Date 10-24-17

HARNETI COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK
Type: CP Drawer: 1

Pate: 10/24/17 52 Receipt no: 126171

Year Number 2017 50042614 91749 TECH 2 LILLINGTON, NC 27546 BP - ENV HEALTH FEES Amount NEW TANK \$750.00

WIMERBLY BUILDERS

Tender detail CP CREDIT CARD Total tendered Total payment \$750.00 \$750.00 \$750.00

Trans date: 10/24/17 Time: 14:11:27

** THANK YOU FOR YOUR PAYMENT **