

Initial Application Date: 3/27/18

Application # 1850043647

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

CU# **SCANNED**

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: Overhills Creek HOA Mailing Address: 2939 Breezewood Ave Ste 100  
City: Fayetteville State: NC Zip: 28302 Contact No: (910) 484-5400 Email: Samantha@lithrandyang.net

APPLICANT\*: Bellgroves Enterprise Mailing Address: 1409 four wood Dr.  
City: Fayetteville State: NC Zip: 28312 Contact No: (910) 273-5747 Email: bellgrovesjr@gmail.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Bevil Graves Phone # (910) 273-5747

PROPERTY LOCATION: Subdivision: Overhills Creek Lot #: 398 Lot Size: .29

State Road # \_\_\_\_\_ State Road Name: 555 Lenoir Dr. Map Book & Page: 2006, 1005

Parcel: 01051402 0006 49 PIN: 0514-54-0801, 000

Zoning: R420M Flood Zone: X Watershed: NO Deed Book & Page: 3914, 226 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))
- 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 20 x 40) Use: Pole Barn Closets in addition? ( ) yes (X) 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 (X) no

Does the property contain any easements whether underground or overhead ( ) yes (X) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

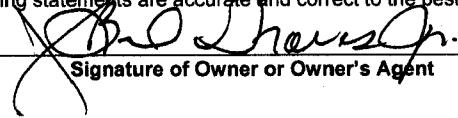
Front	Minimum	Actual
		<u>35'</u>
Rear		<u>25+</u>
Closest Side		<u>10'</u>
Sidestreet/corner lot		
Nearest Building on same lot		

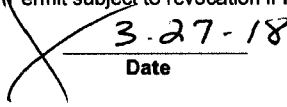
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

  
\_\_\_\_\_  
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\*\***

09/09/11

Application #

43647

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

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

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

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

General Contractor Information

Bell Groves Enterprises

910-273-5247

Building Contractor s Company Name

Telephone

1409 Fox Wood Dr.

Address

Email 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

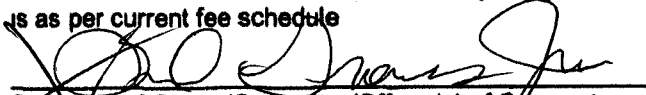
Insulation Contractor s Company Name & Address


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

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

 3-27-18  
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

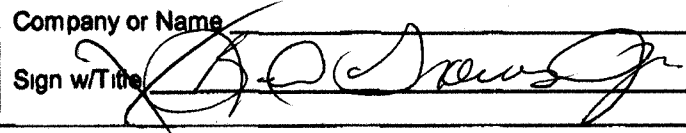
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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  \_\_\_\_\_ Date 3-27-18

Application Number . . . . . 18-50043647 Page 2  
Property Address . . . . . 91750 TECH 3 Date 3/27/18  
PARCEL NUMBER . . . . . - - - - -  
Application description . . . CP GARAGE/CARPORT RESIDENTIAL DETACHED  
Subdivision Name . . . . .  
Property Zoning . . . . . UNZONED

Permit . . . . . RESIDENTIAL BUILDING PERMIT

Additional desc . . .  
Phone Access Code . 1235605

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
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	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Application Number . . . . . 18-50043647 Date 3/27/18  
Property Address . . . . . 91750 TECH 3  
PARCEL NUMBER . . . . . - - - - -  
Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED  
Subdivision Name . . . . .  
Property Zoning . . . . . UNZONED

Owner Contractor  
-----

OVERHILLS CREEK HOA OWNER  
2939 BREEZEWOOD AVE  
STE 100  
FAYETTEVILLE NC 28302  
(910) 484-5400

Applicant  
-----

BELL GROVES INTERPRISES  
1409 FOUR WOOD DR  
EASTOVER NC 28312  
(910) 273-5747

--- Structure Information 000 000 20X40 POLE BARN  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE POLE BARN  
SEPTIC - EXISTING? NONE  
WATER SUPPLY NONE

-----  
Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1235605  
Issue Date . . . . . 3/27/18 Valuation . . . . . 0  
Expiration Date . . . . . 3/27/19  
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Special Notes and Comments  
T/S: 03/27/2018 08:48 AM LLUCAS ----  
555 LENOIR DR - OVERHILLS CREEK #398

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\_\_\_\_\_  
\_\_\_\_\_

# Harnett GIS



**Harnett COUNTY**  
NORTH CAROLINA

**GIS/E-911 Addressing**  
March 27, 2018

1 inch = 47 feet

0 20 40 80 Feet

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Recycle Center

Landfills

Surrounding County Boundaries

Federal Property

City Limits

Address Numbers

Airport

MajorRoads

Interstate

---

NC

US

Roads

Mile\_Markers

Railroad

Parcels

Plan Box # File

Date 3/27/18

Job Name Bell Groves Enterprises

Plan Name \_\_\_\_\_

App # 43647

Valuation \$29,600

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

Garage 800

= \_\_\_\_\_

**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 NO

Envir. Health NO

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

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

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

Insulation \_\_\_\_\_

Final \_\_\_\_\_

20x40 Pole Barn



HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS      Type: CP      Drawer: 1  
Date: 3/27/18 53      Receipt no: 299454

Year	Number	Amount
2018	50043647	
91750 TECH 3		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	\$200.00

BEVIL GROVES

Tender detail	
CP CREDIT CARD	\$200.00
Total tendered	\$200.00
Total payment	\$200.00

Trans date: 3/27/18      Time: 9:04:30

\*\* THANK YOU FOR YOUR PAYMENT \*\*