

Initial Application Date: 7/10/17

Application # 17-50041795
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: Sandra and Shep Kaylor Mailing Address: 711 Spy Glass Dr.
City: Fayetteville State: NC Zip: 28311 Contact No: 910.488.4411 Email: SandraKaylor@gmail.com

APPLICANT: Timberkraft Log Homes Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Anthony Stember Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: D-5 Lot Size: 7.01
State Road # 1107 State Road Name: Cypress Church Rd Map Book & Page: 22 / 88
Parcel: D99544 0027 PIN: 9553-78-7928.000
Zoning: R1-202 Flood Zone: X Watershed: GIS Deed Book & Page: 3398 / 925 Power Company: Central Electric

*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 34 x 24) Use: detached 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: _____ Manufactured Homes: _____ Other (specify): 1 detached garage

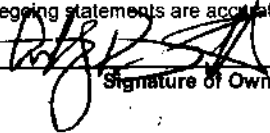
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>168'</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>10+</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: Detached garage only - see 17-500417750 for SFD

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

7/10/17
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****

MICHAEL D. MCKINNEY
 D.B. 3334 PG. 819
 LOT D-4
 M.B. 22, PG. 88

GREGORY A. STUEE
 D.B. 2716, PG. 654
 LOT 1
 MAP H 2002-103

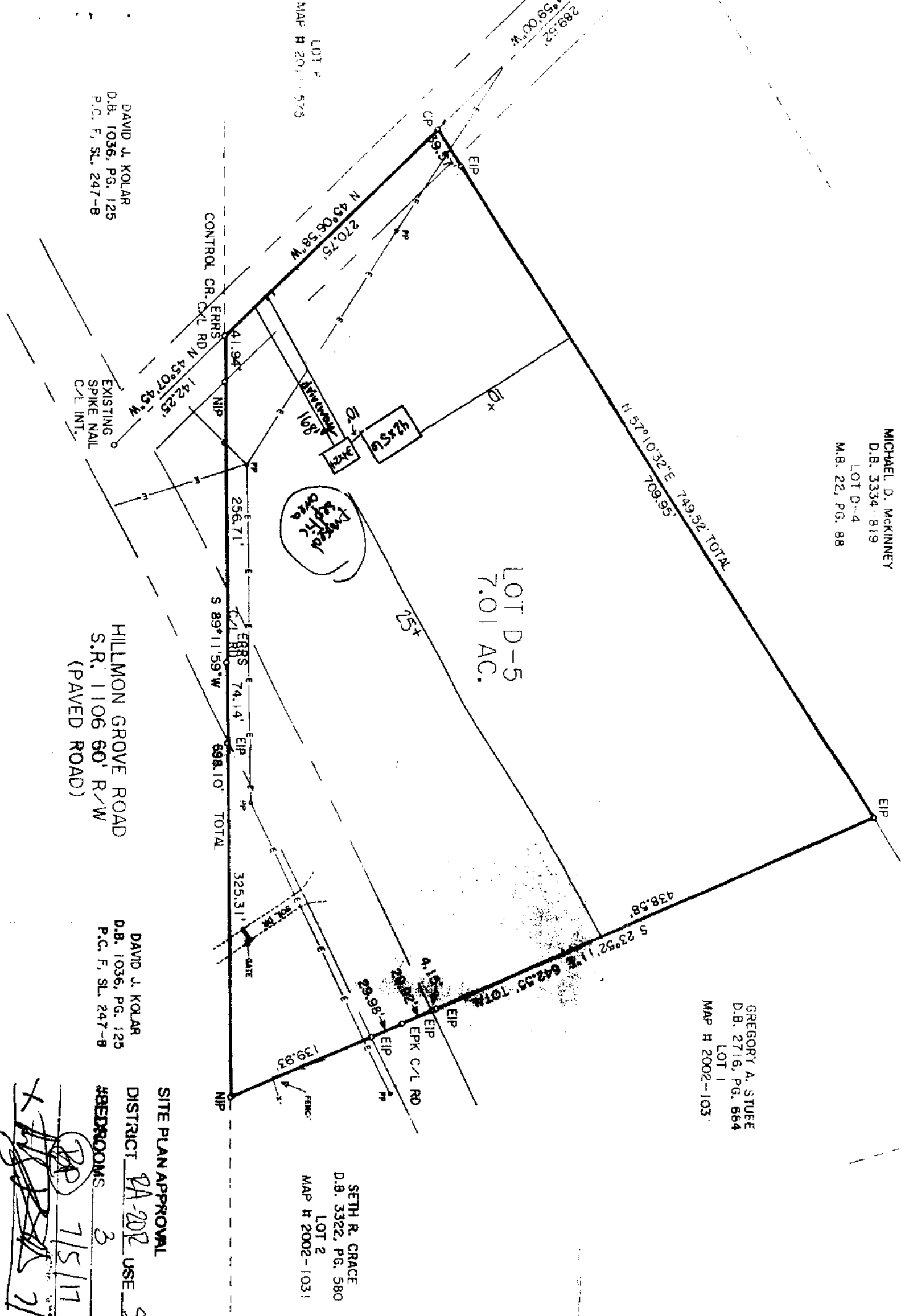
SETH R. GRACE
 D.B. 3322, PG. 580
 LOT 2
 MAP H 2002-1031

DAVID J. KOLAR
 D.B. 1036, PG. 125
 P.C. F, SL. 247-B

DAVID J. KOLAR
 D.B. 1036, PG. 125
 P.C. F, SL. 247-B

HILLMON GROVE ROAD
 S.R. 1106 60' R/W
 (PAVED ROAD)

LOT D-5
 7.01 AC.



NOTES:
 PROPERTY OWN
 AND TITLEMA

ALL AREAS BY
 PROPERTY ZON
 PROPERTY IN W
 COUNTY WATER
 PIN # 9553 - 78
 PARCEL # 099E
 ROAD # 002662

R.F. LOT D-5

SITE PLAN APPROVAL

DISTRICT PA-202 USE SFD

#BEDROOMS 3

PP 7/5/17

[Signature] 7/10/17

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.

AP Stember
Signature of Owner/Contractor/Officer(s) of Corporation

7/5/17
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 Anthony P. Stember dba TimberKraft Log Homes

Sign w/Title *AP Stember* owner Date 7/5/17