

Initial Application Date: 12 Oct 16

Application # 39925

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: Wayne, Judy Edwards Mailing Address: 1350 Olive Branch Rd

City: _____ State: _____ Zip: 27526 Contact No: _____ Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Wayne, Edwards Phone # 919 291 7975

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 6.35 acres

State Road # _____ State Road Name: 3776 US 401 N Map Book & Page: 2016 / 81

Parcel: 0806510022 PIN: 065115 7375.000

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 3394 / 0536 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/w/o 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/w/o 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 18x45 30x35) Use: Detached Garages 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): _____

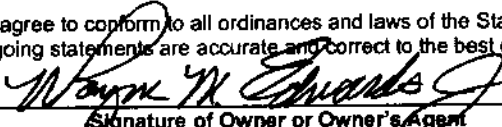
Required Residential Property Line Setbacks:

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

Comments: Reference 38333

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.



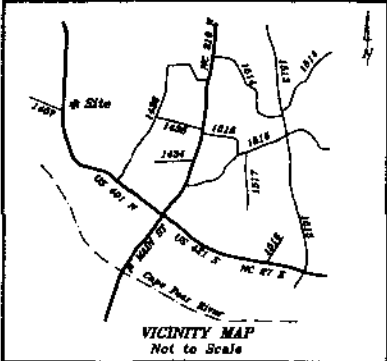
Signature of Owner or Owner's Agent

10/12/2016

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



ZONING ADMINISTRATION
 RECEIVED
 #BEDROOMS
 DISTRICT RA30 USE Det Garage
 SITE PLAN APPROVAL

Notes
 No NCSS grid monuments were recovered
 within 2000' of the property shown hereon.
 Property shown hereon is located in Watershed
 District IV, Protected.



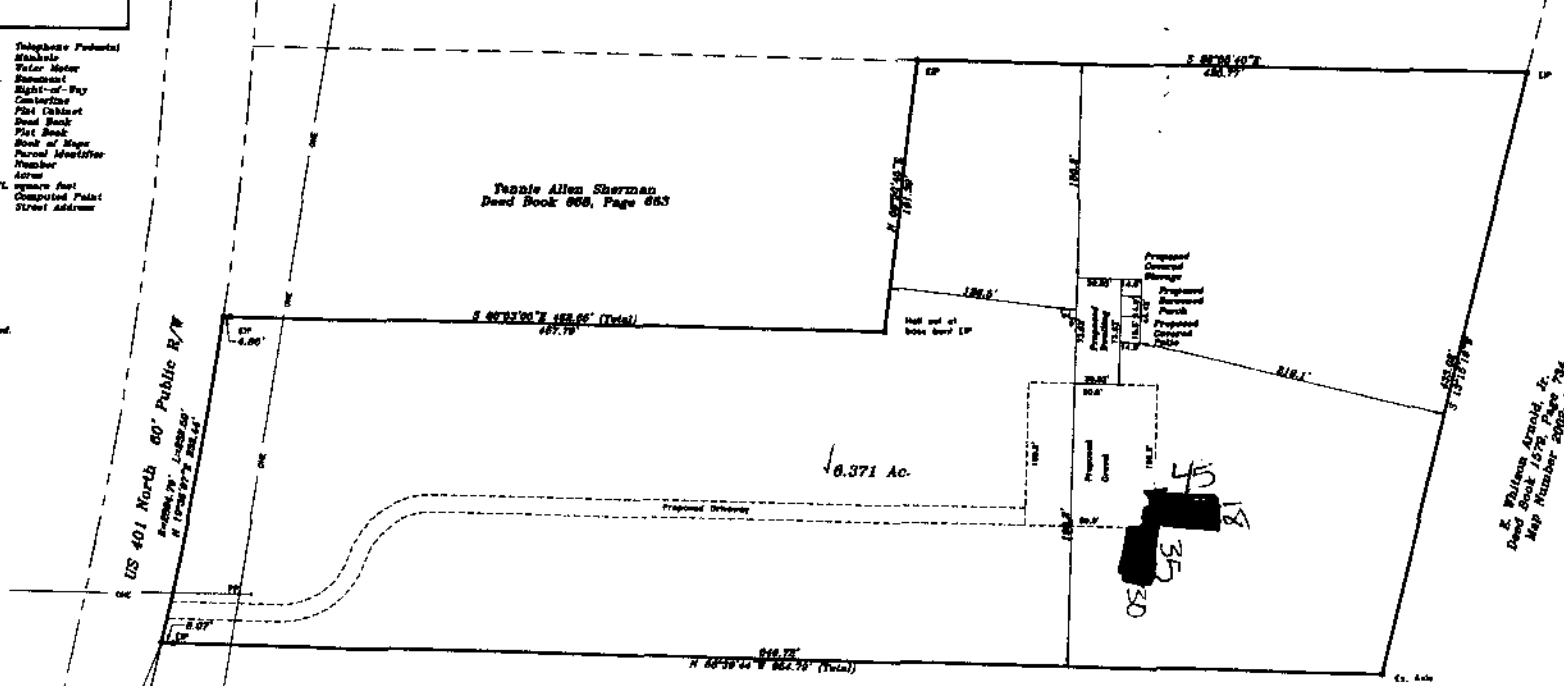
New Breed Baptist Church
 Deed Book 1420, Page 870
 Map Number 2002-409

