

Initial Application Date: 3-31-14
~~3-6-14~~

Application # 1450033056R
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: Barbara L. Keller Mailing Address: 90 Belinda ~~26 N. Salem St Unit #204~~
City: Apex State: NC Zip: 27502 Contact No: 919 397 3039 Email: _____
SCANNED *Power of Attorney*

APPLICANT: April Hayes Chalk Mailing Address: 604a Raitford Rd
City: Erwin State: NC Zip: 28339 Contact No: 910 890-6639 Email: april.chalk@earthlink.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: April H. Chalk Phone # 910 890-6639

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 3.2
State Road # 1553 State Road Name: Abattoir Rd Map Book & Page: 915
Parcel: 07-1002-0036 PIN: 1602-54-8585
Zoning: R330 Flood Zone: X Watershed: na Deed Book & Page: atp Power Company*: Duke Energy

*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 32 x 76) # Bedrooms 4 # Baths 2 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 _____ x _____) Use: _____ 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 attachment attached.

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	_____
Rear	Minimum	<u>25</u>	Actual	_____
Closest Side	Minimum	<u>10</u>	Actual	_____
Sidestreet/corner lot	Minimum	<u>20</u>	Actual	_____
Nearest Building on same lot	Minimum	<u>10</u>	Actual	_____

Comments: proposed
3-31-14 New Survey

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Corner of Anactor Rd and Johnston
County Line Rd. Angier, NC 27501

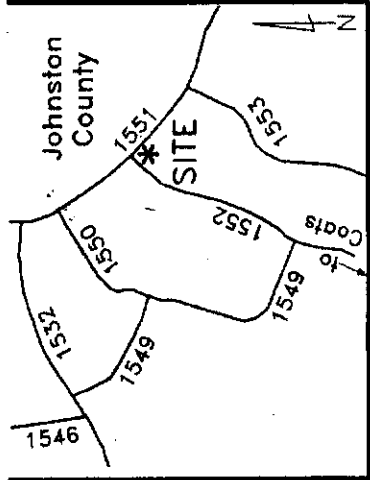
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

