

Initial Application Date

7-21-14

Application #

Ref 34 237 / 12x20 Mod Car
14500 34 236 / 24x24 Pet Car

CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 ext 2 Fax: (910) 893-2703 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: EDWARD + GENNY KELLY Mailing Address: 25 BAILEY DRIVE SW
City: LILBURN State: GA Zip: 30047 Contact No: 770 990 9965 Email: GENNY.K@ACCURATE.GC.NG

APPLICANT: Same Mailing Address:
City: State: Zip: Contact No: Email:

CONTACT NAME APPLYING IN OFFICE: Tim THOMPSON Phone # 919-669-6061

PROPERTY LOCATION: Subdivision: Lot #: Lot Size: 2.13
State Road #: 1564 State Road Name: MAPLE Map Book & Page: 2051-281
Parcel: 07 06 90 06 23 02 PIN: 0692-61-2994,000
Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 1038 452/48 Power Company:

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

PROPOSED USE: MOB
SFD: (Size: 24x24) # Bedrooms: 2 # Bath: 2 Basement (w/w bath): NO Garage: NO Deck: NO Craw/Space: NO Slab: NO
(Is the bonus room finished?) () yes () no w/ a closet? () yes () no (If yes add in with # bedrooms)

MO: (Size: 24x24) # Bedrooms: 2 # Bath: 2 Basement (w/w bath): NO Garage: NO Site Built Deck: NO On Frame: NO Off Frame: NO
(Is the second floor finished?) () yes () no Any other site built additions? () yes () no

Manufactured Home: SW DW TW (Size:) # Bedrooms: Garage: (site built?) Deck: (site built?)

Duplex: (Size) No. Buildings: No. Bedrooms Per Unit:

Home Occupation: # Rooms: Use: Hours of Operation: # Employees:

Addition/Accessory/Other: (Size 24x24) Use Pet Car 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: 2 PROPOSED Manufactured Homes: NO Other (specify): NONE

Required Residential Property Line Setbacks:

Front	Minimum	35	Actual	2067
Rear		25		182
Closest Side		10		32
Side street/corner lot		20		
Nearest Building on same lot		10		

Comments:

Garage will be under house
~~9-19-13 City side of house w/ Rosemont~~
11-22-13 Add Porch + Concrete Pad
3-31-14 City to MOB

