

Initial Application Date: 5/22/18

Application # 18-50044089

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: James + Toni Pleasants Mailing Address: 360 Sherman Lakes Dr.  
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-601-0880 Email: pleasantdrive6@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Sherman Lakes Lot #: 19 Lot Size: 3.24

State Road # 401 State Road Name: US 401 N Map Book & Page: 615 / -

Parcel: 080655 0118 33 PIN: 0655-45-1486.000

Zoning: PA-30 Flood Zone: X Watershed: W Deed Book & Page: 1730 / 708 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: 2 # Baths: 1 Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_  
(Is the bonus room finished?  yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms) Monolithic Slab: \_\_\_\_\_

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 55 x 16) Use: 2 bedrooms / 1 bath / bonus / mud room addition 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:**

Front	Minimum	<u>35</u>	Actual	<u>35+</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>60'</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: This is for a 55x16 addition to include 2 additional bedrooms - their current septic tank needs to be moved which is why this is for a new tank not an existing.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

West on E Front St. (B) on to main.

(L) on 401 N.

(L) on Sherman Lakes.

Last house on Right. in cul-de-sac.

360 Sherman Lakes.

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.

Doni Pleasants

Signature of Owner or Owner's Agent

5/22/18

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\*\*

# Harnett GIS

NOT FOR LEGAL USE

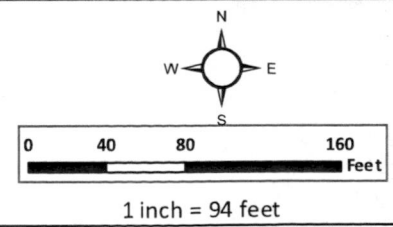
X Joni Pleasant

SITE PLAN APPROVAL  
 DISTRICT RA30 USE Addition w/ 2 bedrooms  
 #BEDROOMS Currently 3 + 2 = 5  
BP 5/22/18



 **Harnett COUNTY**  
 NORTH CAROLINA  
 GIS/E-911 Addressing  
 May 22, 2018

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



NAME James + Toni Pleasants

APPLICATION #: 18-58044089

**\*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 # (BP) 5/22 027821

**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.**

Toni Pleasants  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/22/18  
DATE

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: James + Jani Pleasants Date: 5/22/18  
 Site Address: 360 Sherman Lakes Dr. Fuquay <sup>27526</sup> Phone: 919-601-0880  
 Directions to job site from Lillington: W on East Front St  
Ⓟ on main. Ⓛ on 401 N  
Ⓛ on Sherman Lakes last house on Ⓟ  
 Subdivision: Sherman Lakes Lot: 19  
 Description of Proposed Work: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_  
 Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

Self - James + Jani Pleasants 919-601-0880  
 Building Contractor's Company Name Telephone  
360 Sherman Lakes Dr., Fuquay Varina pleasantsjvive6@gmail.com  
 Address NC 27526 Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Electrical Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Cold South 919-800-7918  
 Electrical Contractor's Company Name Telephone  
1929 Hwy 42 Willow Spring NC  
 Address NC 27592 Email Address  
30624

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Cold South 919-800-7918  
 Mechanical Contractor's Company Name Telephone  
1929 Hwy 42, Willow Spring, NC 27592  
 Address Email Address  
31355

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work ROUGH IN / TRIM OUT # Baths 1  
HALLS PLUMBING 910-890-6738  
 Plumbing Contractor's Company Name Telephone  
20907 4056 Old Stage Rd.  
 Address Erwin NC 28339 Email Address  
20907

License # \_\_\_\_\_

**Insulation Contractor Information**

SELF  
 Insulation Contractor's Company Name & Address Telephone

\*NOTE: General Contractor / owner 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.

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

5/22/18  
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: Joni Pleasant Date: 5/22/18

# Payment Receipt Confirmation

---

Your payment was successfully processed.

## Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

## Customer Information

---

Customer Name            Toni Pleasants  
Local Reference ID        283455  
Receipt Date              6/14/2018  
Receipt Time              02:52:36 PM EDT

## Payment Information

---

Payment Type             Credit Card  
Credit Card Type         VISA  
Credit Card Number      \*\*\*\*\*0550  
Order ID                  28805522  
Billing Name               Toni C Pleasants

## Billing Information

---

Billing Address            360 SHERMAN LAKES DR

Billing City, State        FUQUAY VARINA, NC

ZIP/Postal Code          27526

Country                    US

Phone Number            9196010880

Fax Number

This receipt has been emailed to the address below.

Email Address            prettypurse31@gmail.com  
prettypurse31@gmail.com  
prettypurse31@gmail.com  
prettypurse31@gmail.com