

Initial Application Date: 1/23/18

Application # 1850043148  
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: DAVID JOHNSON; Tamia Mailing Address: 570 POPE LAKE RD.  
City: Angier State: NC Zip: 27501 Contact No: (919) 441-2455 Email: johnsd14@aol.com

APPLICANT: MESC INC TA Baulow Home Care Mailing Address: P.O. Box 2587  
City: FAYETTEVILLE State: NC Zip: 28502 Contact No: 910-484-6163 Email: tsteppo@insect.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tom Stepp Phone # 910-624-7440

PROPERTY LOCATION: Subdivision: Popes Lake Phi Lot #: 12 Lot Size: .97  
State Road # 1566 State Road Name: POPE LAKE RD Map Book & Page: 99, 15  
Parcel: 04-0692-0006-13 PIN: 0692-37-6592  
Zoning: RA-30 Flood Zone: X Watershed: NO Deed Book & Page: 3569, 142 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:    Monolithic  
(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 x 38) Use: 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 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 40.5  
Rear \_\_\_\_\_ 25.00  
Closest Side \_\_\_\_\_ 11.01  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

Comments: 255903



NAME: DAVID JOHNSON

APPLICATION #: 43148

**\*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 # 025843-LL  
1/23/18

- 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.
- 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.**

Paul J. [Signature] MSC Inc TA Beau Cou Heating and Cooling      12-29-2017  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)      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: Dave Johnson Date: 4-13-15  
Site Address: 570 Popes Lake Rd Phone: 919-441-2455  
Directions to job site from Lillington: RT. 5. Main, RT Old Coats, LF Oak Grove Church, RT Langdon, LF Popes Lake, HS on RT.

Subdivision: Popes Lake Sub/D Lot: 12  
Description of Proposed Work: DET 24 X 32 1ST GAR. # of Bedrooms: —  
Heated SF: — Unheated SF: — Finished Bonus Room? — Crawl Space: — Slab: —

**General Contractor Information**

Pleasant L McDaniel Jr 919-667-6987  
Building Contractor's Company Name Telephone  
3544 NC Hwy 98 W. Yonkersville NC HWSGARAGES@gmail  
Address Email Address  
76637

**Electrical Contractor Information**

Description of Work DET. GAR. Service Size: — Amps T-Pole: — Yes — No  
George Dorman 919-553-4796  
Electrical Contractor's Company Name Telephone  
Clayton  
Address Email Address  
21969  
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 N/A # Baths —  
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 / owner 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

4-13-18  
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.

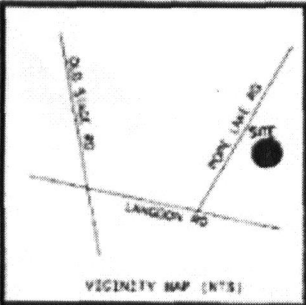
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

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.

