



Town of Erwin
Zoning Application & Permit
Planning & Inspections Department

Permit #
18-000 414

Rev Sep 2014

COPY

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Jorge Hernandez	Property Owner	Jorge Hernandez
Home Address	64 K.B. Lane	Home Address	64 K.B. Lane
City, State, Zip	Angier, NC 27501	City, State, Zip	Angier, NC 27501
Telephone	919-961-0749	Telephone	919-961-0749
Email		Email	

Address of Proposed Property: 219 Edna John CRT Dunn, NC

Parcel Identification Number(s) (PIN):

Estimated Project Cost:

What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.

Description of any proposed improvements to the building or property:

What was the Previous Use of the subject property?

Does the Property Access DOT road?

Number of dwelling/structures on the property already:

Property/Parcel size:

Floodplain SFHA Yes No Watershed Yes No Wetlands Yes No

MUST circle one that applies to property

Existing/Proposed Septic System Or Existing/Proposed County/City Sewer

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees 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 herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Print Name: _____

Signature of Owner or Representative: _____

Date: _____

For Office Use

Zoning District	
Front Yard Setback	
Side Yard Setback	
Rear Yard Setback	

Existing Nonconforming Uses or Features	
Other Permits Required	Conditional Use Building Fire Marshal Other
Requires Town Zoning Inspection(s)	Foundation Prior to C. of O.
Zoning Permit Status	Approved Denied
Fee Paid: 515.00	Date Paid: 4-25-18
Staff Initials: DC	APR 25 2018

PAID

Comments:

Signature of Town Representative: _____

Date Approved/Denied: 4/20/18

TOWN OF ERWIN

- Already paid \$10 for zoning
- \$50 site plan
- \$200 Building
- \$100 Plumbers
- \$80 - Electrical 200 AND SOME

875-HUAC
= \$505

Ronnie WI
Clayton Homes 1892
Pulcinella Club

01/01/2017

Application # _____

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

INSPECTIONS DEPARTMENT – TOWN OF ERWIN
P.O. Box 459 • Erwin, NC 28339
910-897-5140

APPLICATION FOR RESIDENTIAL BUILDING AND TRADE PERMIT

Owner's Name Jorge Hernandez Date _____
Site Address 219 Edna John Court Phone _____
Directions to Job Site from Erwin _____

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____
P.I.N. _____

General Contractor Information

Building Contractor's Company Name _____
Address _____
License # _____

Telephone _____
APR 25 2018
Email Address _____

PAID

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps _____ T-Pole _____ Yes _____ No _____
Electrical Contractor's Company Name _____
Address _____
License # _____

TOWN OF ERWIN
Telephone _____
Email Address _____

*pd
cash
cliff
1892*

Mechanical / HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____
Address _____
License # _____

Telephone _____
Email Address _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____
Address _____
License # _____

Telephone _____
Email Address _____

Insulation Contractor Information

Insulation Contractor's Company Name _____
Address _____
License # _____

Telephone _____
Email Address _____

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 Town of Erwin Zoning Ordinance. I state that 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 Town of Erwin of any and all changes.

Charles E. Pugh
Signature of Owner/Contractor/Officer(s) of Corporation

3/12/17
Date

HOMEOWNER CERTIFICATION

PAID

This is to certify that I, Jorge Hernandez
Print Name

APR 25 2018

personally own and reside in the residence located at:

TOWN OF ERWIN

219 Edna John Ct
Street Address
Dunn NC 28334
City / State / Zip
Subdivision

pd
~~check~~
OK #
1892

I wish to perform the work on my personal residence as noted below:
(Check any that are applicable)

Building

Electrical

Plumbing

Mechanical

I understand I am responsible for obtaining all inspections, making any corrections and paying any call back fees. Any such fees must be paid in full prior to final inspections.