- LEGEND:
- | | | | |
|-----|-----------------------------|---------|---------------------|
| --- | Lines Surveyed | TP | Telephone Postmark |
| --- | Lines Not Surveyed | SH | Shade |
| --- | Title or Adjoining Lines | WM | Water Meter |
| --- | Right of Way Lines | Stm. | Stem |
| --- | Right of Way Lines | R/W | Right-of-Way |
| --- | Existing Iron Pipe or Stake | C/C | Centerline |
| --- | Existing Concrete Monument | P.C. | Post Cabinet |
| --- | Existing P.E. Nail | L.B. | Lead Book |
| --- | P.E. Nail Set | P.B. | Post Book |
| --- | Existing 2 1/2" Nail | P.M. | Post of Marker |
| --- | M.G. Nail Set | TM | Traverse Identifier |
| --- | Iron Stake Set | Ac. | Acres |
| --- | Concrete Stake Set | Ch. Pl. | Corner Point |
| --- | Existing Concrete Spindle | CP | Computed Point |
| --- | Existing Stake | CP | Computed Point |
| --- | Existing Lightwood Stake | CP | Computed Point |
| --- | Power Pole | CP | Computed Point |
| --- | Overhead Electric Lines | CP | Computed Point |
| --- | Fire Hydrant | CP | Computed Point |

NOTES:
 * Iron Stakes set at all property corners
 unless noted otherwise.
 * Areas determined by coordinate method.
 * All distances/lines shown are horizontal
 ground distances unless otherwise indicated.

Minimum Building
 Setback Requirements
 FRONT: 25 feet from R/W
 REAR: 25 feet
 SIDE: 10 feet
 CORNER LOT SIDE: 20 feet

FEMA FLOOD HAZARD STATEMENT
 Lots shown on this plat are not
 located within the FEMA Flood
 Hazard "Zone A" as shown on
 FEMA map No. 3720004000
 Effective Date: October 2, 2000



E. Whitson Arnold, Jr.
 Deed Book 1579, Page 734
 Map Number 2002-409

References
 Deed Book 371, Page 86 (Forwarding R/W)
 Deed Book 454, Page 2 (80' R/W for US 401)
 Deed Book 3394, Page 536 (Title to Edwards)
 Map Number 2016, Page 61
 Others as shown and/or noted hereon

Proposed Site Plan

Revisions:	Owned by and Surveyed for: Wayne M. Edwards, Jr. Judy Rae Edwards		STANCIL & ASSOCIATES, Professional Land Surveyor, P.A. C-0831 90 East Depot Street, P. O. Box 730, Angier, N.C. 27501 Phone: 919-639-2133 Fax: 919-639-2802		
	1315 Olive Branch Rd Fuquay-Varina, NC 27686 919-891-7976	TOWNSHIP: HECTONS CREEK	COUNTY: HARNETT	DATE: 8-6-18	SURVEYED BY: SDB
	STATE: NORTH CAROLINA	REID: 001484	SCALE: 1" = 80'	DRAWN BY: PAN	DRAWING FILE NO.
	ZONE: RA-50	PER: 0881-18-7378-000	CHECKED & CLOSURE BY: J		LHHC-1120

39925/39934

Harnett County Central Permitting
PO Box 85 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 Wayne + Judy Edwards Date 11-17-16
Site Address 3776 US 401 N Fuquay-Varina NC 27524 Phone 919-557-3977

Directions to job site from Lillington Dirt
Go 401 N towards Kipling Road is right after Spence Rd (on left)
+ just before New Breed Baptist Church on right.

Subdivision NA Lot _____
Description of Proposed Work Metal Bldg # of Bedrooms N/A
Heated SF N/A Unheated SF NA Finished Bonus Room? NA Crawl Space _____ Slab _____

General Contractor Information

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

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

Judith R. Edwards
Signature of Owner/Contractor/Officer(s) of Corporation

11-17-16
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 _____

Sign w/Title Judith R. Edwards Date 11-17-16

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	16-50039936	Page	2
Property Address	3776 US 401 N	Date	11/17/16
PARCEL NUMBER	08-0651- - -0022- - -		
Application description	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name	THE YOUNG FARM		
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	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	409	M409	R*GAS PIPING	_____	___/___/___
999	405	M405	R*MECHANICAL UNDERGROUND	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	305	M305	R*PLUMB SEWER CONNECTION	_____	___/___/___
999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
999	115	B115	R*OVERHEAD ELEC, MECH, PLB	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___

Permit type LAND USE PERMIT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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Subdivision Name	THE YOUNG FARM		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
			Permit type LAND USE PERMIT		
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__