Initial Application Date:

Residential Land Use Application

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

ty: Sonford	State: <u> </u>	2 Contact No: <u>9/9 - 478 - 35</u> 06	2 Email:
PLICANT*:	Mailing Ac	ldress:	
y: ease fill out applicant information if	State:Zip:	Contact No:	_ Email:
NTACT NAME APPLYING IN	I OFFICE:	Pho	one #
OPERTY LOCATION: Subdiv	rision:		Lot #:Lot Size <u>:-2.00</u> gc
te Road #	State Road Name: <u>Vesse</u>		Map Book & Page 2015 / 186
rcel: <u>639598</u>	, POSP P1	PIN: <u> </u>	8-7219.000
ning: Flood Zone:_	Watershed: MP Deed	Book & Page: 33/6/525 P	Power Company*: <u>Central Electric</u>
w structures with Progress E	nergy as service provider need to sup	pply premise number	from Progress Energy.
ODOCED HEE			
OPOSED USE:		M. J. Marth. Commun. Don	Monolithic
		ent(w/wo bath): Garage: Deci () no w/ a closet? () yes () no	k: Crawl Space: Slab: Slab: o (if ves add in with # bedrooms)
(13	the bonds room innoned. (<u></u>	fear 15+24
Mod: (Size <u>76_x <i>2</i>8_</u>)#	Bedrooms <u>3</u> #Baths <u>2</u> Baseme	nt (w/wo bath) Garage: Site	Built Deck: On Frame Off Frame
(Is	the second floor finished? () yes	() no Any other site built additions	s? () yes () no
) # Bedrooms: Garage:(. Bedrooms Per Unit:	site built?) Deck:(site built?)
			#Employees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () n
ter Supply: County	Existing Well New Well	(# of dwellings using well)	*Must have operable water before final
		_ Existing Septic Tank (Complete Che	
			of tract listed above? () yes () no
	asements whether underground or or		
uctures (existing or proposed	. / ^^	,	Other (specify):
solution (exiculty of person	5		
quired Residential Propert	y Line Setbacks: Comme	ents:	
nt Minimum	Actual		ALLO CONTRACTOR OF THE CONTRAC
<u></u>			
sest Side			
estreet/corner lot			
arest Building			
same lot	Use Application	Page 1 of 2	03/11

Page 1 of 2
APPLICATION CONTINUES ON BACK

SPECIFIC DIRE	CTIONS TO T	HE PROPERTY F	ROM LILLIN	GTON: 🔀	ske 0/d	43/	to	Mc Douge	2/ road
make,	Jeft o	n Jesse	rd 1	nake	right a	F First	drive	isy on	right
address	436	n Jesse property	ct	end .	of Peilo	/		/	

If permits are gra I hereby state tha	anted I agree to at foregoing st	o conform to all or atements are accu	dinances and rate and corr	laws of the ect to the be	State of North Ca	arolina regulatir ge. Permit sub	ng such work a bject to revoca	and the specificat	tions of plans submitted.
	Ju	Signature of On	Mur' vner or Own	er's Agent		3-	8-/6 Date	<u> </u>	
				 					

1 3 4 6

^{***}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**

THESTER

GROSS LAND COMPANY LLC

DB:3206,PG:280

DB:699,PG:468

NAME:	APPLICATION #:
<u></u> .	*This application to be filled out when applying for a septic system inspection.*
County Hoolth D	epartment Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION IN	N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATTION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
910-893-7525	
Environmental He	ealth New Septic System Code 800
 All property i 	rons must be made visible. Place "pink property flags" on each corner iron of lot. All property
lines must be o	clearly flagged approximately every 50 feet between corners. house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks,
out buildings s	swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Pinco orango i	Environmental Health card in location that is easily viewed from road to assist in locating property.
 If property is the 	hickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil
evaluation to b	be performed. Inspectors should be able to walk freely around site. Do not grade property. 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 800 (after sele	g proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code acting notification permit if multiple permits exist) for Environmental Health inspection. Please note
confirmation n	umber given at end of recording for proof of request. v or IVR to verify results. Once approved, proceed to Central Permitting for permits.
Use Click2Gov Fnvironmental H	ealth Existing Tank Inspections Code 800
 Edlow shove 	instructions for placing flags and card on property.
- Propore for in	expection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (II
possible) and	then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) E LIDS OFF OF SEPTIC TANK
- After upocucri	ng outlet and call the voice permitting system at 910-893-7525 option 1 & select notification permit
if multiple per	mits, then use code 800 for Environmental Health inspection. Please note confirmation number
given at end o	of recording for proof of request. V or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
CEDTIC	
If applying for authorizat	tion 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 notif question. If the answer	by the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	Does the site contain any Jurisdictional Wetlands?
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	Does or will the building contain any drains? Please explain.
{}}YES	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?
$\{ \underline{\mathscr{O}} \} YES \{ \underline{\checkmark} \} NO$	Are there any Easements or Right of Ways on this property?
{_}}YES { <u>~</u> } 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 Applic	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Gran	ted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So T	hat A Complete Site Evaluation Can Be Performed.
Turdly AS	about 3.8-/6 DATE
PROPERTY OWNER	RS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

