

Initial Application Date: 1.22.18

Application # 1850043132

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.harnett.org/permits

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

LANDOWNER: Betty Cahill Mailing Address: 346 Jared Dr

City: Fogway State: NC Zip: _____ Contact No: _____ Email: _____

APPLICANT: Dale Morgan Mailing Address: 2594 Old Fairground Rd

City: Angier State: NC Zip: 27501 Contact No: 919 625-2648 Email: DMorgan139@earthlink.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Dale Morgan Phone # 919 625 2648

PROPERTY LOCATION: Subdivision: Calvin's Place Lot #: 18 Lot Size: 58Ac

State Road # _____ State Road Name: Hillard Rd Map Book & Page: 200111E4

Parcel: 08-0654-0141-59 PIN: 0654-88-2873

Zoning: R23C Flood Zone: X Watershed: IV Deed Book & Page: 24130006 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: _____ 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 12x16) Use: study Closets in addition? () yes (X) no

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) X 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 N/A

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

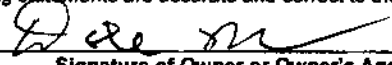
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>40+</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>20+</u>
Sidestreet/corner lot	<u>20</u>	—
Nearest Building on same lot	<u>10</u>	—

Comments: existing

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 to Rawlschurch Rd
turn Right to Hillard Rd turn Right to Jared Dr
turn Right to end of Sac

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

1-22-17
Date

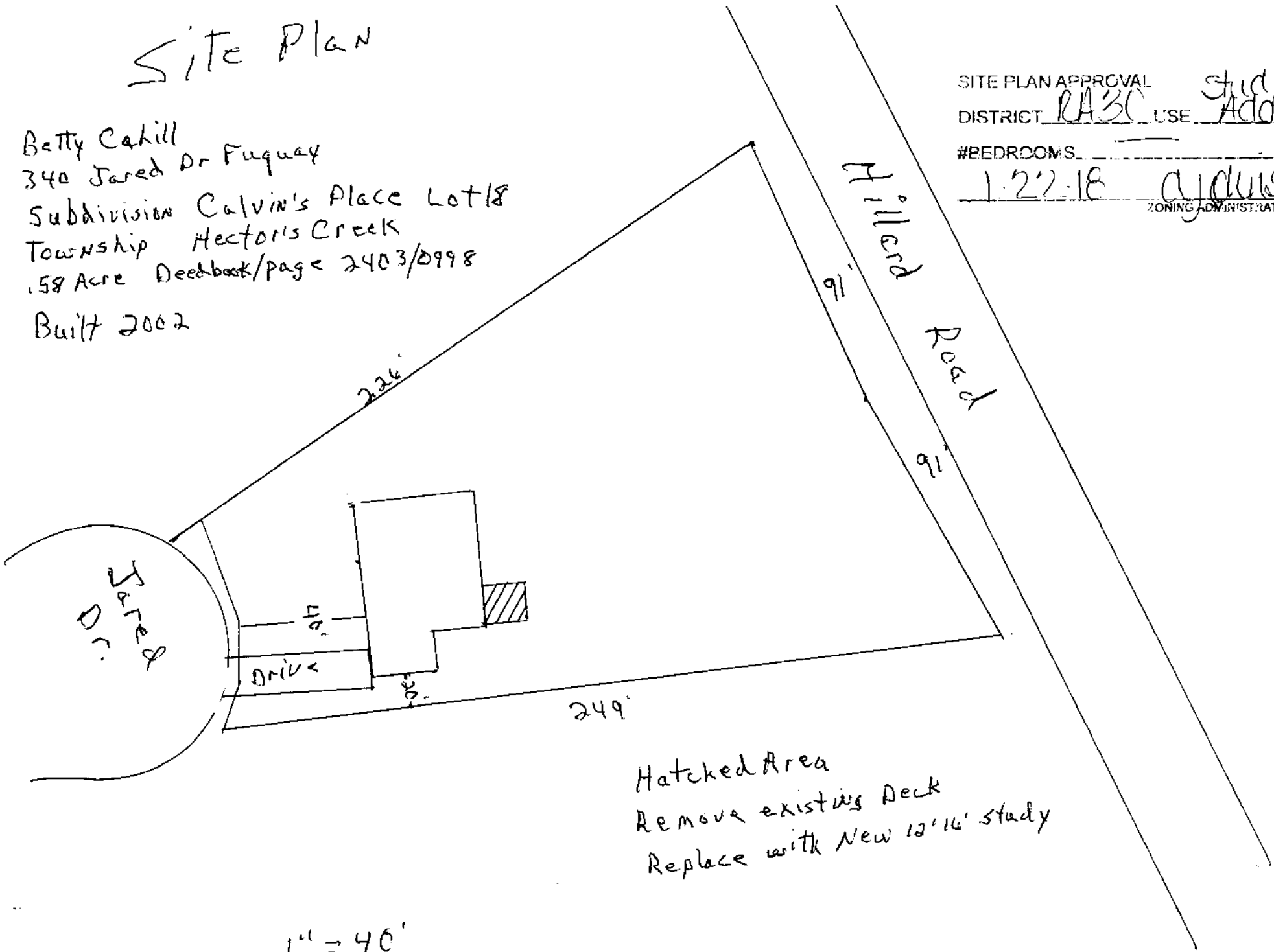
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

