

Initial Application Date: 10-27-11 2-20-14 **B** Application # 11500 27795 R 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: Biddley Park Mailing Address: P.O. Box 8  
City: Fly War State: NC Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT: SRINIVASA BADARINARAYANA Mailing Address: 341, MELVIN JACKSON DR,  
City: CARY State: NC Zip: 27519 Contact No: 571-214-5418 Email: SRIKANTH2055@YAHOO.COM  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Jac Langley Lot #: 3 Lot Size: 38+  
State Road # 1574 State Road Name: Kirk Adam Map Book & Page: 2011, 155  
Parcel: 04 0693 0099 03 PIN: 0692 -67 - 0515.000 2002 1471  
Zoning: R130 Flood Zone: X Watershed: NA Deed Book & Page: 2011, 155 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

PROPOSED USE:

- SFD: (Size \_\_\_\_\_) # Bedroom \_\_\_\_\_ # Bath \_\_\_\_\_ Basement (w/wo bath): NO Garage: NO Deck: NO Crawl Space: NO Slab: Y Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( X ) no w/ a closet? ( X ) yes ( X ) 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: (Size 40x40) Use: Moved House 3Bdr Closets in addition? ( ) yes ( ) no

Water Supply: \_\_\_\_\_ County \_\_\_\_\_ Existing Well  New Well (# of dwellings using well 2) \*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 ( X ) no

Does the property contain any easements whether underground or overhead ( X ) yes ( ) no

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

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 100+ 300 Comments: 40x40 Moved House, Ref: 11-5-27794  
 Rear 25 100+ 2-20-14 Rev Change to Storage with OFFICE + Restroom  
 Closest Side 10 30 160 Para # 15812  
 Sidestreet/corner lot \_\_\_\_\_  
 Nearest Building on same lot \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Head west on E Front St  
 Take 2nd Right to NC 210 N/S main St (11.2 miles)  
 Turn Right onto Peasridge Rd (1.0 mi)  
 Take the 1st Right onto ~~Peasridge~~ old stage Rd N  
 Take the 1st ~~right~~ Left onto Benson Rd.  
 Turn Right onto Kirk Adams Rd.

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.

Srinivasa B

Signature of Owner or Owner's Agent

10/27/2011

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\*\*

*Handwritten notes:*  
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*Handwritten notes:*  
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## Comments for Parcel 04-0693- - -0099- -03-

Date	User	Comment
3/19/2013	bneighbors	DELETED PARCELS#040693-0099-04 THROUGH 040693-0099-07 AND COMBINED WITH THIS PARCEL PER DB#2921-76 AND MAP#2002-1471 FOR 2013. MR BADARINARAYANA PAID ON THE TOTAL ACREAGE 42.54ACS FOR 2012 TAX BILL SO WE HAD KATHY RELEASE THE OUTSTANDING 2012 BILLS FOR THESE DELETED PARCELS FOR 2012. CORRECTED ACREAGE FOR 2013

LANDOWNER: SRINIVASA BADARIMARAYANA  
MAILING ADDRESS: 341 MELVIN JACKSON DR  
CITY: CARY STATE: NC ZIP: 27519 PHONE: 571-214-5418

APPLICATION DATE: 2-20-14 APPLICATION # 1150027795

APPLICANT: Same  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY LOCATION: SR# \_\_\_\_\_ SR NAME: Renson  
PARCEL # 04 0693 0099 03 PIN # 0692 67 0515,00  
ACREAGE: 42 FARM NUMBER: 15812

VERIFICATION OF LAND USE PROGRAM BY TAX OFFICE: \_\_\_\_\_  
SIGNATURE / CENTRAL PERMITTING TECHNICIAN \_\_\_\_\_ DATE 2-20-14

I (we) have read and understand the requirements to qualify for a farm exemption. I (we) hereby claim such exemption because I (we) operate a bona fide farm which has a valid farm serial number and is currently enrolled in Harnett County's Land Use Program. Within the Land Use Program I (we) participate in:  
Agriculture (  ); Horticulture (  ); Forestry (  )  
NOTE: Check each category that applies.

AFFIRMATION: I (we) the undersigned declare under penalties of law that the information contained in this application has been examined by me (us) and to the best of my (our) knowledge and belief is (are) true and correct. Additionally, I (we) fully understand that falsification of information supplied by me (us) herein shall cause any permit issued relying on such information, to be automatically revoked and all work shall immediately cease.

Signature(s) of Owner(s): Srinivasa B Date: 2-20-14  
\_\_\_\_\_  
Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
APPROVED BY: V.C. [Signature] DATE: 2-20-14 PERMIT# 1150027795  
DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
REASON FOR DENIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF FARM EXEMPTION**  
**COUNTY OF HARNETT LAND USE APPLICATION**  
Central Permitting, 102 E. Front Street, Lillington, NC 27546  
Phone (910) 893-4759 Fax (910) 893-2793

**INTRODUCTION**

It is the spirit and intent of these regulations that only bona fide farms benefit from any exemptions granted hereby. Three requirements must be met in order to qualify. First, the land must meet the definition of a bona-fide farm if the site is within an area under the jurisdiction of the Harnett County Zoning Ordinance. Second, the Harnett County Farm Services Office, United States Department of Agriculture, must issue a valid farm serial number. Third, the land in question must be enrolled in the "Land Use Program" offered by the Harnett County Tax Department which allows for reduced taxes based on meeting the requirements of N.C.G.S. 105.277.3(a) (1) or (2); N.C.G.S. 105.277.2 (b) and N.C.G.S. 105.282.1 (a). Three categories, agriculture, horticulture and forestry, are allowed. Those categories are described below. To qualify, the land in question must meet one of those categories.