I further understand that if I **decide not to perform the work myself and choose to hire someone else**, that individual must be properly licensed and must obtain their own permit in accordance with North Carolina General Statutes. Failure to comply with these Statutes may result in action by the appropriate Licensing Board. **It will further result in my permit(s) being revoked.**

Attested to, this date 3/12/18

Applicant: Jorge Hernandez
Signature

Day Phone No. 919-961-0749

**HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL**

PIN #: 1507-49-5285.000 Parcel #: 021508 0038 Application #: 17-5-42935R Subdivision: NA Lot #: NA

Applicant Name: Jorge G. Hernandez
Address: 64 K.B. Lane Angier, NC 27501

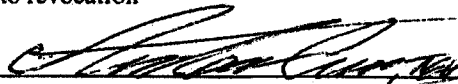
Type of Facility Served by Well: 4 Bedroom 70ftx28ft DWMH

Sewage System: 25% Reduction System

Permit Conditions: 219 Edna John Ct. (Suggs Rd. - SR 1727)

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent  Date 9/26/2018

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
Disinfection: Type _____ Amount _____

Water Zone (depth)

From _____ To _____
From _____ To _____
From _____ To _____

Casing

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Jorge G. Hernandez
 NEW REPAIR EXPANSION
 Type of Structure: 432 DWMH 70' x 28'
 Proposed Wastewater System Type: 25% reduction sys.
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 100 feet (MIN)
 Permit conditions: _____

PROPERTY LOCATION: 219 Edna John Ct. (Suggs Rd. SR 1727)
 SUBDIVISION _____ LOT # _____

Site Improvements required prior to Construction Authorization Issuance: _____

Authorized State Agent: [Signature] Date: 01/26/2018 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

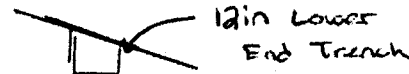
ISSUED TO: Jorge G. Hernandez

PROPERTY LOCATION: 219 Edna John Ct. (Suggs Rd. SR 1727)
 SUBDIVISION _____ LOT # _____

Facility Type: 432 DWMH 70' x 28' New Expansion Repair
 Basement? Yes No Basement fixtures? Yes No

Type of Wastewater System** At-grade 25% reduction system (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)

25% reduction system (Repair)
 Installation Requirements/Conditions
 Number of trenches 4
 Septic Tank Size 1000 gallons Exact length of each trench 100 feet
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 12 inches
 (Trench bottoms shall be level to +1-1/4" in all directions)
 Trench Spacing: 9 Feet on Center
 Soil Cover: 6 inches (Imported) (Maximum soil cover shall not exceed 36" above the trench bottom)



Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
NA inches above pipe
NA inches total
 Conditions: 6in Imported Cover Required

