

Initial Application Date: 6/27/08 **Info Sheet** Application # 0850020409 CU _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Jimmy Allen Faircloth Mailing Address: 404 Apt B West Harnett St.
City: Dunn State: NC Zip: 28337 Home #: _____ Contact #: (910) 984-6503

APPLICANT: Jimmy Allen Faircloth Mailing Address: _____
City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jimmy Allen Faircloth Phone #: (910) 984-6503

PROPERTY LOCATION: Subdivision: Watts Crossing III Lot #: 2 Lot Size: .53 acres

State Road #: _____ State Road Name: _____ Map Book & Page: 2007, 525

Parcel: 021537011024 PIN: 1507-38-3748-000

Zoning: Erwin Flood Zone: _____ Watershed: _____ Deed Book & Page: 2467148 Power Company: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 to Dunn take Left on red Hill Church Rd. take Left on Suggs Rd. take Rt. on Delany Ct. after passing rail trail.

PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) **Circle:**
 SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab
 Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
 Manufactured Home: SW DW TW (Size 40 x 32) # Bedrooms 3 Garage (site built?) Deck _____ (site built?)
 Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
 Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____
 Addition/Accessory/Other (Size _____ x _____) Use _____ Closets in addition ()yes ()no

Water Supply: () County (x) Well (No. dwellings _____) **MUST** have operable water before final
Sewage Supply: (x) New Septic Tank (Complete **New Tank Checklist**) () Existing Septic Tank () County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES (x) NO
Structures (existing or proposed): Single family dwellings _____ Manufactured Homes 1 proposed Other (specify) 2 Future

Comments: Garage/Storage
1 Future
Pool

Required Residential Property Line Setbacks:
Front Minimum 35 Actual 40
Rear 25 40 / 22 Pool
Closest Side 10 10 to Future Garage/Storage
Sidestreet/corner lot 20
Nearest Building on same lot 10 15 Pool
25 Garage/Storage

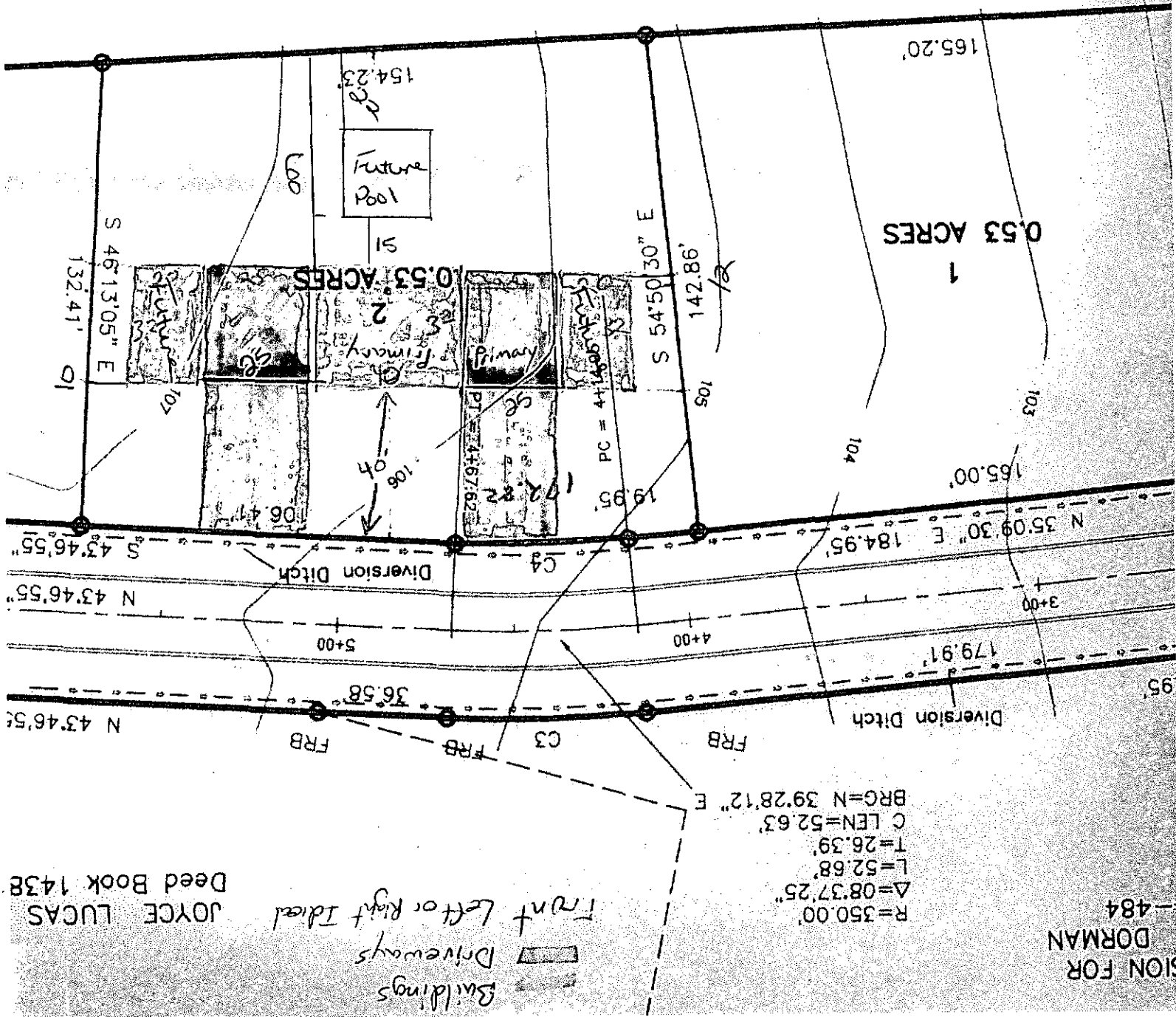
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

