

Initial Application Date: 5-8-14

Application # 1450033615

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: Mathew and Cindy Hemby Mailing Address: 135 Bogie Landings Drive  
City: Lillington State: NC Zip: 27546 Contact No: 203 994 1974 Email: billys74@Centurylink.net

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

CONTACT NAME APPLYING IN OFFICE: Mathew Hemby Phone # (203) 994-1974

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: A Lot Size: 5.9 ac  
State Road # \_\_\_\_\_ State Road Name: Moore's Chapel Map Book & Page: 2013, 221  
Parcel: 13 0518 0093 08 0528 09 6944, 000 PIN: \_\_\_\_\_  
Zoning: R130 Flood Zone: X Watershed: WA Deed Book & Page: 3180, 941 Power Company\*: \_\_\_\_\_

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

PROPOSED USE:

- SFD: (Size 24x33) # Bedrooms: 2 # Baths: 1 Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck:  Crawl Space:  Slab: \_\_\_\_\_ Monolithic 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: (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): \_\_\_\_\_

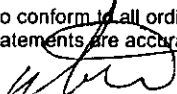
Required Residential Property Line Setbacks:

Front	Minimum	<u>25</u>	Actual	<u>992</u>
Rear		<u>20</u>		<u>104</u>
Closest Side		<u>10</u>		<u>67</u>
Sidestreet/corner lot				
Nearest Building on same lot		<u>50</u>		<u>70</u>

Comments: 2nd Addressed Built on Property

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 south  
Right on Tim Curren  
Left on Morris Chapple  
Right on Bagge Landing  
(Left at 135) 2nd Drive on Left

