

Initial Application Date: 2/19/18

Application # 1850043336

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: JOHN A., JR. & BETTY M. WOLF Mailing Address: 2397 NC 55 EAST
City: DUNN State: NC Zip: 28334 Contact No: 919-820-1969 Email: john.a.wolf.jr@gmail.com

APPLICANT*: JOHN WOLF Mailing Address: 2397 NC 55 EAST
City: DUNN State: NC Zip: 28334 Contact No: 919-820-1969 Email: john.a.wolf.jr@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JOHN A. WOLF, JR. Phone # 919-820-1969

PROPERTY LOCATION: Subdivision: 1.15 ACS ISOBEL T WOLF Lot #: - Lot Size: 1.10
State Road # NC-55 State Road Name: NC-55 EAST Map Book & Page: - / -
Parcel: PID - 071509 0044 01 PIN: 1509-03-6234.000

Zoning: PA-30 Flood Zone: X Watershed: NO Deed Book & Page: 1290, 0065 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: ____ Slab: ____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic
- 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 16.5x5.0) Use: Bathroom extension 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): Addition

Required Residential Property Line Setbacks:

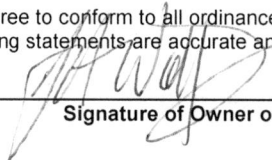
Front	Minimum	<u>35'</u>	Actual	_____
Rear		<u>25'</u>		_____
Closest Side		<u>10'</u>	<u>35'</u>	_____
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: _____

adding shower and toilet area to existing bathroom

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: from the intersection of NC-55 and NC-2 in Coats, go 2.5 miles towards Erwin on NC-55. Grey house with blue shutters. if you make it to the Coats-Erwin Middle School you have gone too far.

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

2/19/18
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: JOHN A., JR. & BETTY M. WOLF

APPLICATION #: 43336

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 # 026297-LL

- 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.

2/19/18

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 {X} 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 {X} NO Does the site contain any Jurisdictional Wetlands?
- { } YES {X} NO Do you plan to have an irrigation system now or in the future?
- {X} YES { } NO Does or will the building contain any drains? Please explain. Gutters
- {X} YES { } NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- { } YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES {X} NO Is the site subject to approval by any other Public Agency?
- { } YES {X} NO Are there any Easements or Right of Ways on this property?
- {X} 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) [Signature] DATE 2/18/18

