

Initial Application Date: 3.7.18

Application # 1850043614

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: Dave Smith Mailing Address: 158 Edgemont Terrace
City: Sanford State: NC Zip: 27322 Contact No: 910-297-0028 Email: _____

APPLICANT: Chris Knight Mailing Address: 1058 Shaw Rd
City: Carthage State: NC Zip: 28327 Contact No: 919-701-2080 Email: probuilt1748@gmail.com
*Please fill out applicant information if different than landowner



CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: CAROLINA LAKES BKP Lot #: 307 Lot Size: .47
State Road #: _____ State Road Name: Buffalo Lake Rd Map Book & Page: D, 58A
Parcel: 03 9585 16 0307 10 PIN: 9595.59.2363
Zoning: RA20P Flood Zone: X Watershed: NA Deed Book & Page: 2000 1004 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: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic
- 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 24x32) Use: detached garage / storage 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 existing Manufactured Homes: _____ Other (specify): detached garage

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>35+</u>
Rear	<u>25</u>	<u>60'</u>
Closest Side	<u>10</u>	<u>12'</u>
Sidestreet/corner lot	<u>20</u>	<u>-</u>
Nearest Building on same lot	<u>10</u>	<u>10'</u>

Comments: _____

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 Smith Date 3-21-18
Site Address 158 Edgemont Terrace Phone 910-297-0028
Directions to job site from Lillington Take 21 toward cameron, left on 87
to Carolina Lakes Rd.

Subdivision Carolina Lakes Lot _____
Description of Proposed Work storage Building # of Bedrooms 0
Heated SF 0 Unheated SF 768 Finished Bonus Room? No Crawl Space No Slab yes

General Contractor Information

Probuilt Construction Telephone 919-721-2050
Building Contractor's Company Name
1058 Shaw Rd Email Address Probuilt1748@gmail.com
Address

License # _____

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

Chris Knight
Signature of Owner/Contractor/Officer(s) of Corporation

3-21-18
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 _____

Sign w/Title Chris Knight Date 3-21-18

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Application Number 18-50043614 Date 3/29/18
 Property Address 158 EDGEMONT TER
 PARCEL NUMBER 03-9585-16- -0307- - -
 Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED
 Subdivision Name CAROLINA LAKES
 Property Zoning RES/AGRI DIST - RA-20R

Owner

Contractor

SMITH DAVE# 307
 158 EDGEMONT TERRACE
 SANFORD NC 27332
 (910) 297-0028

PROBUILT CONSTRUCTION
 1058 SHAW RD
 WHISPERING PINES NC 28327
 (919) 721-2080

Applicant

KNIGHT CHRIS #307
 1058 SHAW RD
 WHISPERING PINES NC 28327
 (919) 721-2080

--- Structure Information 000 000 24X32 DETACHED GARAGE/STORAGE
 Flood Zone FLOOD ZONE X
 Other struct info PROPOSED USE GARAGE/STORAGE
 SEPTIC - EXISTING? SEWER
 WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT

Additional desc . . .
 Phone Access Code . 1235001
 Issue Date 3/29/18 Valuation 0
 Expiration Date . . 3/29/19

Permit LAND USE PERMIT

Additional desc . . .
 Phone Access Code . 1236280
 Issue Date 3/29/18 Valuation 0
 Expiration Date . . 9/25/18

Special Notes and Comments

T/S: 03/21/2018 04:04 PM DJOHNSON --
 CAROLINA LAKES BLK P LOT 307
 FROM GUARD HOUSE TAKE CAROLINA LAKES RD
 TO STOP SIGN. THEN LEFT AND GO 3.5
 MILES TO EDGEMONT TERRACE THEN LEFT.

