

Initial Application Date: 1-7-16

Application # 1650037797  
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: Darrell Clayton Mailing Address: 8971 Old US 421  
City: Broadway State: NC Zip: 27505 Contact No: 919-770-6076 Email: darrellclayton@yahoo.com

APPLICANT\*: Same 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 #: \_\_\_\_\_ Lot Size: 2.68 AC  
State Road # 8971 State Road Name: Old US 421 Map Book & Page: 2015 1271  
Parcel: 13 0600 0258 PIN: 0600-97-3476-000  
Zoning: R900P Flood Zone: X Watershed: NA Deed Book & Page: 2896/710 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 5430 x \_\_\_\_\_) Use: Building w/ closets 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: 1 ext Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed storage already there

**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
Rear		<u>75</u>
Closest Side		<u>60</u>
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: Already Built.

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

421 Towndes Broadway  
Left onto Jean Rd.  
Right at stop sign on Old US 421  
1<sup>st</sup> house on left with Black Metal roof yellow siding

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.

Samuel G. Clayton  
Signature of Owner or Owner's Agent

1-7-16  
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\*\*

(Owner)

(Owner)

INSTRUMENT # 2619012228

DB 2773, P. 98  
MAP # 2010-544  
TRACT "A"

DB 2773, P. 98  
MAP # 2010-544  
TRACT "A"



# OLD US 421

SR 1291 PAVED ROAD 60' R/W

NORMAN LEVON CAMERON  
DB 2773, P. 98  
MAP # 2010-544  
TRACT "A"

EXISTING 30' INGRESS,  
EGRESS AND REGRESS  
EASEMENT TO  
DARRELL GREY CLAYTON  
AND WIFE,  
BARBARA K. CLAYTON  
DB 2896, P. 710

CONTROL "B"  
EXISTING PIPE ON  
OLD R/W RAILROAD

S85° 10' 09" E  
246.28'

OVERHEAD UTILITIES

144.36' SIS ON OLD  
R/W RAILROAD

S85° 03' 22" E

308.09' TOTAL  
S85° 03' 22" E

163.73'  
S85° 37' 08" E

60.81'  
S85° 33' 50"

290.60'  
OVERHEAD

EP ON OLD  
R/W RAILROAD

REMAINING PORTION OF  
NORMA JEAN CLAYTON  
AND HUSBAND,  
H. BERNARD CLAYTON, JR.  
DB 428, P. 93  
PC 7, SLIDE 151  
MAP 4 OF 5  
PARCEL NUMBER 130600 0202

1.80 ACRES  
PORTION OF  
NORMA JEAN CLAYTON  
AND HUSBAND,  
H. BERNARD CLAYTON, JR.  
DB 428, P. 94  
PC 7, SLIDE 151  
MAP 4 OF 5  
PARCEL NUMBER  
130600 0202

2.68 ACRES TOTAL  
CALCULATED BY COMPUTER

1.80 ACRES  
PORTION OF  
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MAP 4 OF 5  
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STUART ROAD

PLAN APPROVAL

1-7-16

USE STORAGE

*Theresa*  
under my supervision for  
supervision and the folk  
(1) Class of survey: -  
(2) Positional accuracy:  
(0.10m) Horizontal c  
(3) Type of GPS field p  
(4) Dates of survey: -

Def to Scale

USE STORAGE

401.61' TOTAL

353.80'

163.73'

17.81'

17.81'

17.81'

17.81'



NAME: Darrell Clayton

APPLICATION #: \_\_\_\_\_

**\*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 # \_\_\_\_\_

**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.

*P*

**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.**

Darrell S. Clayton  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-7-16  
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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work Storage # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Dener

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

David H. Clayton  
Signature of Owner/Contractor/Officer(s) of Corporation

1-2-16  
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 \_\_\_\_\_

David H. Clayton  
Sign w/Title

1-2-16  
Date

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.

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Application Number . . . . .	16-50037797	Page	3
Property Address . . . . .	8971 OLD US 421	Date	2/02/16
PARCEL NUMBER . . . . .	13-0600- - -0258- - -		
PIN . . . . .	0600-97-3476.000		
Application description . . . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
-----					
			Permit type . . . . . RESIDENTIAL BUILDING PERMIT		
999	131	R131	ONE TRADE FINAL		
999	125	R125	ONE TRADE ROUGH IN	_____	____/____/____



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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 PIN . . . . . 0600-97-3476.000  
 Application type description . . . . . CP GARAGE/CARPORT RESIDENTIAL DETACHED  
 Subdivision Name . . . . .  
 Property Zoning . . . . . PENDING

Owner Contractor  
 -----  
 CLAYTON DARRELL GREY OWNER  
 8971 OLD U S 421  
 BROADWAY NC 27505  
 (910) 893-9626

Applicant  
 -----  
 CLAYTON DARRELL  
 8971 OLD US 421  
 BROADWAY NC 27505  
 (919) 770-6076

--- Structure Information 000 000 54X30 BUILDING W/ LEAN-TO'S  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . PROPOSED USE BUILDING  
 SEPTIC - EXISTING? EXT TANK  
 WATER SUPPLY COUNTY

-----

Permit . . . . . RESIDENTIAL BUILDING PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1124809  
 Issue Date . . . . . 2/02/16 Valuation . . . . . 0  
 Expiration Date . . . . . 2/01/17

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Permit . . . . . LAND USE PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1124817  
 Issue Date . . . . . 2/02/16 Valuation . . . . . 0  
 Expiration Date . . . . . 7/31/16

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Special Notes and Comments  
 T/S: 01/07/2016 09:36 AM JBROCK ----  
 8971 OLD US 421  
 XX  
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
 INSULATION AND LAND USE.  
 XX  
 Work must conform and comply with the

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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.

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Application Number . . . . . 16-50037797

Page 2

Date 2/02/16  
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Special Notes and Comments

STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_  
\_\_\_\_\_

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits  
**Certification of Work Performed By Owner/Contractor**  
(Individual Trade Application)

Owner (s) of Structure: Parrell Clayton Phone: \_\_\_\_\_

Owner (s) Mailing Address: Old US 421 Broadway NC

Land Owner Name (s): Above Phone: \_\_\_\_\_

Construction or Site Address: Above

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \_\_\_\_\_ Description of Work to be done Wiring for Garage & service

Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other \_\_\_

Electrical\*: 200 Amp  <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_  
\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap \_\_\_ Number of Baths \_\_\_ Water Heater \_\_\_

Specific Directions to Job from Lillington:  
take Old 421 out of Lillington toward Broadway go pass  
Old Boone Trunk School and take stop on left

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I Hogue Electric Co will provide the Electrician labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 4424-U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Hogue Electric Co Inc  
Contractor's Company Name  
2951 McPoyald Road Lillington NC  
Address  
27546  
License #

910-893-5302  
Telephone  
\_\_\_\_\_  
Email Address

Structure Owner / Contractor Signature: Arthur L Hogue Date: 3-7-16

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

**\*Company name, address, & phone must match information on license**

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WATER SUPPLY COUNTY

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Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . 1129741  
Issue Date . . . . . 3/09/16 Valuation . . . . . 0  
Expiration Date . . 3/09/17

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Special Notes and Comments  
T/S: 01/07/2016 09:36 AM JBROCK ----  
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XX  
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_  
\_\_\_\_\_

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Additional desc . .

Phone Access Code . 1129741

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999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__