***This application expires 6 months from the initial date if permits have not been issued**

Site Plan

Betty Cahill
340 Jared Dr Fuquay
Subdivision Calvin's Place Lot 18
Township Hector's Creek
.58 Acre Deedbook/page 2403/0998
Built 2002

SITE PLAN APPROVAL
DISTRICT RA30 USE Study Add
#BEDROOMS 1
1-22-18 (Signature)
ZONING ADMINISTRATOR



Hatched Area
Remove existing Deck
Replace with New 12'16' Study

1" = 40'

NAME: 1-22-18

APPLICATION #: 1850043132

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 # 025833

1-22-18

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.

Donna M. [Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-22-18
DATE

09/09/11

Application #

43132

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 Betty Cahill Date 1-18-18
Site Address 340 Jared Dr Fuquay NC Phone 919-569-9587
Directions to job site from Lillington Hwy 401 towards Fuquay turn Right on Rawls Church Rd, Turn Right on Hilliard Dr turn Right on Jared Dr to End
Subdivision Calvin's Place Lot 18
Description of Proposed Work Add 12' x 16' Study # of Bedrooms —
Heated SF 192 Unheated SF — Finished Bonus Room? — Crawl Space X Slab —

General Contractor Information

B + M Drywall 919-625-2648
Building Contractor's Company Name Telephone
2594 Old Fairground Rd Angier NC 27561 DMorgan139@embargo@mail.com
Address Email Address
39438
License #

Electrical Contractor Information

Description of Work Room to code Service Size N/A Amps T-Pole Yes XNo
Soleman Wayne Pope (SON) (QUALIFIER) 919-291-8766
Electrical Contractor's Company Name Telephone
3376 Zask's Mill Rd Angier 27561
Address Email Address
26202-1
License #

POST
COPY
FOR
CLIENT

SEE LICENSE
ATTACH-
MENT
FILE

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name 919-427-4027 Telephone
3666 County Line Rd Angier NC Email Address
Address
23206
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone
Address _____ Email Address
License #

Insulation Contractor Information

Tatum Insulation 919-661-0999
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

Dale M
Signature of Owner/Contractor/Officer(s) of Corporation

1-18-18
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 B & M Drywall INC. Dale Morgan

Sign w/Title Dale M President Date 1-18-18

NC Board Examiners of Electrical Contractors

Verify License Search

Contact

Name

R.S.T. Electric

Address

3432 Zacks Mill Rd.
Angier, NC 27501

Phone

(919) 291-1488

Email

solomonrst@gmail.com

License

License

I.26202

Account Type

Intermediate Classification License

Issue Date

09/12/2017

Expiration Date

09/11/2018

Status

Active

Qualifiers

Name	Qualifier #	Status
Solomon Wayne Pope	QUALI.02519	Active

Close Details