

Initial Application Date: 11/3/10

Application # 11050040059  
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: Taylor William Rose Mailing Address: 108 Lees Place Dr. Lillington  
City: Lillington State: Nc Zip: 27546 Contact No: (910)237-5428 Email: MattWorley@rocketmail.com

APPLICANT\*: Matt Worley Mailing Address: 1474 Arrowhead Rd.  
City: Dunn State: Nc Zip: 28334 Contact No: (910)237-5428 Email: MattWorley@rocketmail.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Matt Worley Phone # (910)237-5428

PROPERTY LOCATION: Subdivision: Lees Place Lot #: 8 Lot Size: 1.14AC  
State Road # 108 State Road Name: Lee Map Book & Page: 99, 378  
Parcel: 10 0549 0340 09 PIN: 0640-30-3835-000  
Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 339, 620 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size 24 x 32) # 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 32) Use: Det Garage 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 STD Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed Det Garage

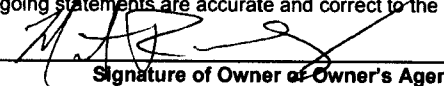
**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Old <sup>Us</sup> 421 out of Lillington  
Aprox 2 miles Turn Left on Lees Place Drive Follow to House  
# 108

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

9-7-16  
\_\_\_\_\_  
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\*\*

Private requirements  
 Department permits for specific use and siting in accordance with  
 regulations in force at the time of permitting.