Residential Land Use Application

Page 1 of 2

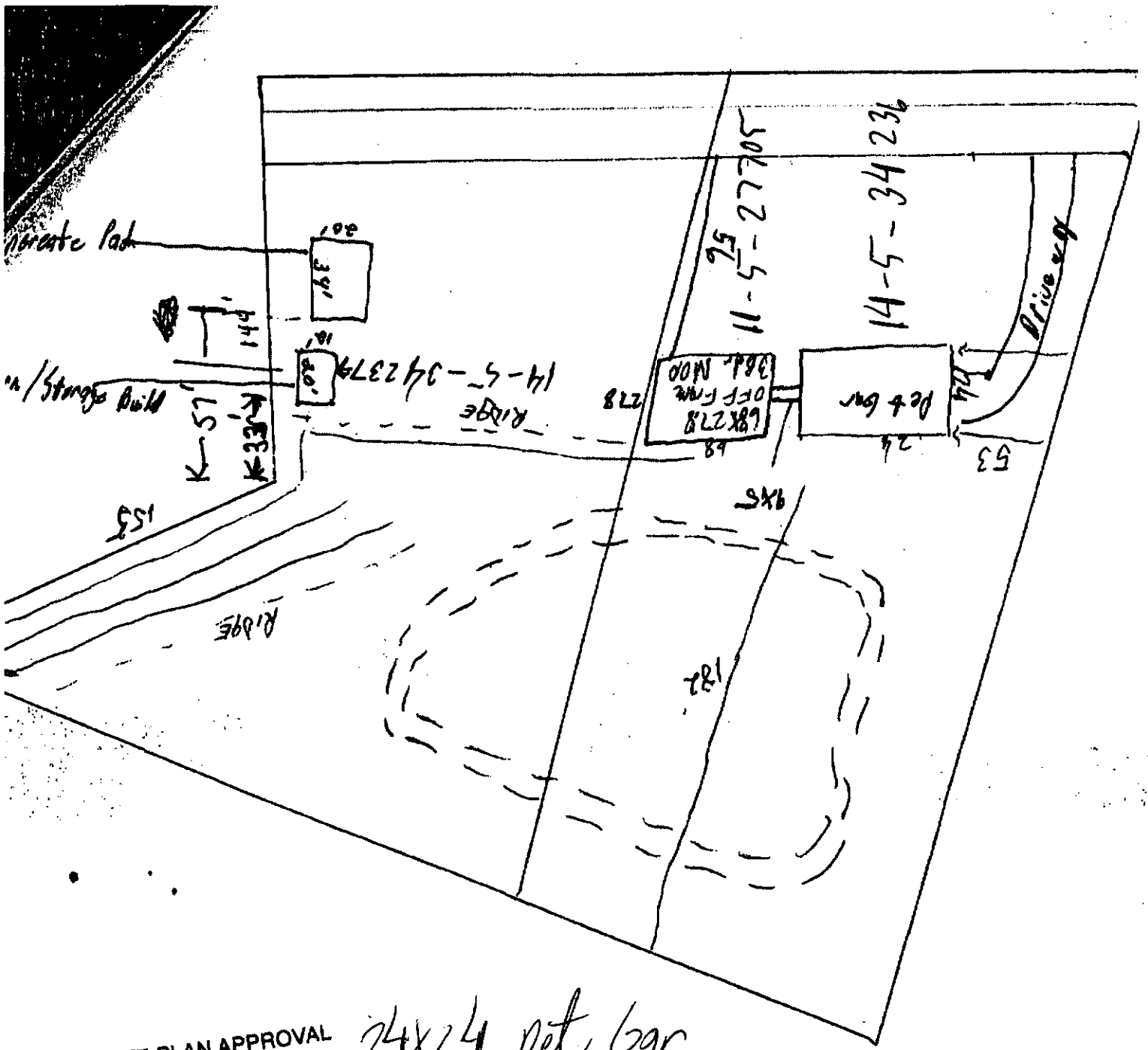
APPLICATION CONTINUES ON BACK

03/11

MOB

Ref

11 500 27705 RRR for 12x20 pad + 24x24 pet car



SITE PLAN APPROVAL

DISTRICT RA 30 USE 24x24 pet bar

#BEDROOMS _____

~~10~~ ~~14~~ ~~18~~
Date

V. E. S.
Zoning Administrator

* Edward Kelly

09/09/11

Application #

14-50034236

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 ED KELLY Date 11/26/14
Site Address 775 MAPLE RD. ANGLIER Phone 678-357-4309
Directions to job site from Lillington HWY 27 TO COATS, LEFT ON HWY 55 - APPROX 2 MILES TURN RIGHT ON MAPLE RD - RESIDENCE ON LEFT -

Subdivision _____ Lot _____
Description of Proposed Work 28x26 Detached Garage # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

BRANDON SMITH 910-890-2923
Building Contractor's Company Name Telephone
1607 CLAYHOLE RD. DUNN, NC 28334 scbsmith@yahoo.com
Address Email Address
73532
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
JOHNATHAN BEASLEY 910-984-6051
Electrical Contractor's Company Name Telephone
PO Box 230 COATS, NC 27521
Address Email Address
26739
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 #

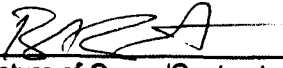
Insulation Contractor Information

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

11/27/14
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 BRANDON SMITH

Sign w/Title  Date 11/27/14

24x24 Pet Car

Plan Box # A-5

Date 7-21-14

Job Name Kelly

App # 1450034236

Valuation 17,274

Heated SQ Feet _____

MR

Garage 576

Inspections for SFD/SFA

Crawl _____

Slab X

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 No

Envir. Health NA

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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 14-50034236 Date 11/26/14
Property Address 775 MAPLE RD
PARCEL NUMBER 07-0690- - -0623- -02-
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

KELLY GENNY L & EDWARD F BRANDON SMITH
25 BAILEY DR SW 1607 CLAYHOLE RD
LILBURN GA 30047 DUNN NC 28334
(910) 890-2923

Applicant

KELLY EDWARD

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

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code 1047745
Issue Date 11/26/14 Valuation 17274
Expiration Date 11/26/15

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code 1063379
Issue Date 11/26/14 Valuation 0
Expiration Date 11/26/15

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1063353
Issue Date 11/26/14 Valuation 0
Expiration Date 5/25/15

Special Notes and Comments
T/S: 07/21/2014 03:12 PM VBROWN ----
TURN RIGHT ON 210 TOWARDS ANGIER

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Date 11/26/14

Special Notes and Comments

TOWARDS OLD STAGE RD ON 210, AFTER OLD
STAGE RD, MAPLE RD IS ON LEFT SIDE,
ADDRESS IS 775 MAPLE RD

Application Number	14-50034236	Page	3
Property Address	775 MAPLE RD	Date	11/26/14
PARCEL NUMBER	07-0690- - -0623- -02-		
Application description . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		

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	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___