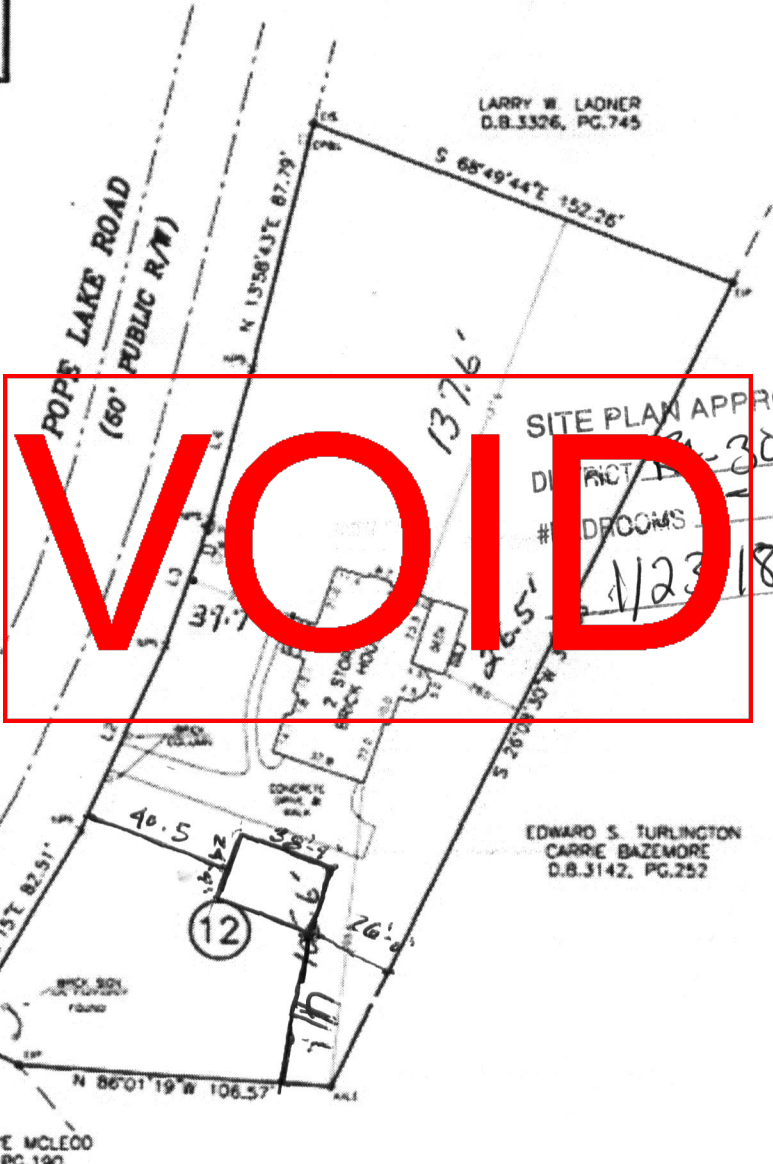
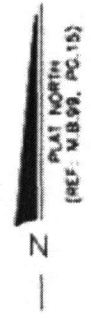
Company or Name: Home Work Services Inc

Sign w/Title: President Charles H. M. Smith Date: 4-13-18



Course	Bearing	Distance
L1	N 65° 05' 25" W	22.40
L2	N 24° 18' 04" E	70.58
L3	N 19° 24' 23" E	46.58
L4	N 15° 17' 40" E	53.86

- LEGEND
- N/S NOT TO SCALE
  - EP EXISTING HOV PIPE
  - MP POWER POLE
  - BTM BATTERY TOWER
  - A/TV TELEPHONE BOX
  - WP WIRE POLE SET
  - SPB TRANSFORMER
  - CA/TV CABLE TV BOX
  - L POLE LIGHT POLE
  - OWP OVERHEAD POWER LINE
  - F.E.S. FLARED END SECTION (PIPE)
  - ROP REINFORCED CONC. PIPE
  - S.B.C. SIGN ON CURB
  - F.W. FIRE HYDRANT
  - C.D. SEWER CLEAN OUT
  - E.S. EXISTING HOV STATE
  - M.A. MANHOLE
  - NP NO POLE SET
  - BP SIGNAGE PREVENTED