Date \_\_\_\_\_ ENVIRONMENTAL HEALTH

**APPROVED**

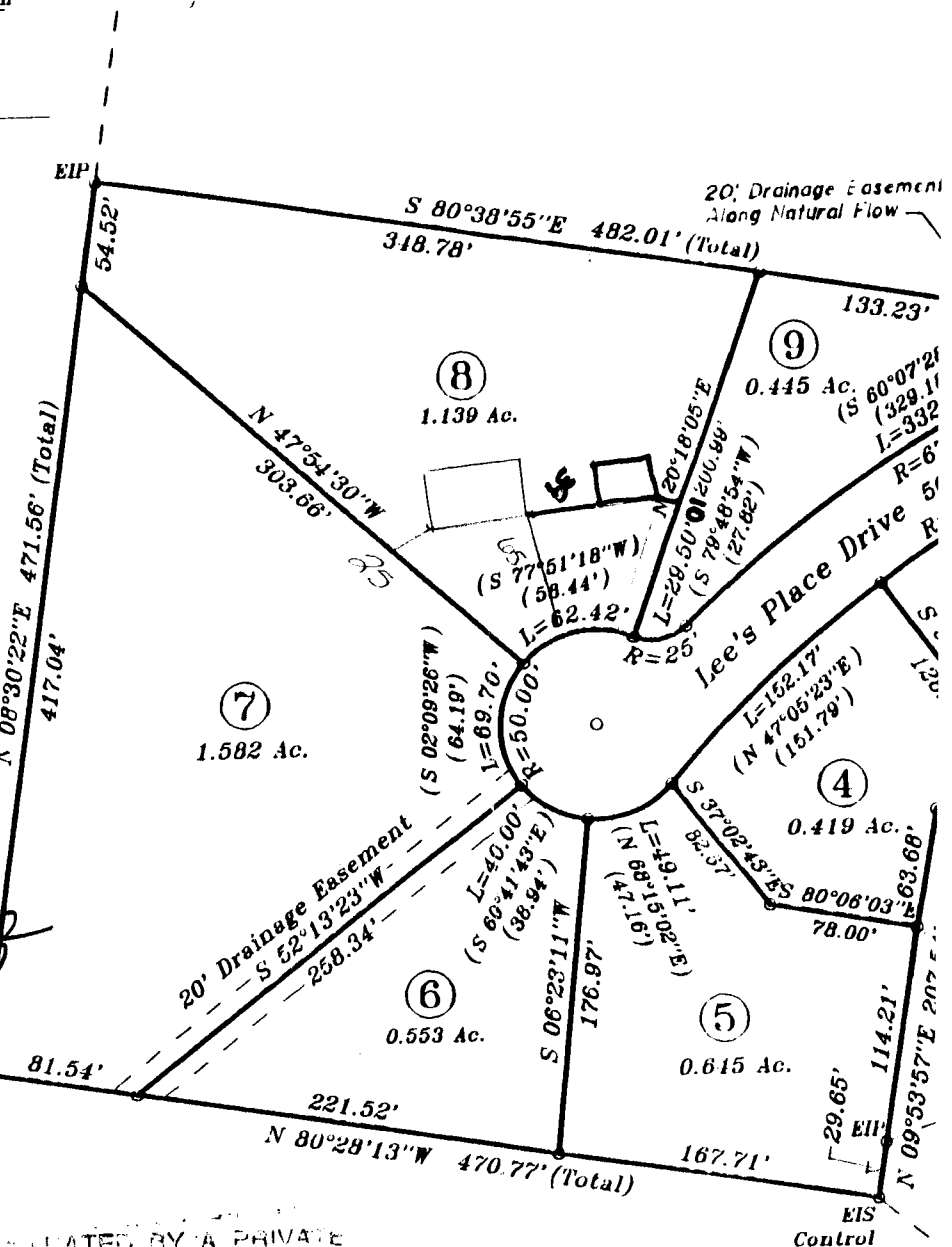
**NOV 27 1999**

HARNETT CO. PUBLIC UTILITIES  
 P.O. BOX 1179  
 LILLINGTON, N.C. 27546

**Gary L. Williams**  
 D. B. 721, Pg. 84  
 T. M. 519-20-7005

**Site Plan Approval**  
 DISTRICT RA30 USE Det Garage  
 #BEDROOMS 1  
 Date 11/3/16  
 Zoning Administrator [Signature]  
 EIP Control Point

THE LOT(S) ON THIS PLAT HAVE BEEN  
 CONSULTANT BASED ON THE REVIEW  
 THIS PLAT MEETS APPROPRIATE REGULA  
 APPROVAL FOR LOTS OF REQUIRES THAT  
 HARNETT COUNTY AND SPECIFIC USE  
 AND SITING IN ACCORDANCE WITH HARN  
 TIME OF PERMITTING. THIS CERTIFICATE  
 APPROVAL ON A PERMIT IS BASED ON THE



5-27-99  
 DATE

Thomas J. Bayle R.S.  
 ENVIRONMENTAL HEALTH

**David F. McRae**  
 D. B. 1044, Pg. 19

**CERTIFICATE OF APPROVAL BY THE COUNTY COMMISSIONERS**  
 The Harnett County Board Of Commissioners hereby  
 approves the final plat for the

Lee's Place Subdivision.  
 (Date) 19  
Don B. Andrews  
 Chairman, Harnett County Board Of Commissioners

DEPARTMENT OF TRANSPORTATION  
 DIVISION OF HIGHWAYS  
 PROPOSED SUBDIVISION FOR  
 CONSTRUCTION STANDARD:

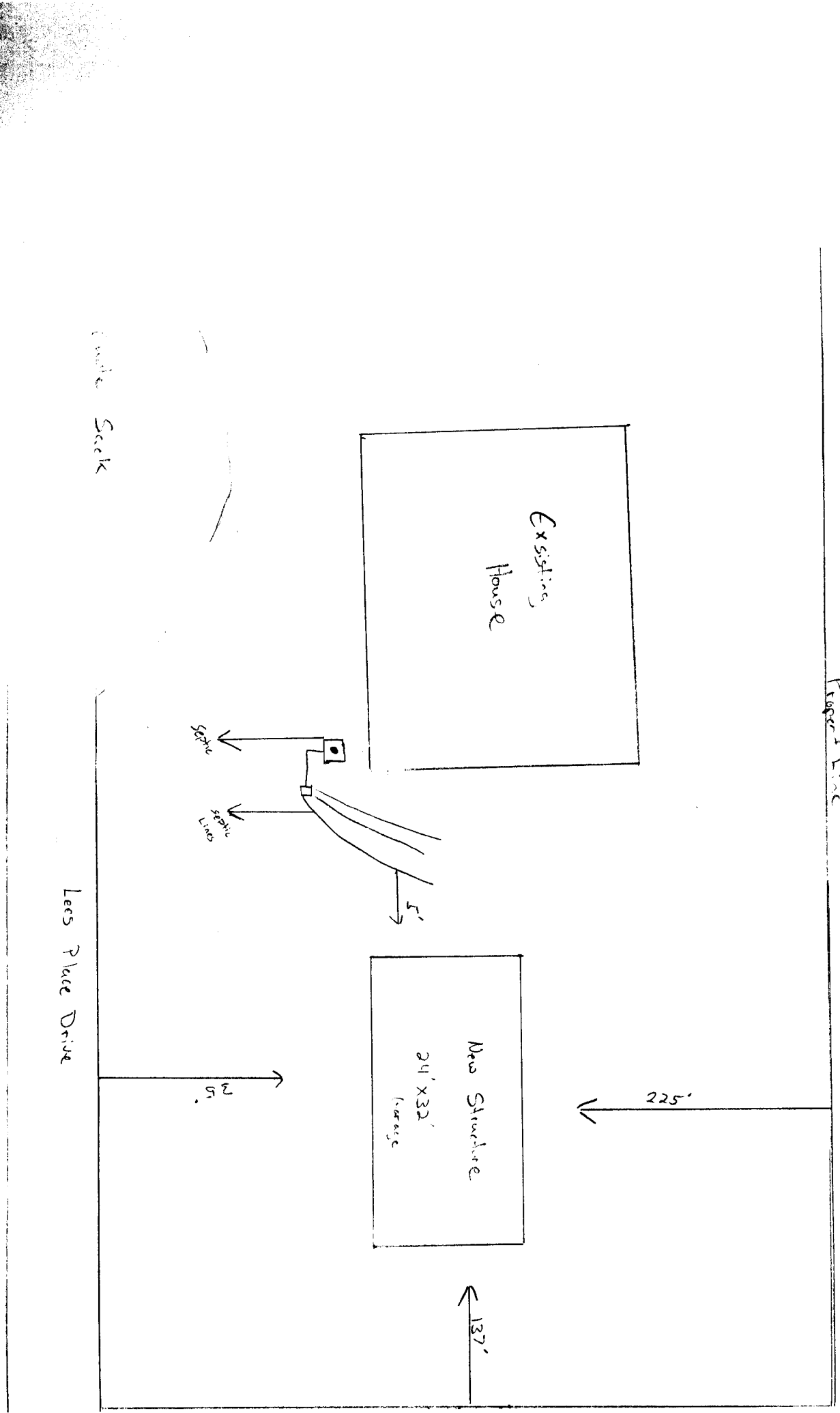
APPROVED RRSH  
 DISTRICT

DATE: 11/3/16

NOTE:  
 Only NCDOT approved subdivisions

24/5/21  
Lance  
S. Swartz

Property Line



HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

HTE Q3-5-7667

16996

# OPERATIONS PERMIT

Name: (owner) HAMILTON, JERRY  New Installation  Septic Tank  
 Property Location: SR# 1291 LEE'S PLACE DR  Repairs  Nitrification Line  
 Subdivision LEES PLACE Lot # 8  
 Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_  
 Contractor: LARRY SHARPE Registration # \_\_\_\_\_

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 100 ft.

**Following are the specifications for the sewage disposal system on above captioned property.**

Type of system:  Conventional  Other CHAMBER SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

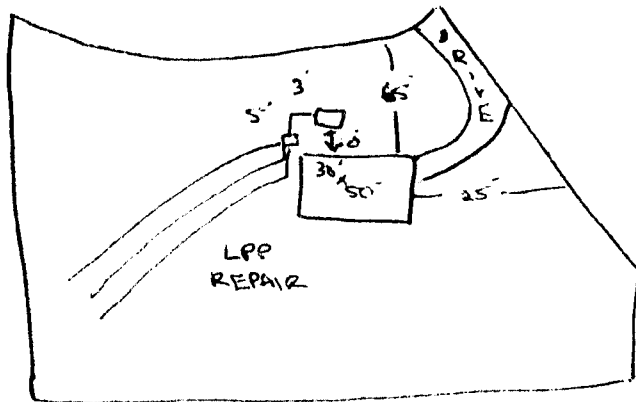
Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches <u>3</u>	of each ditch <u>100</u> ft.	ditches <u>3</u> ft.	ditches <u>18</u> in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/22/04

Inspected by: [Signature]  
Environmental Health Specialist

PERMIT NO. 21048





NAME: \_\_\_\_\_

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.

X

**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.**

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

9-7-16

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 Taylor William & Rose Date \_\_\_\_\_

Site Address 108 Lee Place Drive Phone \_\_\_\_\_

Directions to job site from Lillington Take old US-421 take left into  
Lee Place Drive house #108 on right

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

Description of Proposed Work Build 24x32 Garage # of Bedrooms N/A

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

**General Contractor Information**

Precision Building  
Building Contractor's Company Name

910-237-5428  
Telephone

1478 Arrowhead Rd  
Address

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

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole  Yes  No

On Time Electric  
Electrical Contractor's Company Name

910-891-8299  
Telephone

252 Park Lane, Coats, NC 27521  
Address

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

28249-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

N/A  
Mechanical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

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

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

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

N/A  
Plumbing Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

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

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

**Insulation Contractor Information**

N/A  
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

11/2/16  
\_\_\_\_\_  
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 Precision Building

Sign w/Title Matt Powell - Owner Date 9-7-16

Plan Box # File

Date 11/3/16

Job Name Worley Taylor job

App # 4059

Valuation 28416

SQ Feet \_\_\_\_\_

Garage 768

= \_\_\_\_\_

**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**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_