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

Application # 1 (2500 38 18)

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit	
Owner's Name: Date:	_
Site Address: 611 Jesse Rd Broading NC Phone: 919-478-350	2
Directions to job site from Lillington:	
Subdivision:Lot:	_
Description of Proposed Work: 28x 76 off frame Modular #Bedrooms: 3	
Heated SF 2077 Unheated SF Finished Rec Room? Crawl Space (v	Slal
General Contractor Information	
TCC Vanderbuil+ UC 919-774-6319	_
Building Contractor's Company Name Telephone 3300 Jefferson Davis Hwy Sanfard NC 27332 43964	
Address / / License #	-
Must sign & fill out second page	
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work Wire to 16 W New York Service Size: 200 Amps TPole: yes/no	
Pareling Air Heating Cooling Inc 910-947-7767	
Electrical Contractor's Company Name. Telephone	-
3700 Wwy 15/501 Carthage NC 28327 19702	
Address License #	-
Description of Work In Stall & Sct of Mew HV AC Cavaling Lin Heating Continue Inc. Mechanical Permit Information Mechanical Permit Information Mechanical Permit Information Mechanical Permit Information 9/0-941-7700 Telephone 3/10 Huy 15/501 Caw thay & NL 19327 License #	-
Signature of Officer(s) of Corporation	
A Landing Perint Mornaton	
	-
Plumbing Contractor's Company Name Telephone	-
2314 Car box ton Rd Sam Ford WC 27330 10924	
Address License #	-
face of But	
Signature of Officer(s) of Corporation	
1. # 6012	
Insulation Contractor's Company Name & Address Telephone	-

Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
Do you own the land on which this building will be constructed? yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
3. Do you intend to directly control & supervise construction activities? yes no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?
yes no
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 if <u>any</u> 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.
Synature of Owner/Centraster/Officer(s) of Corneration
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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
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:
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
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
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 and at any time during the permitted work from any person, firm or corporation carrying out the work.
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

New Electrician,

Harnett County Central Permitting

PO Box 65 illington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits

Certification of Work Performed By Owner/Contractor

(Individual Trade Application)

Owner (s) of Structur	e: Timothy PaldwinPhone:
Owner (s) Mailing Ac	dress: 1833 tose Rd.
Land Owner Name (a Construction or Site of PIN #): Timothy Baldwin Phone:
Job Cost: \$\frac{2500}{56}	Description of Work to be done_NEW NOME CICCLYIC 200 AMP
Mechanical: New U	nit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Ar	np <200 Amp Service Change Service Reconnect Other Togress Energy customers we need the premise number
Plumbing: Wate	r/Sewer Tap Number of Baths Water Heater \ \(\)
Specific Directions to	nit With Ductwork New Unit Without Ductwork Gas Piping Other Unit With Ductwork Service Reconnect Other rogress Energy customers we need the premise number r/Sewer Tap Number of Baths Water Heater Job from Lillington:
Subdivision:	Lot #:
(Contractors	(1120)
	er or my NC state license number is 30603, which entitles me to
	the above structure legally. All work shall comply with the State Building Code and all
	and local laws, ordinances and regulations.
MILLWAWN STEI	Aura al' Aba Canada-illa Qua aggi aggi
- IDINING LIGH	AVIL OF THE SAMANITY 910.268.7255
Contractor's Compan	
1302 N POO17 Address	V St. Wheratoon NC 2831S Email Address
1302 N 90017 Address 301003	V St. Wheretoon NC 7831S Email Address
Contractor's Compan 1302 N. POO17 Address 301003 License #	Telephone Telephone Telephone Email Address
Contractor's Compan 1302 N. PODI7 Address 301003 License #	W. St. Aberdoon NC 7831S Email Address

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license