

Initial Application Date: 12/22/17

Application # 17-50042992

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.hamett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: STELLA DILKERSON Mailing Address: 219 GLENN OAK DRIVE  
City: SANFORD State: NC Zip: 27332 Contact No: 919-499-9880 Email: \_\_\_\_\_

APPLICANT: ROBERT WRIGHT Mailing Address: 3014 COOL SPRINGS RD  
City: BROADWAY State: NC Zip: \_\_\_\_\_ Contact No: 919-842-6770 Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: ROBERT WRIGHT Phone # 919-842-6770

PROPERTY LOCATION: Subdivision: STONEY CREEK MANOR Lot #: 148 Lot Size: .89 AC  
State Road # 2109 State Road Name: GLENN OAK DRIVE Map Book & Page: \_\_\_\_\_

Parcel: 030507 0183 98 PIN: 9576-55-8211.000

Zoning: RA-20R Flood Zone: X Watershed: NO Deed Book & Page: 999E / 0303 Power Company\*: NA

\*New structures with Progress Energy as service provider need to supply premise number NA from Progress Energy.

PROPOSED USE:

SFD: (Size    x   ) # Bedrooms:    # Baths:    Basement(w/wo bath):    Garage:    Deck:  \* CONCRETE PATIO \* Crawl Space:    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 10' x 20') Use: \* CONCRETE PATIO \* 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: EXISTING Manufactured Homes:    Other (specify):   

Required Residential Property Line Setbacks:	Comments:
Front Minimum <u>35</u> Actual <u>NA</u>	_____
Rear <u>25</u> <del>100</del> <u>75' +</u>	_____
Closest Side <u>10</u> <u>100' +</u>	_____
Sidestreet/corner lot <u>20</u> <u>100' +</u>	_____
Nearest Building on same lot <u>NA</u>	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 27 WEST TOWARDS  
JOHARONVILLE. LEFT ONTO STONEY CREEK DRIVE  
INTO STONEY CREEK MANOR. LOT ON CORNER OF  
GLENN OAK DRIVE AND STONEY CREEK DR.

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.

Stella Dickerson  
Signature of Owner or Owner's Agent

DEC - 21, 2017  
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 #: 17-50042992

**\*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 # 12/22 (BP) 025423

**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.**

Stella Dickerson  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Dec. 21, 2017  
DATE

# Harnett GIS

NOT FOR LEGAL USE



SITE PLAN APPROVAL  
 USE: PAV'D  
 DATE: 12/21/17  
 BY: [Signature] ADMINISTRATOR

2105

STONEY CREEK DR

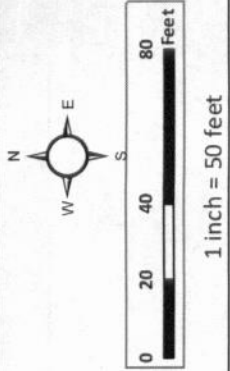
219

2109

GLENN OAK DR

480

**SITE PLAN**  
 1" = 50'-0"



- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property
- City Limits
- Address Numbers
- Airport
- Major Roads
- Interstate
- Parcels
- NC
- US
- Roads
- Mile\_Markers
- Railroad

Harnett  
 COUNTY  
 SOUTH CAROLINA  
 GIS/E-911 Addressing  
 December 20, 2017

09/09/11

Application #

17-50042992

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 STELLA DILKERSON Date 21-DEC-2017  
Site Address 214 GLENN OAK DRIVE Phone \_\_\_\_\_  
Directions to job site from Lillington Highway 27 West to Stonewall Creek Manor. Left onto Stonewall Creek Drive. Job on corner of Stonewall Creek and Glenn Oak  
Subdivision STONEWALL CREEK MANOR Lot 1A8  
Description of Proposed Work NEW CONCRETE PATIO - NO ROOF # of Bedrooms NA  
Heated SF NA Unheated SF 700 Finished Bonus Room? NA Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

ROBERT WRIGHT-MASON 919-842-6770  
Building Contractor's Company Name Telephone  
3014 COOL SPRINGS RD BROADWAY Email Address  
Address  
NA  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
Electrical Contractor's Company Name NA Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name NA Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License #

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name NA Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License #

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address NA 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

Stella Dickerson  
Signature of Owner/Contractor/Officer(s) of Corporation

Dec. 21, 2017  
Date

**Affidavit for Worker's Compensation N C G S 87-14**

The undersigned applicant being the

~~Special~~ 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

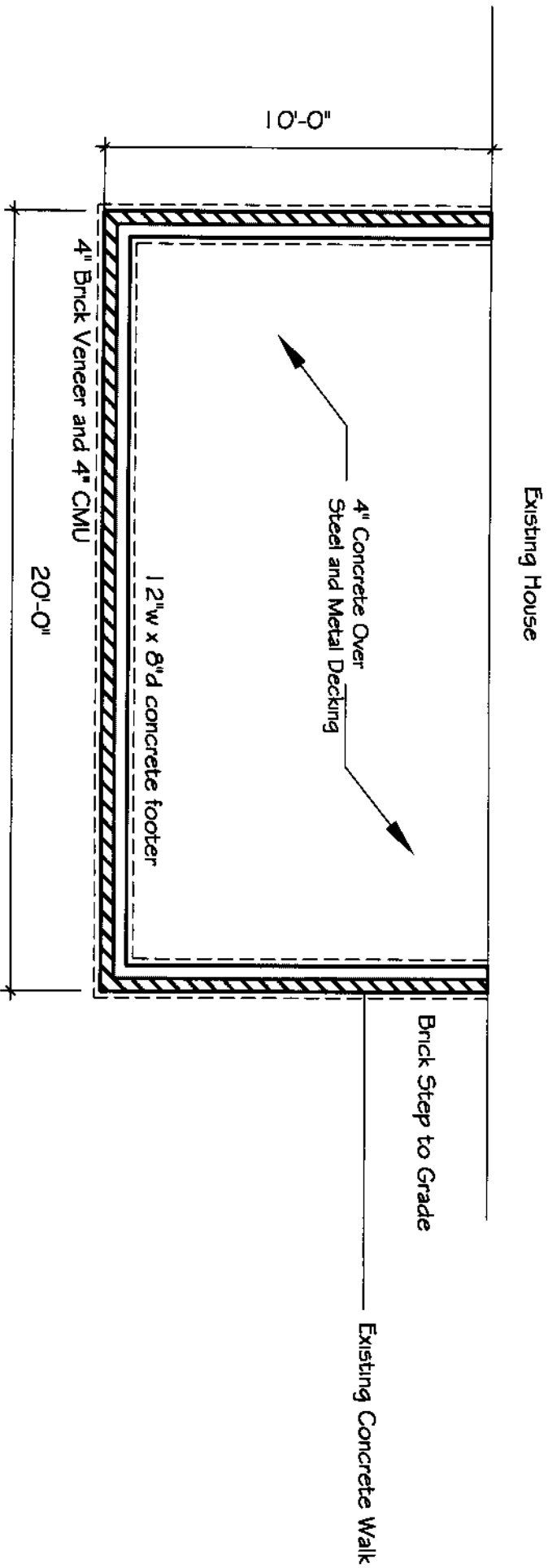
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

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 ROBERT WRIGHT- WRIGHT MASONRY

Sign w/Title R. A. Wright Owner Date 12-21-17



# FOUNDATION LAYOUT

SCALE 1/4" = 1'-0"

- \* NO ROOF
- \* NO RAILS REQUIRED