

* Moved house / fire repair w/ addition R
Application # 14-50034850

Initial Application Date: 11/4/14
10/29/14

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: DANNY MOODY Mailing Address: P.O. Box 265
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-431-2603 Email: MDANNY5230@AOL.COM

APPLICANT: DANNY MOODY Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: DANNY MOODY Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 9.14 AC
State Road # 41 State Road Name: Avery Spencer Rd Map Book & Page: 615
Parcel: 080644 0014 PIN: 0644-16-0195
Zoning: PA-20M Flood Zone: X Watershed: NA Deed Book & Page: 0681/0010 Power Company*: Progress
*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE: Moved House w/ addition * premise #
 SFD: (Size 46 x 40) # 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: (Site 36, 36) Use: Home addition / 130RS 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) LIBRARY

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 450 Y
Rear 25 200 Y
Closest Side 10 100 Y
Sidestreet/corner lot _____

Comments: * This is the moved section of the house due to fire damage - w/ addition R

Nearest Building on same lot _____

SCANNED

* "Moved house" portion of the fire damage w/ addition

Date 10/29/14

Plan Box # D6

Job Name Danny Moody - fire damage repair

14-50034850

App # _____

Valuation 97744

Heated SQ Feet 1504

Garage _____

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 Existing

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

* This is a fire damage repair. We have issued two application numbers because of the way the customer is doing the repairs. He will first do a "moved house" section and then an addition to the "moved house" section to complete the process of the rebuild.

* Moved house - fire repair

09/09/11

Application #

14-50034850

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: DANNY MOODY Date: 10/29/14
Site Address: 41 Avery Spence Rd Phone: 919-434-2603
Directions to job site from Lillington: 401 N. West on Christian Light Rd, approx. 8 miles, left on Avery Spence Rd, 1st light pole, left, house behind field.
Subdivision: N1 - Lot:
Description of Proposed Work: Make existing app 30 ft. # of Bedrooms: 1
Heated SF: Unheated SF: Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

Self owner
Building Contractor's Company Name: Telephone:
Address: Email Address:
License #:

Electrical Contractor Information

Description of Work: Self owner Service Size: Amps: T-Pole: Yes: No
Electrical Contractor's Company Name: Telephone:
Address: Email Address:
License #:

Mechanical/HVAC Contractor Information

Description of Work: New AC & heat Self owner
Mechanical Contractor's Company Name: Telephone:
Address: Email Address:
License #:

Plumbing Contractor Information

Description of Work: New Addition! # Baths:
L.C. Chad - Plumber
Plumbing Contractor's Company Name: Telephone:
Address: DAVID NIELSE RD, FARMWAY, VAMINI Email Address:

Insulation Contractor Information

Self owner
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.

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

10/29/14
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 *Darryl Murray*

Sign w/Title *Darryl Murray* Date 10/29/14

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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

Bldg Insp scheduled before 2pm available next business day.

Application Number 14-50034850 Date 11/13/14
Property Address 41 AVERY SPENCE RD
PARCEL NUMBER 08-0644- - -0014- - -
Application type description CP MOVED HOUSE
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20M

Owner

Contractor

MOODY DANIEL G
P O BOX 265
FUQUAY VARINA NC 27526

OWNER

Applicant

MOODY DANNY

--- Structure Information 000 000 16X40 MOVED HOUSE W/ 36X36 ADDITION
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 1.00
SEPTIC - EXISTING? EXISTING
WATER SUPPLY WELL

Permit LAND USE PERMIT

Additional desc

Phone Access Code 1061092

Issue Date 11/13/14

Valuation 0

Expiration Date 5/12/15

Permit MOVED HOUSE PERMIT

Additional desc

Phone Access Code 1060003

Issue Date 11/13/14

Valuation 97744

Expiration Date 11/13/15

Special Notes and Comments

T/S: 10/29/2014 09:04 AM LSEGARS ---
N 401, LEFT ON CHRISTIAN LIGHT RD,
APPROX 8 MILES, LEFT ON AVERY SPENCE,
HOUSE ON LEFT, ADDRESS IS 41 AVERY
SPENCE RD

Application Number	14-50034850	Page	2
Property Address	41 AVERY SPENCE RD	Date	11/13/14
PARCEL NUMBER	08-0644- - -0014- - -		
Application description	CP MOVED HOUSE		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-20M		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type MOVED HOUSE PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___