Jimmy A. Faircloth 6-27-08
Signature of Owner or Owner's Agent Date

****This application expires 6 months from the initial date if no permits have been issued****

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please use Blue or Black Ink ONLY

Environmental
 Soil evaluation
 Central Farm 893-7525 app. fee \$250.00



JOYCE LUCAS
 Deed Book 1438

Buildings
 Driveways
 Front Left or Right Ideal

R=350.00
 Δ=08°37'25"
 L=52.68
 T=26.39
 C LEN=52.63
 BRG=N 39°28'12" E

SION FOR
 DORMAN
 -484

NAME: Jimmy Allen Faircloth

APPLICATION #: 20409

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)

Environmental Health New Septic Systems Test Code 800

- 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 structure site. Use additional flags to outline driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- 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.*
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 and use code 800 (after selecting notification permit if multiple permits) for Environmental Health confirmation. **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 permits.

Environmental Health Existing Tank Inspections Code 800

- Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 & select notification permit if multiple permits, then use code 800 for Environmental Health confirmation. **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.

J. A. Faircloth
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-27-08
DATE

Permit 5591

TOWN OF ERWIN
PERMIT APPLICATION

Date: 6-27-08

Permit Type: () Residential () Commercial
() Building () Electrical () Plumbing () Mechanical
() Insulation () Other _____
 Zoning

Property Owner/Applicant Jimmy Faircloth
Address: 404 Apt B W. Burnett St. Phone: _____
Dunn N.C. 28334
Tax Parcel No. 1707-38-37-18.60 Zone: RD

Purpose of Structure: SFR Est. Cost: _____
Building Area: Total Heated: _____ sq. ft. Construction Type: _____
Total Unheated: _____ sq. ft. Occupancy Type: _____
Porches/Decks/Etc.: _____ sq. ft.

	AMOUNT	CONTRACTOR	LIC. No	PHONE
Zoning	<u>30</u>			
Building				
Electrical				
Mechanical				
Plumbing				
Insulation				
Other				
TOTAL	<u>30</u>			

Certificate of Compliance Issued: _____ Certificate of Occupancy Issued: _____

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and Local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Jimmy Faircloth
Signature Owner/Applicant

[Signature]
Building Inspector

Town of Erwin Planning/Inspections Department
100 West F Street
P. O. Box 459
Erwin, N. C. 28339
(910) 897-5648

PAID JUN 27 2008



TOWN OF ERWIN

ZONING APPLICATION & PERMIT

Interior Renovations and Remodeling Only

100 west F Street, Erwin, NC 28339

(910) 897-5648 FAX (910) 897-5543

Project Name (To Be Determined By Staff) <i>Faircloth</i>		County PIN # <i>1507-38-3748.000</i>	
Project Address or Location <i>Watts Crossings III 88 Delany Ct. Dunn NC 28334</i>			
Applicant Name <i>Jimmy Allen Faircloth</i>		Applicant Address <i>404 Apt B W. Hamnett St</i>	Applicant Telephone <i>910-984-6503</i>
Property Owner <i>Jimmy Allen Faircloth</i>		Property Owner Address <i>404 Apt B W. Hamnett St. Dunn</i>	Applicant FAX #
Previous Use <i>—</i>		Proposed Use <i>single family</i>	
Existing Building Square Footage <i>—</i>		Existing Height <i>—</i>	Estimated Project Cost
Description of Proposed Improvements <i>Single Family Home</i>			
Upon issuance of this permit, I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.			
Signature of Applicant <i>Jimmy A. Faircloth</i>		Date of Application <i>6-27-08</i>	
FOR OFFICE USE ONLY			
Use Classification			
Zoning District <input type="checkbox"/> R-15 <input type="checkbox"/> R-10 <input type="checkbox"/> R-6 <input checked="" type="checkbox"/> R-D <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> C-B <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> CON <input type="checkbox"/> M-1 <input type="checkbox"/> MHP			
Non-Conforming Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Non-Conforming Feature <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments			
Other Permits Required: <input type="checkbox"/> Conditional Use Permit <input checked="" type="checkbox"/> Building Permit <input type="checkbox"/> Water/Sewer Availability		Zoning Permit Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments			
Signature - Town Representative <i>[Signature]</i>		Date Approved/Denied	
FOR OFFICE USE ONLY			
Fee Paid <i>30</i>	Date Paid <i>6-27-08</i>	Staff Initials <i>[Signature]</i>	Zoning Permit # <i>5591</i>

7-27-2008