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

7 May 14  
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\*\*

SITE PLAN APPROVAL

DISTRICT BA 30 USE SFD

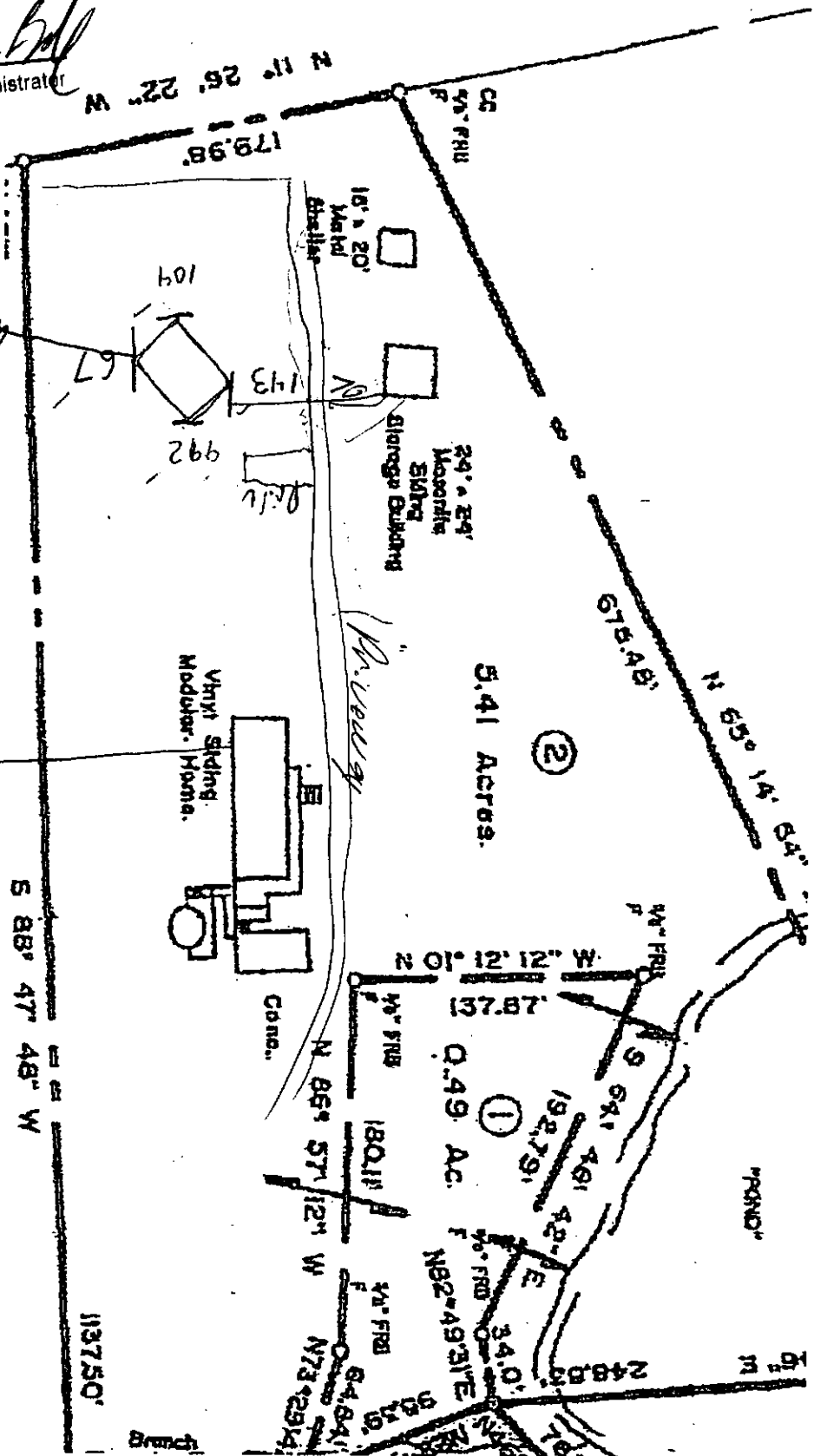
#BEDROOMS 2

Date 5-8-14

Zoning Administrator V.C. [Signature]

2nd Proposed Paving  
SFD

Exist Map  
1st





NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**\*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 # \_\_\_\_\_

**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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8 May 14  
DATE

Harnett County Central Permitting  
PO Box 85 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 Matthew and Cindy Hemby Date 7 May 14  
Site Address 135 Bogie Landing Drive Phone (910) 814-0016  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work Build caretakers cottage # of Bedrooms 2  
Heated SF 600 Unheated SF 192 Finished Bonus Room? \_\_\_\_\_ Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

Self (910) 814-0016  
Building Contractor's Company Name Telephone  
135 Bogie Landing Drive billys74@centurylink.net  
Address Email Address

License # \_\_\_\_\_  
Description of Work Self **Electrical Contractor Information** Service Size 200 Amps T-Pole  Yes  No

Electrical Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_  
Description of Work Self **Mechanical/HVAC Contractor Information**

Mechanical Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_  
Description of Work Self **Plumbing Contractor Information** # Baths 1

Plumbing Contractor's Company Name Telephone  
Address Email Address

License # \_\_\_\_\_  
Self **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

7 MAY 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

  
8 MAY 14

4500 33615

# Payment Receipt Confirmation

Your payment was successfully processed.

## Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

## Customer Information

**Customer Name** Mathew Hemby  
**Local Reference ID** 53153  
**Receipt Date** 5/15/2014  
**Receipt Time** 06:23:59 AM PDT

## Payment Information

**Payment Type** Credit Card  
**Credit Card Type** VISA  
**Credit Card Number** \*\*\*\*\*9053  
**Order ID** 5629302  
**Billing Name** Mathew Hemby

## Billing Information

**Billing Address** 135 Bogie Landing Drive  
**Billing City, State** Lillington, NC  
**ZIP/Postal Code** 27546  
**Country** US  
**Phone Number** 203-994-1974  
**Fax Number**

This receipt has been emailed to the address below.

**Email Address** billys74@centurylink.net





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 . . . . .	14-50033615	Page	2
Property Address . . . . .	135 BOGIE LANDING DR	Date	5/21/14
PARCEL NUMBER . . . . .	13-0518- - -0093- -08-		
PIN . . . . .	0528-09-6944.000		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . .  
 Phone Access Code . 1033968

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

Log Cabin

Plan Box #

File

Date

5-9-14

Job Name

Herby

App #

14500 33615

Valuation

50,921

Heated SQ Feet

784

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

New tank

Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