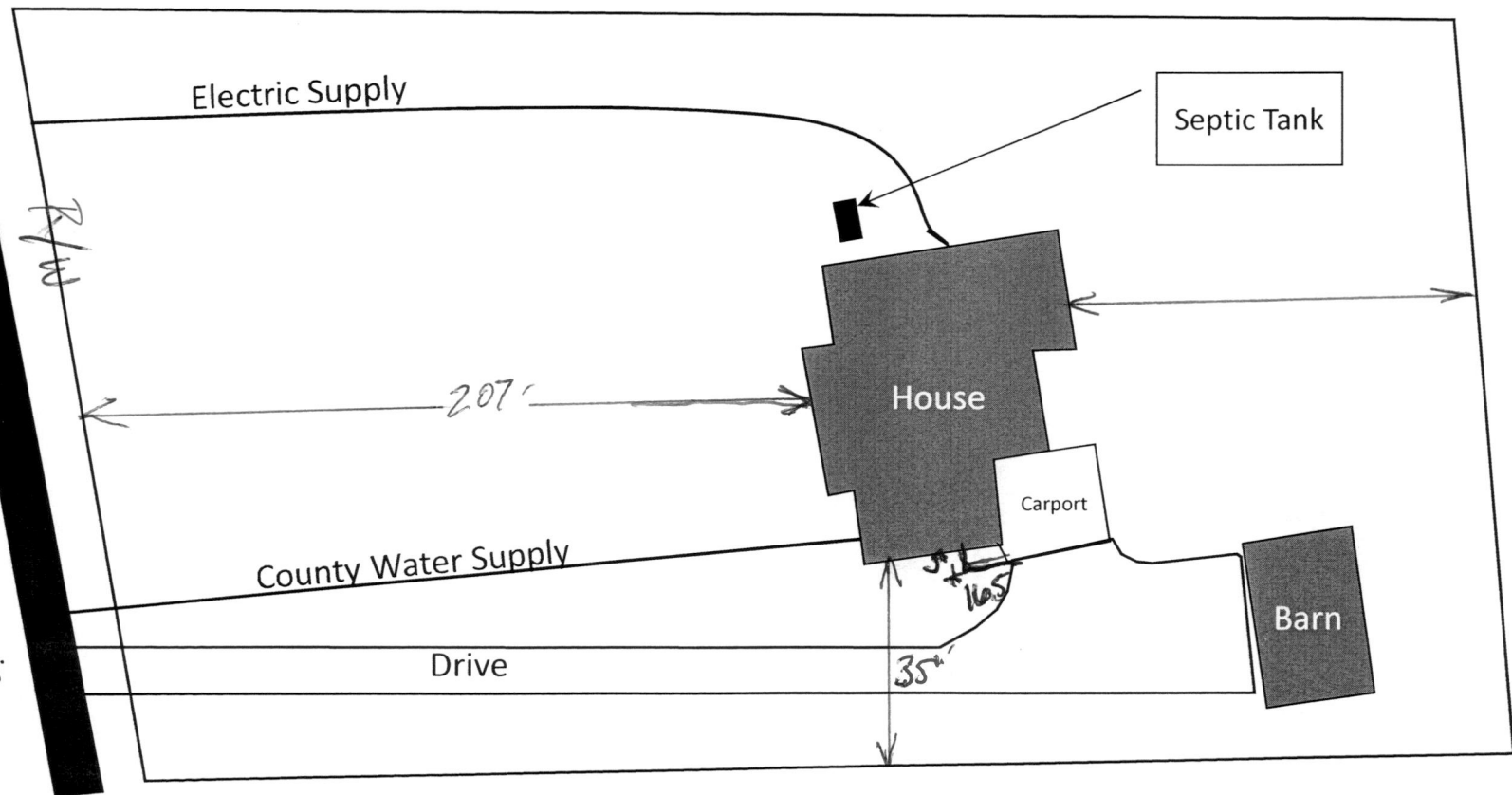
5x16.5 Bathroom extension

SITE PLAN APPROVAL *extend Bathroom*
DISTRICT RA-30 USE Bathroom
#BEDROOMS 3
2/19/18 *LP*
Date Zoning Administrator

Owners: WOLF JOHN A JR & WOLF BETTY M
2397 NC-55 East
Dunn, NC 28334
PIN - 1509-03-6234.000
PID - 071509 0044 01
Harnett County



To Coats
To Erwin



Harnett GIS

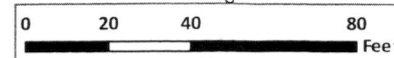
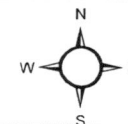
NOT FOR LEGAL USE



GIS/E-911 Addressing

February 18, 2018

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



1 inch = 47 feet

09/09/11

Application #

1850043336

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 JOHN A. & BETTY M. WOLF Date 2/19/18
Site Address 2397 NC 55 E Phone 919-820-1969
Directions to job site from Lillington NC27 TO COATS - TURN RT ON NC-55
go 2.4 miles house on left grey house w/ blue shutters

Subdivision _____ Lot _____
Description of Proposed Work Bathroom EXTENSION # of Bedrooms 3
Heated SF 2180 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Self
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work Moving existing Lt Switching Service Size _____ Amps T-Pole _____ Yes _____ No _____
Self
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Moving existing duct work
Self
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Moving Shower & Toilet # Baths _____
Self
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

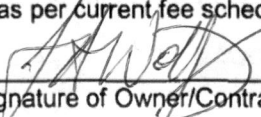
Insulation Contractor Information

Self
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


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

2/19/18
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 _____

Sign w/Title _____

Date _____

2/19/18

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 2/19/18 53 Receipt no: 258732

Year	Number	Amount
2018	50043336	
2397 NC 55 E		
DUNN, NC 28334		
B4	BP - ENV HEALTH FEES	
		\$100.00
EXIST SEPTIC		

JOHN WOLF

Tender detail	
CP CREDIT CARD	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 2/19/18 Time: 8:23:52

** THANK YOU FOR YOUR PAYMENT **