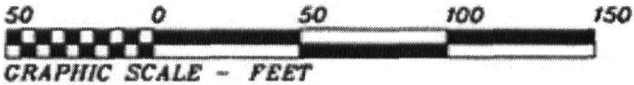


SITE PLAN APPROVAL  
DISTRICT 15-30 USE  
# DECOMMS  
1/23/18

Detached  
Garage

*LL*  
Zoning Administrator

NOTE: SHOWN IS LOT 12 OF  
POPE LAKE S/D - PHASE 1  
REF: M.B.99, PG.15  
AREA = 0.952 ACRES  
570 POPE LAKE ROAD



THIS IS TO CERTIFY THAT THIS MAP WAS  
PREPARED FROM AN ACTUAL SURVEY OF THE  
PREMISES, MADE UNDER MY SUPERVISION, AND  
THAT THERE ARE NOT ANY ENCROACHMENTS,  
EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE,  
THAT THE RATIO OF PRECISION AS CALCULATED BY  
LATITUDES AND DEPARTURES IS 1:10,000.  
THIS MAP WAS PREPARED FOR TITLE COMPANY USE  
AND IS NOT INTENDED FOR RECORDATION OR  
CONVEYANCES WITHOUT WRITTEN AUTHORIZATION  
OF THE SURVEYOR AND OTHER APPROPRIATE OFFICIALS.  
PROFESSIONAL LAND SURVEYOR  
L-2247

PRELIMINARY PLAT  
NOT FOR RECORDATION

SURVEY FOR:  
**DAVID JOHNSON**  
**TAMIA JOHNSON**  
BLACK RIVER TWP., HARNETT CO., N.C.  
SCALE 1" = 50' AUGUST 4, 2017

MAULDIN - WATSONS SURVEYING, P.A.  
P.O. BOX 444 / 1301 W. BROAD ST.  
FUQUAY VARRINA, NORTH CAROLINA 27526  
(919) 552-9328  
3248-12

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

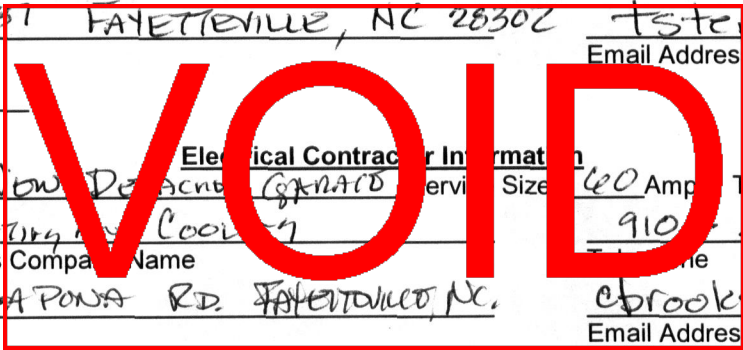
**Application for Residential Building and Trades Permit**

Owner's Name: DAVID JOHNSON Date: 12-29-2017  
Site Address: 570 POPE LAKE RD. Phone: 919-441-2455  
Directions to job site from Lillington: 401N. TO 4215, LESLIE CAMPBELL AOC, TO OLD STAGE RD N TO POPES LAKE RD

Subdivision: POPES LAKE PH1 Lot: 12  
Description of Proposed Work: 24x38 DETACHED GARAGE # of Bedrooms: 0  
Heated SF: 912 Unheated SF: N/A Finished Bonus Room? N/A Crawl Space: N/A Slab:

**General Contractor Information**

MSC INC TA BELL COW HEATING AND COOLING (910) 484-6163  
Building Contractor's Company Name Telephone  
P.O. BOX 2581 FAYETTEVILLE, NC 28302 tsteppe@insect.com  
Address Email Address  
69139  
License #



**Electrical Contractor Information**  
Description of Work New Detached GARAGE Service Size 40 Amp T-Pole:  Yes  No  
BELL COW HEATING AND COOLING 910-484-6163  
Electrical Contractor's Company Name Telephone  
P.O. 1328 SAPONA RD. FAYETTEVILLE, NC. cbrooks@bellcowhvac.com  
Address Email Address  
31172  
License #

**Mechanical/HVAC Contractor Information**

Description of Work THROUGH THE NEW HEAT PUMP  
BELL COW HEATING AND COOLING 910-484-6163  
Mechanical Contractor's Company Name Telephone  
1328 SAPONA RD, FAYETTEVILLE, NC. bastry@bellcowhvac.com  
Address Email Address  
20078  
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 / owner 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.

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Paul J. [Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

12-29-2017  
Date

**VOID**

**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:

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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: MSC INC TA Bell Cow Heating and Cooling

Sign w/Title: Paul J. [Signature] Manager/QUALIFIER Date: 12-29-2017