**AGRICULTURE**

Agriculture land consisting of one or more tracts, one of which consist of at least ten (10) acres that are in actual production and that for the three years preceding January 1 of the year for which benefit is claimed, have produced an average gross income of at least \$1,000.

**HORTICULTURE**

Horticulture land consisting of one (1) or more tracts, one (1) of which consists of at least five (5) acres that are in actual production and that for the three (3) years preceding January 1 of the year for which benefit is claimed have produced an average gross income of at least \$1,000.

**FORESTRY**

Forestry land consists of one or more tracts, one of which consists of at least twenty (20) acres that is in actual production and is under a sound management program. For purposes of this category, a sound management program means a program of production designed to obtain the greatest net return from the land consistent with its conservation and long-term improvement.

**ADDITIONAL QUALIFICATION CRITERIA**

Rent received shall not be considered as income for purposes of this exemption. Gross income must be from the sale of agricultural products produced from the land and any payments received from a governmental soil conservation or land retirement program. Any use of farm property for non-farm purposes is subject to all applicable ordinances of Harnett County.



Farm and Foreign  
Agricultural  
Services

Farm  
Service  
Agency

Harnett County FSA Office  
P.O. Box 459  
Lillington, N.C. 27546-0459  
910-893-5101

Date: 11-22-2011

Dear Landowner,

Revisions have been made in the farmland and/or cropland for Farm Serial Number (FSN) 15776.

This was a result of a requested farm/tract division, farm/tract combination, ownership change, or some other type of transaction on the property resulting in the new FSN 15812 and/or tract number/s T10930.

Enclosed is a new FSA-156EZ representative of the change.

If this land is no longer to be used for agriculture purposes, please notify our office, The Harnett County Farm Service Agency, located at 126 Alexander Dr., Lillington, NC, phone 910-893-5101, x 2. The normal business hours are 8:00 A.M. - 4:30 P.M., Monday through Friday.

Your cooperation will be greatly appreciated.

Final date for Appeal: 12-22-2011

Sincerely,

//s// Pamela S. Pollard

Pamela S. Pollard  
County Executive Director

Enc

S:\RECON letter\New farm and tract letter for landowner.docx



USDA is an equal opportunity provider and employer.

North Carolina  
 Harnett  
 Report ID: FSA-156EZ

U.S. Department of Agriculture  
 Farm Service Agency  
 Abbreviated 156 Farm Record

FARM: 15812  
 Prepared: 11/22/11 3:02 PM  
 Crop Year: 2012  
 Page: 1 of 1

Operator Name: SIRI ORCHARDS LLC  
 Farm Identifier: Div of 15776  
 Recon Number: 2012 37085 37

Farms Associated with Operator:  
 None

GRP Contract Number(s): None

Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
37.6	18.8	18.8	0.0	0.0	0.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	NAP	MPL/FWP		FAV/WR History	ACRE Election
0.0	0.0	18.8	0.7	0.0	0.0		Y	None

Crop	Base Acreage	CRP Reduction	CRP Pending	Direct Yield	CC Yield	CCC-505 CRP Reduction
WHEAT	7.5	0.0	0.0	33	32	0.0
SOYBEANS	1.3	0.0	0.0	16	19	0.0
<b>Total Base Acres:</b>	<b>8.8</b>					

Tract Number: 10930      Description  
 BIA Range Unit Number:  
 HEL Status: HEL Determinations not complete  
 Wetland Status: Tract does not contain a wetland  
 WL Violations: None  
 FAV/WR History: Y

Farmland	Cropland	DCP Cropland	WBP	WRP/EWP	CRP Cropland	GRP
37.6	18.8	18.8	0.0	0.0	0.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	NAP	MPL/FWP	
0.0	0.0	18.8	0.7	0.0	0.0	

Crop	Base Acreage	Direct Yield	CC Yield	CRP Reduction	CRP Pending	CRP Yield	CCC-505 CRP Reduction
WHEAT	7.5	33	32	0.0	0.0	0	0.0
SOYBEANS	1.3	16	19	0.0	0.0	0	0.0
<b>Total Base Acres:</b>	<b>8.8</b>						

Owners: SRINIVASA BADARINARAYANA      MUBEENA BADARI  
 Other Producers: None



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 JRINIVASA Badarinarayana Date 4-19-14  
Site Address 755 Kirk Adams Rd Angier Phone \_\_\_\_\_  
Directions to job site from Lillington 210 to Angier Right on 55  
left on McJee St. Travel Approx 4 miles turn Right  
on Kirk Adams Rd. Go to end of Road  
Subdivision 0692-67-0515-000 / 04 0693 0099 03 Lot 03  
Description of Proposed Work Add 200A Service to home # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Add 200A IP Service Service Size 200 Amps T-Pole Yes  No  
Young's Electric Inc 919-639-2297  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 398 Angier NC 27501 deta@youngselectric.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
4504-11  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

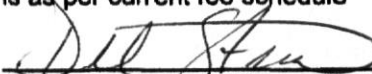
**Insulation Contractor Information**

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 of Owner/Contractor/Officer(s) of Corporation

4-29-14  
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 \_\_\_\_\_

Sign w/Title \_\_\_\_\_ Date \_\_\_\_\_



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.

Page 2  
Date 4/29/14

Application Number . . . . . 11-50027795  
Property Address . . . . . 89088 \*UNASSIGNED  
PARCEL NUMBER . . . . . 04-0693- - -0099- -03-  
Application description . . . CP FARM BUILDING/ETC.  
Subdivision Name . . . . .  
Property Zoning . . . . . CONSERVATION DISTRICT

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT

Additional desc . . .  
Phone Access Code . . . 1031558

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___