

Initial Application Date: 1-1-17

Application # 1750040548

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: Johnny & Sheila Smith Street Address: 36 Happy Ln. Sanford, NC 27332
Mailing Address: P.O. Box 1190
City: Broadway State: NC Zip: 27505 Contact No: Home # 499-1368 Email: oldjray@gmail.com
Cell # 910-429-6819

APPLICANT*: Johnny Smith Mailing Address: P.O. Box 1190
City: Broadway State: NC Zip: 27505 Contact No: Home # 499-1368 Email: oldjray@gmail.com
Cell # 910-429-6819
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Johnny Smith Phone # Home # 499-1368

PROPERTY LOCATION: Subdivision: 36 Happy Ln Lot #: _____ Lot Size: 0.85

State Road # 1215 State Road Name: Rosser Pittman Rd Map Book & Page: 2016 1287

Parcel: 039589 0174 PIN: 9588-57-3595

Zoning: R-20P Flood Zone: - Watershed: - Deed Book & Page: 2176 1766 Power Company*: Duke Progress

*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 26'-8" 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

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

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35'</u>	<u>98'</u>
Rear	<u>25'</u>	<u>90'</u>
Closest Side	<u>10'</u>	<u>57'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<u>6'</u>	<u>53'</u>

Comments: Old house or dwelling to be burned, tore down or taken away after new home is built.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Head west on E Front St. toward S. 1st St. Turn left onto Old US Hwy 421. Slight right to stay on Old US Hwy 421 Slight left onto McDougald Rd. Turn left onto Rosser Pittman Rd. Turn right onto Happy Ln. Slight right to reach destination 36 Happy Ln.

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

1-11-17
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****

NAME: Johnny R. Smith

APPLICATION #: 40548

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 # 020010-UB
HH7

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.

Johnny R. Smith
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-11-17
DATE

Harnett County GIS



NOT FOR LEGAL USE

SITE PLAN APPROVAL
 DISTRICT RA-20R USE SFO
 #BEDROOMS 4
 1-11-17
 Planning Administrator
 HAPPY LN
 RB

Harnett COUNTY
 strong roots • new growth

GIS/E-911 Addressing
 September 14, 2016

1 inch = 100 feet

LEGEND

Surrounding County Major Roads	Hamett County Roads	N W E S
Surrounding County Boundaries	City Limits	0 0.005 0.01 0.02 0.03 Miles
USA Property	Address Numbers	
Tax Parcel	Hamett County Major Roads	

Harnett County GIS - Refer to 2016 County Data Set for County, Harnett County GIS and respective municipalities

09/09/11

Application #

17-50040548

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 Sheila Smith Date 2/27/17
Site Address 36 Happy Ln Sanford Phone 919-499-1368
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work OFF Frame modular # of Bedrooms 4
Heated SF 2001 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Raven Rock mth movers 919-775-3600
Building Contractor's Company Name Telephone
3335 NC Hwy 87 S N/A
Address Email Address
3400
License #

Electrical Contractor Information

Description of Work Hook up Electrical Service Size 200 Amps T-Pole Yes No
Sheila Smith 919-499-1368
Electrical Contractor's Company Name Telephone
36 Happy Ln Sanford NC N/A
Address Email Address
Self
License #

Mechanical/HVAC Contractor Information

Description of Work Hook up Heat pump
3700 Hwy 15-501 Carth-Carolina Air 910-947-7707
Mechanical Contractor's Company Name Telephone
3700 Hwy 15-501 Carthage N/A
Address NC Email Address
23549
License #

Plumbing Contractor Information

Description of Work Hook up water/sewer # Baths 2
Sheila Smith
Plumbing Contractor's Company Name Telephone
34 Happy Ln Sanford N/A
Address Email Address
Self
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]
Signature of Owner/Contractor/Officer(s) of Corporation

2/27/17
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 Power Rock, Mt Movers
Sign w/Title Billy Wiggins / Supervisor Date 2/27/17

Plan Box # E

Date 2/28/17
Job Name Smith

App # 40548

Valuation 194592

SQ Feet 2027

Garage _____
= 2027

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 _____ Envir. Health _____ Other _____

Additions/Other

- Footing
- Foundation
- Slab _____
- Mono _____
- Open Floor _____
- Rough In
- Insulation _____
- Final

MOD