

Initial Application Date: 6-27-14

Revised
8.1.14

Application # 1450034055

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.co.harnett.nc.us/planning



"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: SARAH GALE Mailing Address: 3006 NEILL'S CREEK RD

City: LILLINGTON State: NC Zip: 27546 Contact No: (910) 890-3834 Email: _____

APPLICANT*: MOSS HOME BUILDERS Mailing Address: PO Box 577

City: LILLINGTON State: NC Zip: 27546 Contact No: (910) 890-2103 Email: Ken.Moss@charter.net

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MOSS HOME BUILDERS: Remy Phone # (910) 890-2103
Ken Moss

PROPERTY LOCATION: Subdivision: N/A Lot #: 4 Lot Size: 4.26

State Road # NC 1513 State Road Name: NEILL'S CREEK RD Map Book & Page: PGHC 84C

Parcel: 11 06061 0005 04 PIN: 06061-69-8200.000

Zoning: RA30 Flood Zone: X Watershed: JL Deed Book & Page: 2056/40 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 50 x 36) # Bedrooms: 3 # Baths: 2 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: 1 SFD Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual 504
Rear _____ 392
Closest Side _____ 70
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

8.1.14 Attached garage will
not be a garage it will be built
to have a exercise room

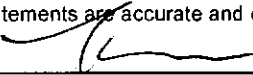
3210-10-12-11
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

PI-105
 Hwy 210 TOWARDS ANGLISS RIGHT ON OLD

COATS RD 1.5 MILES LEFT ON NEIL'S CREEK RD SITE IS APPROX. 2

MILES ON RIGHT. BUILDING SITE IS 500' OFF ROAD

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

6/27/2014

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

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

Application # _____

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trade

SCANNED

entered
4.30.14
4/28/2014

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Single Family Dwelling # of Bedrooms: 3

Heated SF: 2349 Unheated SF: 586 Finished Bonus Room? Yes Crawl Space: Slab: _____

General Contractor Information

Moss Home Builders & Realty Inc 910-890-2111
Building Contractor's Company Name Telephone

P.O. Box 577 Lillington NC 27546
Address Email Address 18637

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Pioneer Electric & Maintenance Co, Inc. 919-499-7767
Electrical Contractor's Company Name Telephone

80 Nail Thomas Rd, Lillington NC 27546
Address Email Address 21643-U

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Beasley's Heating & A/C, Inc. 919-894-4248
Mechanical Contractor's Company Name Telephone

59 W.C. Beasley Ln. Coats, NC. 27521
Address Email Address 9497

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

W&W PLUMBING Co. IN 919-639-0195
Plumbing Contractor's Company Name Telephone

PO Box 1239 Angier
Address Email Address 14087

Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

Tri-City Ins. & Building Products 384 E. Mountain Dr 910-486-8855
Insulation Contractor's Company Name & Address Fayetteville NC Telephone


28306

*NOTE: General Contractor must fill out and sign the second page of this application.

all needed
8.1.14

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

4/28/2014
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 Mass Home Builders Realty Inc

Sign w/Title  VA Date 4/28/2014

Plan Box # E9

Date 7-21-14

Job Name Gail - Moss

App # 34055

Valuation 110028

Heated SQ Feet 1357

~~enclosure~~ 336
ROOM = 1693

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 _____

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____