

Initial Application Date: 16 Nov 16

Application # 1650040197

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: James Spencer Mailing Address: 127 stock yard Rd
City: Lillington State: NC Zip: _____ Contact No: 910-916-3013 Email: _____

APPLICANT: Calvin A. McDowell Mailing Address: 2195 Basley Rd
City: Coats State: NC Zip: 27526 Contact No: 910-591-8432 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: 127 stock yard Rd Lot #: N/A Lot Size: 4.31AC
State Road # 2035 State Road Name: Stockyard Rd Map Book & Page: 2008/633
Parcel: 10 0559 0035 PIN: 0559-51-5156-000
Zoning: R300M Flood Zone: X Watershed: IV Deed Book & Page: 3135 / B19 Power Company*: Duke

*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: X Deck: _____ Crawl Space: _____ Slab: X Monolithic Slab: _____
(Is the bonus room finished? () yes (X) 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: _____
- X Addition/Accessory/Other: (Size 24 x 28) Use: Det Garage Closets in addition? () yes () no

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) X 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: next SFD Manufactured Homes: _____ Other (specify): 1 proposed Det Garage

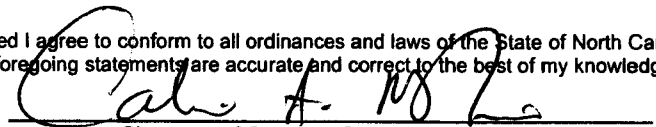
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>253</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>30</u>
Sidestreet/corner lot	_____			
Nearest Building on same lot	_____			

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 to Stock Yard Rd
1st Drive on left.

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

16 NOV 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

N 21.53° 21' N
20.17'

SITE PLAN APPROVAL *Mered*
DISTRICT *RA200m* USE *SFP*
#BEDROOMS *3*
Date *4-10-15* Zoning Administrator *9/3*

PLAN APPROVAL
DISTRICT *RA200m* USE *Pet Garage*
BEDROOMS
4/10/16
Zoning Administrator *9/3*

96.51' 50.00" N
00.521
N 86° 34' 40" W
85.00'

GRAVEL DRIVE

COUNTY WATER

GRAVEL DR

HOUSE

OVERHEAD PUE LINE

266.10

S 04° 30' 00" W

409.45'

S 03° 45' 51" W

EIP

S 85° 08' 39" E
248.39'

170'

053

82'

87.5'

32.0'

32.0'

32.0'

32.0'

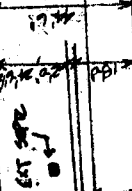
32.0'

71.5'

87.5'

130'

3'



NAME: Caleb H. McTeir

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.

(Handwritten mark)

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.

Caleb H. McTeir
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

16 Nov 16
DATE

09/09/11

Application #

40197

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

enviro Conf# 019123

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 James Spencer Date 12 Nov 16
Site Address 127 Stockyard Rd Phone 910-916-3013
Directions to job site from Lillington 401 to Stock yard Rd 1st House on Left

Subdivision Lot
Description of Proposed Work Unfinish Garage # of Bedrooms
Heated SF Unheated SF Finished Bonus Room? 672 Crawl Space Slab 4

General Contractor Information

Building Contractor's Company Name Cali A. McTerry Telephone 910-591-8432
Address 2195 Bailey Rd Coats NC 27521
License # 38116

Electrical Contractor Information

Description of Work Home Owner Service Size 200 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

Caleb A. McNeil
Signature of Owner/Contractor/Officer(s) of Corporation

17 Nov 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 McNeil Masonry & Const.

Sign w/Title Caleb A. McNeil Date 17 Nov 16

Plan Box # AL6

Date 11/16/16

Job Name Spencer

McNeill

App # 40197

Valuation ~~\$~~ 45584

SQ Feet 638

Garage 594

= 1232

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

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 16-50040197 Date 11/22/16
Property Address 127 STOCKYARD RD
PARCEL NUMBER 10-0559- - -0035- - -
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED
Subdivision Name
Property Zoning PENDING

Owner

Contractor

SPENCER JAMES L
P.O. BOX 1076
LILLINGTON NC 27546

OWNER

Applicant

MCNEILL CALVIN
2195 BAILEY RD
COATS NC 27521
(910) 591-8432

--- Structure Information 000 000 24X28 DET GARAGE
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE DET GARAGE
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code 1167832
Issue Date 11/22/16 Valuation 0
Expiration Date 11/22/17

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code 1168350
Issue Date 11/22/16 Valuation 0
Expiration Date 11/22/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1168368
Issue Date 11/22/16 Valuation 0
Expiration Date 5/21/17

Special Notes and Comments

T/S: 11/16/2016 02:45 PM JBROCK ----
401 TO STOCK YARD RD 1ST DR ON L

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	16-50040197	Page	2
Property Address	127 STOCKYARD RD	Date	11/22/16
PARCEL NUMBER	10-0559- - -0035- - -		
Application description . . .	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name			
Property Zoning	PENDING		

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	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___