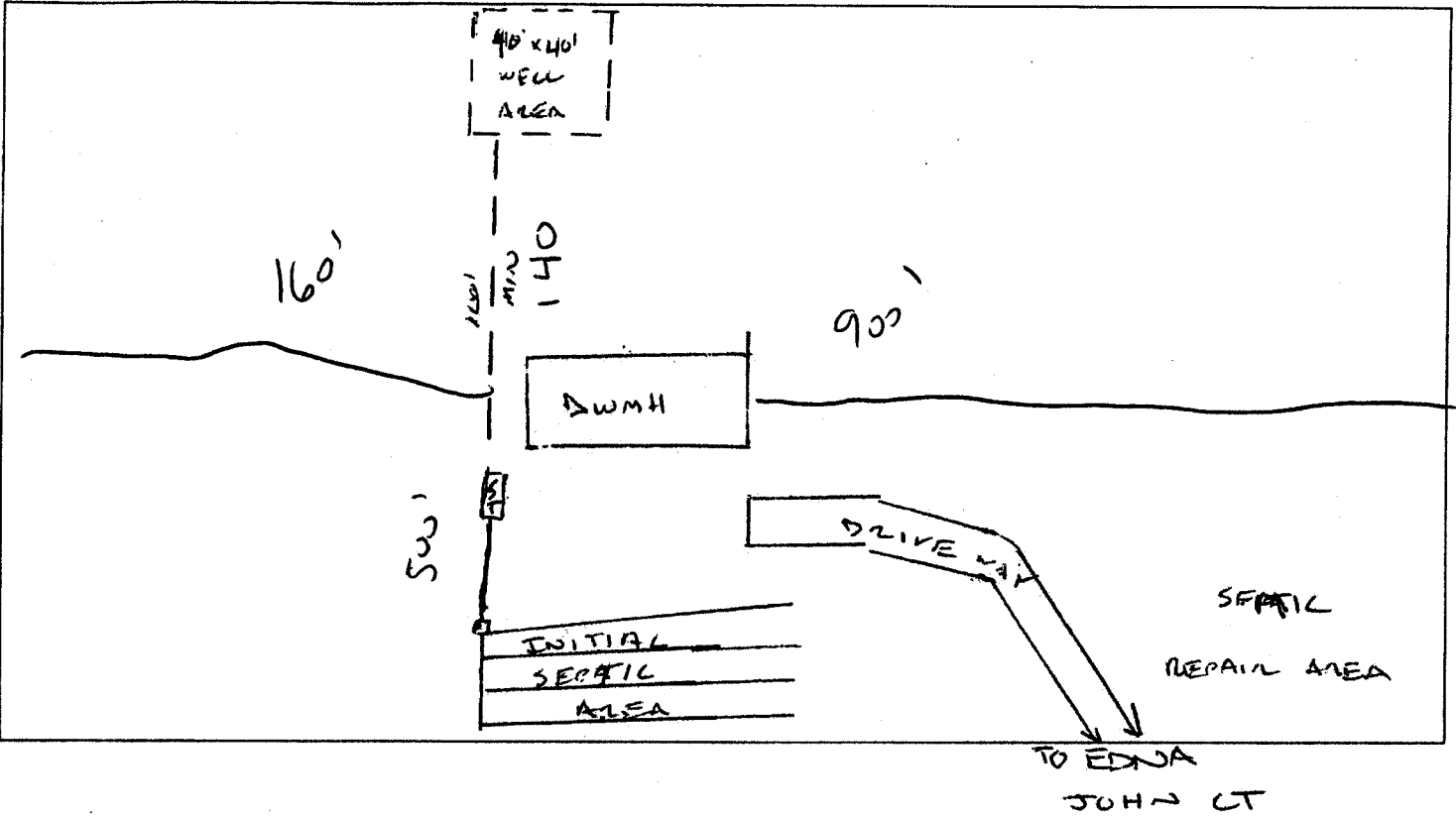
**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
 Owner/Legal Representative Signature: _____ Date: _____

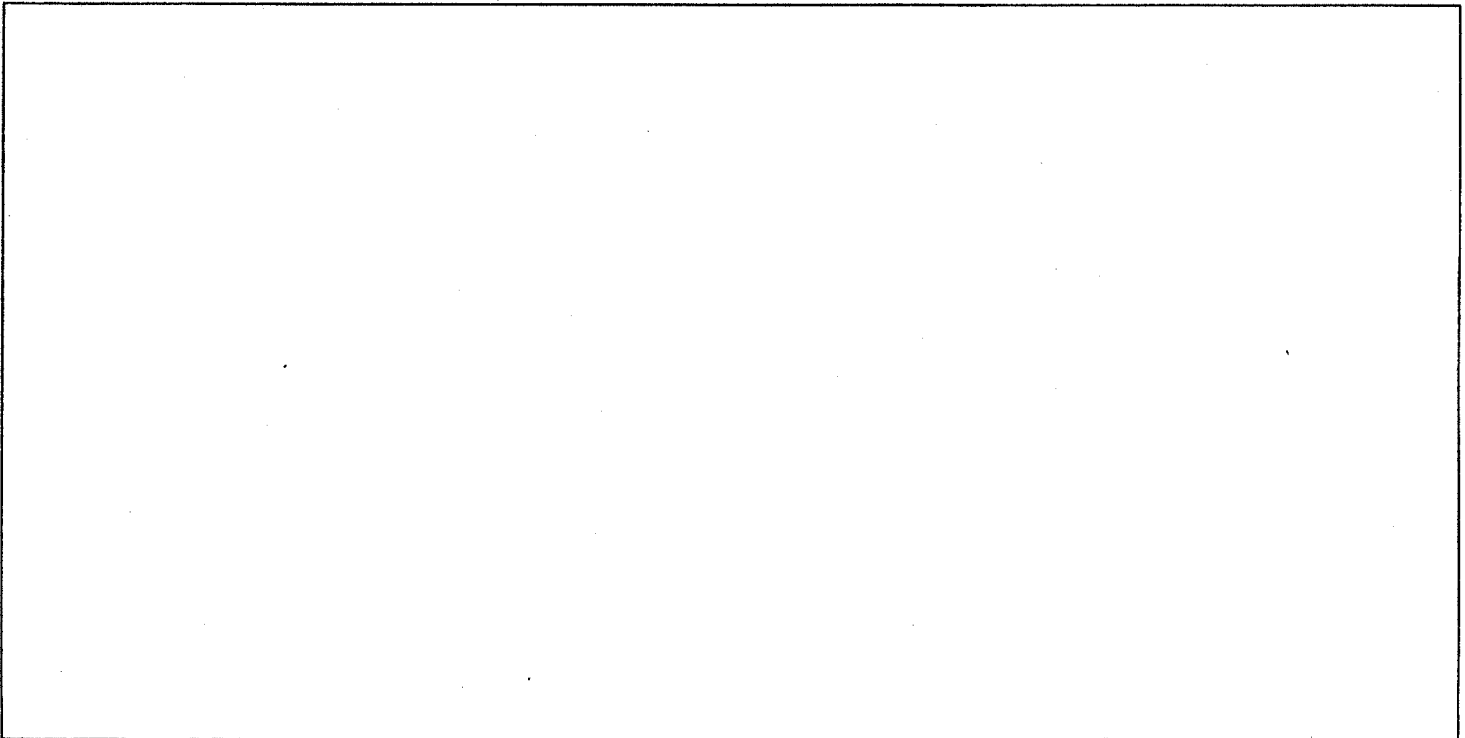
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 01/26/2018
ANDREW WAIN Construction Authorization Expiration Date: 01/26/2023

