

Initial Application Date: 4-29-13
4-13-15

SCANNED

Application # 1350031178R
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: William & Mary Prough Mailing Address: 5908 River Rd
City: Fuquay-Varina State: NC Zip: 27526 Contact No: 919-552-6614 Email: tom@prough.us

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: _____ Lot #: 2 Lot Size: 347
State Road # _____ State Road Name: River Rd Map Book & Page: 2009, 475
Parcel: 05 0624 0029 02 PIN: 0624 34 1266.000
Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 2770, 272 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))

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 24 x 24) Use: Det Carport
22x30 Pde Boat cover / 22x30 Storage 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: _____ Manufactured Homes: Other (specify): Home

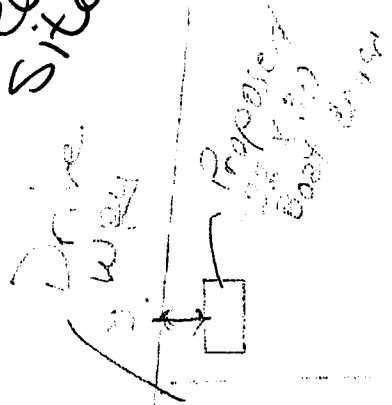
Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>34</u>	<u>150</u>
Side	<u>6</u>	<u>140+</u>
Rear	<u>6</u>	<u>45</u>
Street/corner lot	_____	_____
Closest Building same lot	<u>6</u>	<u>6</u>

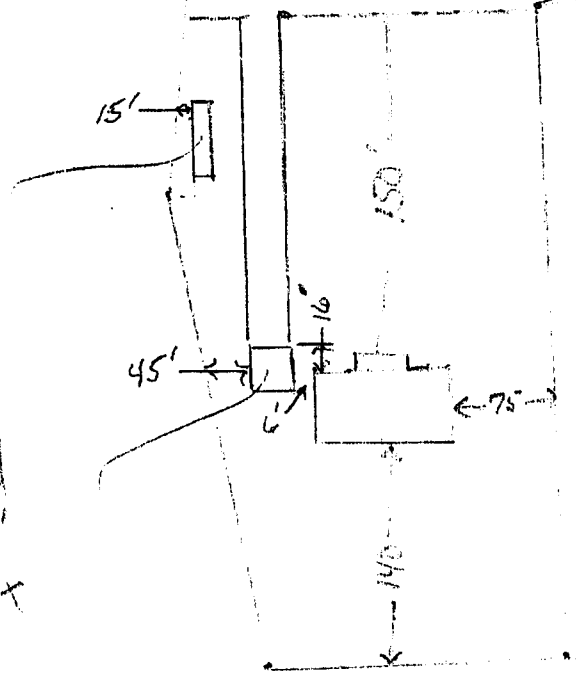
Comments: 24x24 Det Car Storage Future
24x48 Storage build; Rf orig SFD 11-5-26 245
Revision - customer
changed size, details, location
of what he is building

5708 River Rd
FV, NC

Lenchon
Chandler
Applied
Site plan



Proposed
22' X 30'
Storage



House is
50' X 30' w/
6' X 20' Front
Porch

Proposed
22' X 24'
Carport

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 Tom Prough Date _____
Site Address _____ Phone _____
Directions to job site from Lillington _____

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

General Contractor Information

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

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

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

Insulation Contractor Information


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

 04/27/15
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

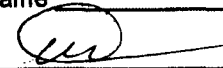
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them


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 04/27/15

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 13-50031178 Date 4/27/15
Property Address 5908 RIVER RD
PARCEL NUMBER 05-0624- - -0029- -02-
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

PROUGH WILLIAM T & MARY C OWNER
8907 E ALBANY ST
MESA AZ 85207

Applicant

PROUGH WILLIAM #2

--- Structure Information 000 000 24X24 DET CARPORT
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE DET GAR
SEPTIC - EXISTING? EXISTING
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code . 1084383
Issue Date 4/27/15 Valuation 0
Expiration Date . . 4/26/16

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1084425
Issue Date 4/27/15 Valuation 0
Expiration Date . . 10/24/15

Special Notes and Comments
T/S: 04/29/2013 08:53 AM VBROWN ----
5908 RIVER RD FUQ VAR 27526.

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	__/__/__
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__

Plan Box # File

Date 4-24-15

Job Name Prough

App # 135003178

Valuation [#] 17952

Heated SQ Feet _____

Garage 528

= _____

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____

Envir. Health _____

Other _____

Additions / Other

Carport

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____