✓ Opri Hayes Chalk
Signature of Owner or Owner's Agent

✓ 3/6/14
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



VICINITY MAP

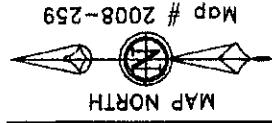
Johnston County

Harnett County

Minimum Building Setback Requirements

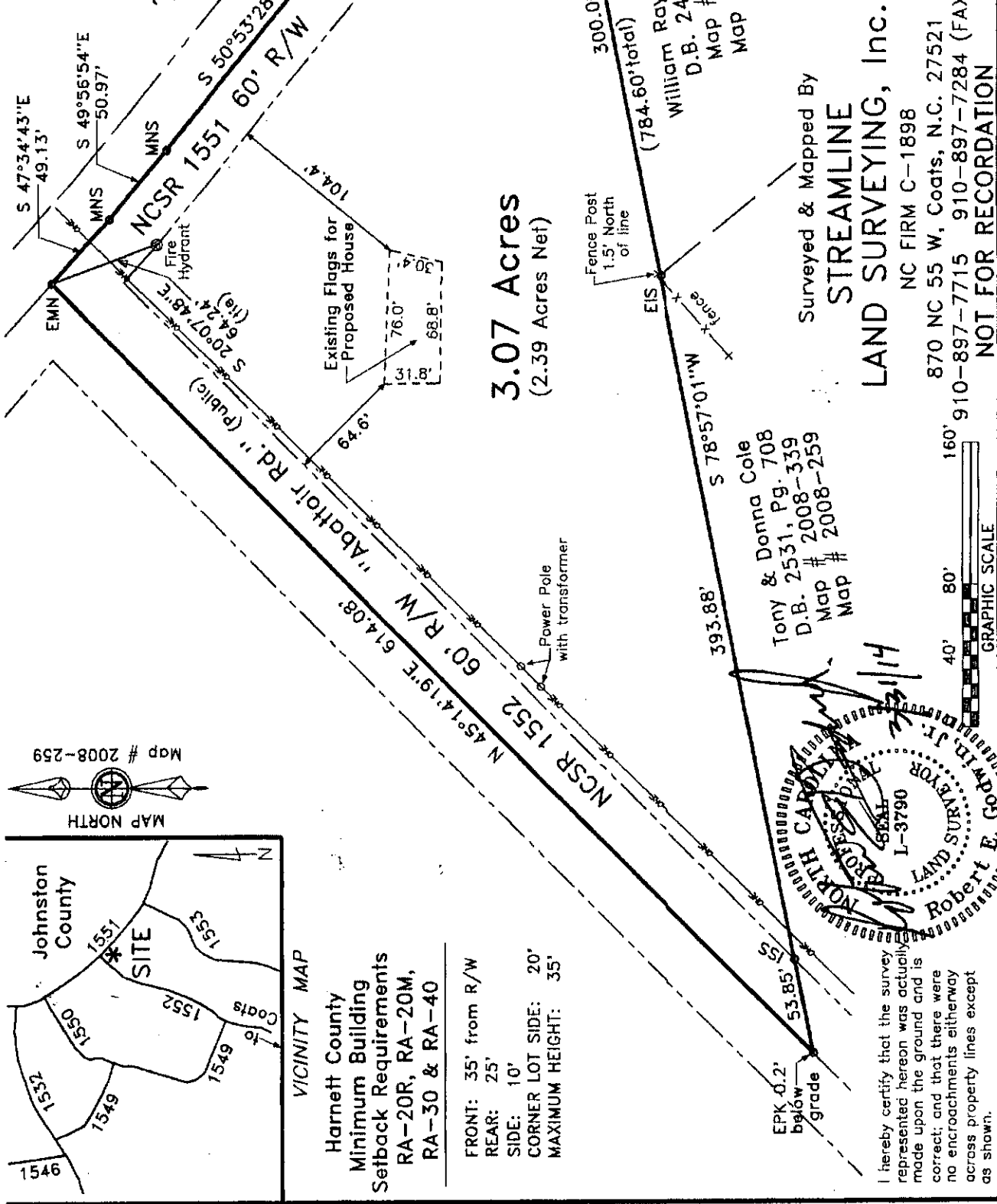
RA-20R, RA-20M, RA-30 & RA-40

FRONT: 35' from R/W
 REAR: 25'
 SIDE: 10'
 CORNER LOT SIDE: 20'
 MAXIMUM HEIGHT: 35'



LEGEND

- Subject Boundary Line Surveyed
- Adjoining Boundary Line
- Survey Tie Line
- R/W Right-of-way Line
- C/L Centerline Line
- Fence
- Overhead Electric Line
- EPK Existing PK Nail
- EIS Existing Iron Stake
- ECS Existing Cotton Spindle
- EMN Existing Magnetic Nail
- ISS Iron Stake Set
- MNS Magnetic Nail Set



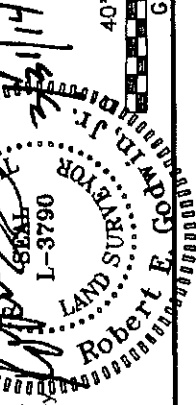
3.07 Acres
 (2.39 Acres Net)

Surveyed & Mapped By
STREAMLINE LAND SURVEYING, Inc.
 NC FIRM C-1898
 870 NC 55 W, Coats, N.C. 27521
 910-897-7715 910-897-7284 (FAX)
NOT FOR RECORDATION

Tony & Donna Cole
 D.B. 2531, Pg. 708
 Map # 2008-339
 Map # 2008-259

William Raymond Lee, Jr.
 D.B. 2491, Pg. 184
 Map # 2008-339
 Map # 2008-259

Survey For	Prospective Buyer:	April Hayes Chalk
Current Owner:	Barbara L. Keller	
D.B.	1039, Pg. 982 (Second Tract)	
PIN	1602-64-8585.000; PID 071602 0036	
Grove Twp.	Harnett Co.	
Scale: 1" = 80'	Date: 3-24-2014	



I hereby certify that the survey represented hereon was actually made upon the ground and is correct; and that there were no encroachments either way across property lines except as shown.

09/09/11

Att Jennifer

Application #

14-50033056

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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 April Chalk
Site Address Johnston County Rd Date 4/3/14
Directions to job site from Lillington _____ Phone 910-890-6639

Subdivision _____ Lot _____
Description of Proposed Work CE Frame mod # of Bedrooms 4
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

called 4.4.14

General Contractor Information

Building Contractor's Company Name Baron Beck mtl mairs Telephone 919-775-3600
Address 3335 NC Hwy 81 S Sanford NC 27331 Email Address N/A
License # _____

Electrical Contractor Information

Description of Work Hook up Electric Service Size 200 Amps T-Pole Yes No
Electrical Contractor's Company Name _____ Telephone 919-770-4249
Address 529 Brinn Dr Sanford NC Email Address N/A
License # _____

Mechanical/HVAC Contractor Information

Description of Work Hook up Heat Pump
Mechanical Contractor's Company Name _____ Telephone 910-947-7707
Address 3700 Hwy 15-501 Email Address N/A
License # _____

Plumbing Contractor Information

Description of Work Hook up water/sewer # Baths 2
Plumbing Contractor's Company Name April Chalk Telephone 910-890-6639
Address Johnston County Rd Email Address N/A
License # Self

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

4/13/14
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 Raven Rock mth movers
Sign w/Title [Signature] owner Date 4/13/14