Well Construction Sketch



Well Completion Sketch



BUILDING PERMIT

No. 18-000-44


LOCATION 219 EDNA JOHN CT

DATED 3/13 2018

This Building is to be erected or altered in accordance with the Ordinances of the Town of Erwin, N.C. and the general Building Laws of the State

Do Not Cover Plumbing, Wiring or Insulation Until Inspected

This Permit Card To Be Posted On Site


Building Inspector

TOWN OF ERWIN RESIDENTIAL INSPECTION CARD • 897-5140

\$505.00

WORK REQUIRED TO BE INSPECTED AND APPROVED		DISAPPROVED	DATE	APPROVED	DATE
1	TEMPORARY BOARD				
2	PLUMBING GROUND WORK				
3	ELECTRICAL GROUND WORK				
4	FOOTING				
5	DECK FOOTINGS				
6	SLAB				
7	FOUNDATION				
8	FLOOR SYSTEM				
9	SHEATHING				
10	FRAMING				
11	PLUMBING ROUGH IN				
12	WATER PRESSURE TEST				
13	DRAIN LINE TEST				
14	MECHANICAL ROUGH IN				
15	ELECTRICAL ROUGH IN				
16	GAS TEST				
17	FIREPLACE ROUGH IN				
18	INSULATION				
19	UTILITY (WATER-SEWER)				
20	FIRESTOPPING				
21	WATER PROOFING				
22	PLUMBING FINAL				
23	MECHANICAL FINAL				
24	ELECTRICAL FINAL				
25	BUILDING FINAL				
26	LOT INSPECTION				
27	PLANNING SITE INSPECTION				
28	DRIVEWAY INSPECTION				

This card must be kept posted in a conspicuous location at the construction site until the work is completed and all applicable phases have been signed on this card as approved by the Inspections Division. The permit number identifies the permit which authorizes this work. The work done shall comply with the State Building Code and all other applicable state and local laws.

NOTE—It is unlawful to occupy or to permit the occupancy of any building for which a certificate of occupancy has not been issued

Permit # 18-000-44 Date 3/12/18
 Address 219 EDDA JOHN CT
 Lot DUPN
 Use _____
 Type _____
 Owner's Name Jorge Krambler
 Contractor _____

DO NOT REMOVE OR DEFACE THIS CARD

HTE# 17-5-429352

Permit # 29856

Harnett County Department of Public Health Site Sketch

ISSUED TO: Jorge G. Hernandez PROPERTY LOCATOR: 219 Edna John Ct (Suggs Rd Sr 1727)
SUBDIVISION _____ LOT # _____

Authorized State Agent: *[Signature]* Date: 01/26/2006
ANDREW CURRIN

