Initial Application Date:_	3-1	7-	0

Application # 10005005	olication#	165603825	8
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CU#

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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\*\* \_\_\_ Mailing Address: 30 zip: 21615 Contact No: 919-749-8452 Email: boblediehaloro APPLICANT\*: \_ Mailing Address: \_ Zip:\_\_\_\_ Contact No: \_\_ \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: State Road Name: John Map Book & Page: PIN: 1518-28-Flood Zone:\_\_\_\_\_ Watershed:\_ \_ Deed Book & Page: 1210 / 0320 Power Company\*: \_ \*New structures with Progress Energy as service provider need to supply premise number \_\_\_ PROPOSED USE: SFD: (Size 32\_x32\_) # Bedrooms: 1 # Baths: 1 Basement(w/wo bath): Garage: Deck: Crawl Space: 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: Comments: Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot Residential Land Use Application

Left on Red Hill Church Rd, right on John Lee
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   Date   Dat

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*

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 Po

SEPTIC If applying	for authorizati	on to construct please indicate desired custom (a)			
{_}} Acce		on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  {} Innovative			
,,	1	( <u> </u>			
{}} Alter		{}} Other			
The applica question. In	nt shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant <b>MUST ATTACH SUPPORTING DOCUMENTATION</b> :			
{}}YES	{ <u>/</u> } NO	Does the site contain any Jurisdictional Wetlands?			
{}}YES	{ <u>∠</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{}}YES	{ <u>✓</u> } 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 Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And			
State Officia	ls Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.			
I Understand	I That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making			
The Site Acc	essible So That	A Complete Site Evaluation Can Be Performed.			
PROPERT	Y OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE			

5421400 141 19151 Zoning Administrator

Zoning Administrator SITE PLAN APPROVAL

DISTRICT

OISTRICT

OISTRI #BEDROOMS -321 1937 Front

Print this page

Harnett strong roots . new growth

Legal Description:

10.80 ACRES BYRD OFF 1703NC SR

**Harnett County GIS** 

PID: 021508 0044

PIN: 1518-28-7284.000

**REID**: 0015166

Subdivision:

Deeded Acreage: 0 ac

Total Acreage: 10.81170637 ac

Account Number: 214847000

Name 1: HOLLAND ROBERT RAY

Name 2:

Address 1: 3000 BOLO TRAIL

Address 2:

Address 3:

City, State, Zip: RALEIGH, NC, 27615-0000

**Building Count: 0** 

Township Code: 02

Fire Code: FR14

House Number, Apt, Street: , , JOHN LEE OFF

Parcel Building Value: \$0

Parcel Obxf Value: \$0

Parcel Land Value: \$18040

Parcel Obxf Value: \$0

Parcel Deferred Value : \$0

Total Assessed Value: \$18040

Total Market Value: \$18040

Legal Land Units , Unit Type : 10.8, AC

Tax Data Last Modified:

Calculated Land Units / Type: , ac

Neighborhood: 00211

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 6 / 1997

Sale Price: \$6000

Deed Book & Page: 1210-0320

Deed Date:

Plat Book & Page: -

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Y

Transfer or Split:

Prior Building Value: \$0

Prior Obxf Value: \$

Prior Land Value: \$16680

Prior Special Land Value: \$0

Prior Deferred Value: \$0

Prior Assessed Value: \$16680

Prior Land Units: 10.8 ac



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

## Application for Residential Building and Trades Permit

Owner's Name Robert Holland	Date 3-10-16
Site Address John Lee Rod	Phone 919-749-8
Directions to job site from Lillington 421 to Red Hil	Church Rd. Tim
left on Red Hill, left on F	to let
)	
Subdivision	
Description of Proposed Wall Coloring	Lot
10001	# of Bedrooms
General Contractor Information	Crawl Space Slab
AS OWILL	
Building Contractor's Company Name	Telephone
Address	
Address	Email Address
License #	
Electrical Contractor Informatio	n
Description of Work Service Size	Amps T-PoleYesNo
AS DUMLY	
Electrical Contractor's Company Name	Telephone
Address	
	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	
AS OWNLY	
Mechanical Contractor's Company Name	Telephone
Address	
Addiese	Email Address
License #	
Plumbing Contractor Information	1
Description of Work	_# Baths
AS Ownly	
Plumbing Contractor's Company Name	Telephone
Address	
Addiess	Email Address
License #	
AS OUNL Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	Telephone

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 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/Tutle

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 4/14/16 Application Number . . . . 16-50038258

Property Address . . . . . RED HILL CHURCH RD

Subdivision Name . . . . .

Property Zoning . . . . . RES/AGRI DIST - RA-30

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

Additional desc . .

Phone Access Code . 1135268

## Required Inspections

_	Seq	Phone Insp#	Insp Code	Description	Initials	Date
-	10 20 20-30 30-999 40-50 40-60 40-60 40-60	101 103 814 105 129 425 125 325 225	B101 B103 A814 B105 I129 R425 R125 R325 R225	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN		
	50-60 50-60	429 131	R429 R131	FOUR TRADE FINAL ONE TRADE FINAL	W.	-',',-
	50-60 50-60	329 229	R329 R229	THREE TRADE FINAL TWO TRADE FINAL		'
	50-60	209	E209	R*ELEC TEMP POWER CERT		_'/'/
	999		H824	ENVIR. OPERATIONS PERMIT		_/_/_

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 . . . . 16-50038258 Date 4/14/16 Property Address . . . . . RED HILL CHURCH RD
PARCEL NUMBER . . . . . . . 02-1508- - -0044- - Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . . Property Zoning . . . . . . RES/AGRI DIST - RA-30 Contractor Owner OWNER HOLLAND ROBERT RAY 901 WESTHAVEN STREET NC 28334 DUNN Applicant HOLLAND ROBERT 3000 BOLO TRAIL RALEIGH (919) 749-8952 NC 27615 Structure Information 000 000 32X32 SFD 1BDR CRAWL Flood Zone . . . . . . . FLOOD ZONE X 1.00 Other struct info . . . . # BEDROOMS PROPOSED USE SFD SEPTIC - EXISTING? NEW SEPTIC WATER SUPPLY Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Valuation . . . . Special Notes and Comments

T/S: 03/17/2016 12:19 PM LBENNETT -421 TO RED HILL CHURCH RD - LEFT ON RED