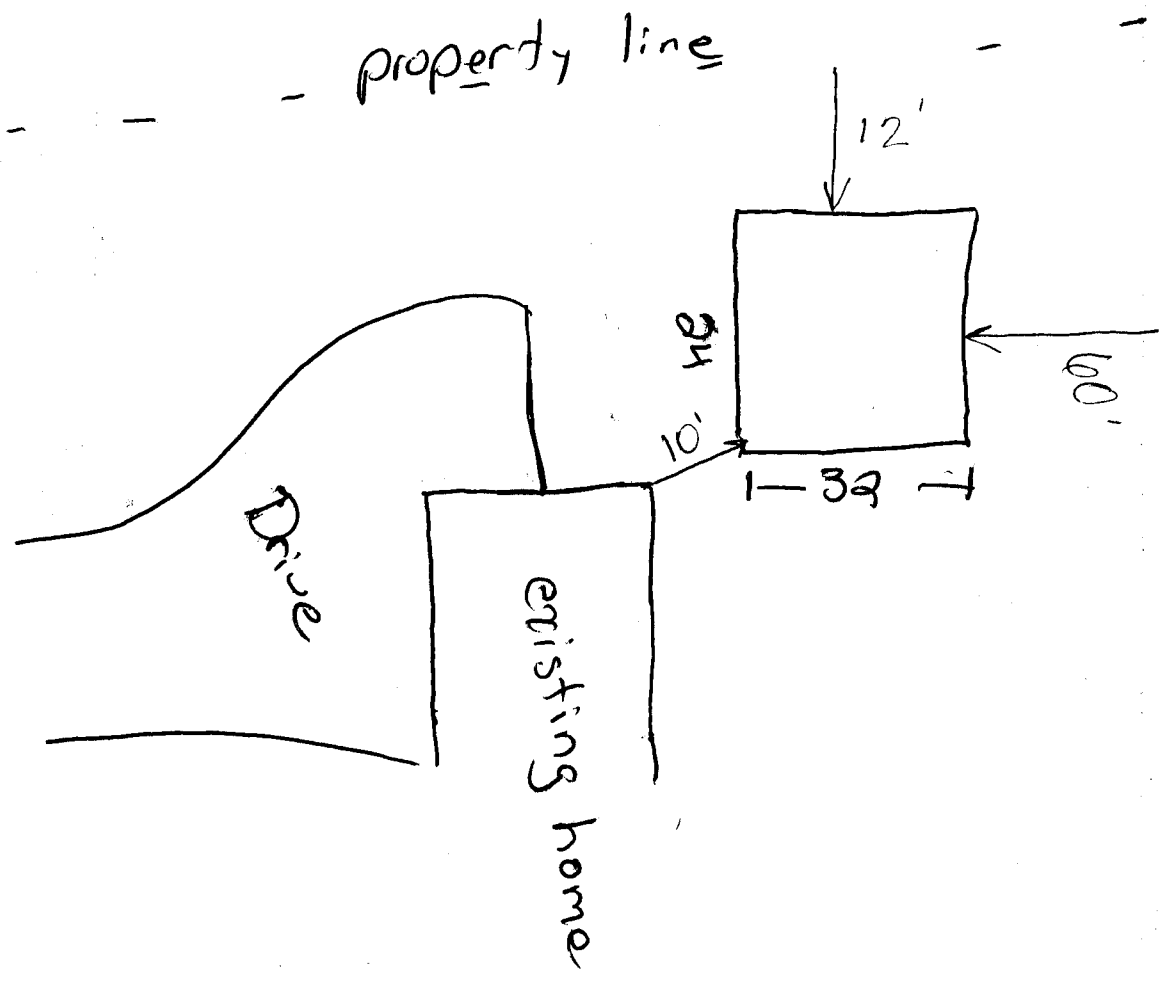
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Required Inspections

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	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
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	_____	___/___/___

Prop. property line ← N

158 Edgemont Terrace



SITE PLAN APPROVAL Devin
 DISTRICT R220R USE garage
 #BEDROOMS 3
3-21-18 D. J. OLSON
 ZONING ADMINISTRATOR



CAROLINA LAKES PROPERTY OWNERS' ASSOCIATION

91 Clubhouse Drive
Sanford, North Carolina 27332
Phone: (919) 498-9122
Fax: (919) 343-2661
www.carolinalakes.info

February 22, 2018

Larry & Cynthia Smith
158 Edgemont Terrace
Sanford, NC 27332

For Address located at: 158 Edgemont Terrace

Dear Larry & Cynthia Smith,

The Architectural Review Committee has made the following decision regarding your request for:

Garage

- Approved
- Denied
- Approved with Conditions
- More information is required

The Architectural Committee has approved your request as per the plans submitted with conditions. Garage may only be used for personal vehicles. No commercial vehicles may be parked in garage.

Please be advised that all work must be completed within one year of the approved request.

If the approved request is for a community code violation, all work must be completed within 14 calendar days. If the timeline or any extenuating circumstances will prevent compliance, please contact the office.

Thank you,

Lisa Meyer
Community Service Administrator
Carolina Lakes Property Owners' Association

DISCLAIMERS: Any necessary city/ town permits are the sole responsibility of the homeowner. Any diversions from your application, if it is approved, will require additional and separate approval.



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** THANK YOU FOR YOUR PAYMENT **

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 3/29/18 53 Receipt no: 301117

Year	Number	Amount
2018	50043614	
158 EDGEMONT TER		
SANFORD, NC 27332		
B1	BP - PERMIT FEES	\$200.00

CHRISTOPHER KNIGHT

Tender detail		
CK CHECK PAYMEN	1757	\$200.00
Total tendered		\$200.00
Total payment		\$200.00

Trans date: 3/29/18 Time: 10:32:50

** THANK YOU FOR YOUR PAYMENT **