

Initial Application Date: 11/29 ~~12/9/16~~ 12-16-18 Application # 1650840288 RR
 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: NATALIE PUTNAM Mailing Address: 122 Fiddler Dr DATE _____
 City: Broadway State: NC Zip: 27505 Contact No: 919-352-6121 Email: npw103183@hotmail.com

APPLICANT*: Kevin Kelly Mailing Address: 122 Fiddler Dr
 City: BROADWAY State: NC Zip: 27505 Contact No: 704-745-7006 Email: kbk-noexcuses@outlook.com
 *Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: KEVIN KELLY Phone # 704-745-7006

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 10.23 A.
 State Road # 0 State Road Name: THOMAS FARM RD Map Book & Page: — / —
 Parcel: 13-0600-0061-01 PIN: 0601-00-8503.00
 Zoning: RA-30 Flood Zone: N/A Watershed: N/A Deed Book & Page: 3451 / 0687 Power Company*: _____
 *New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

- PROPOSED USE:**
- SFD: (Size 76' x 69') # Bedrooms: 3 # Baths: 2.5 Basement (w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ 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 50 x 30) Use: Det Garage 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 proposed Manufactured Homes: _____ Other (specify): 1 proposed Det Garage

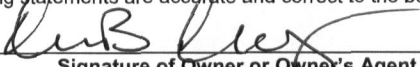
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>150</u>
Rear	<u>25</u>	<u>1071</u>
Closest Side	<u>10</u>	<u>137</u>
Sidestreet/corner lot	<u>N/A</u>	<u>N/A</u>
Nearest Building on same lot	<u>N/A</u>	<u>N/A</u>

Comments: Revision - 12/9/16
adding a Det. Garage
50x30
Revision X2 - Moved Garage

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: FROM LILLINGTON, TAKE US421
NORTH TOWARDS SANFORD, TURN LEFT ONTO OLD
US421 (SR 1291), TURN RIGHT ONTO THOMAS FARM RD.
1/8 OF A MILE ON RIGHT IN FIELD, JUST RIGHT
OF OLD GRAVE YARD.

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

11-29-16
Date

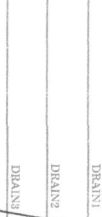
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

1071'-6 $\frac{3}{16}$ "
To Rear of Property

WOOD
LINE

1057'-8 $\frac{1}{16}$ "



11'-6 $\frac{9}{16}$ "

38'-10 $\frac{5}{16}$ "

68'-10 $\frac{7}{16}$ "

76'-2 $\frac{5}{16}$ "

150'-3 $\frac{1}{16}$ "
To Front of Property

137'-8 $\frac{1}{8}$ "

245'-8 $\frac{3}{16}$ "
To Side of Property

11'-1"

Detached Garage

NEW CONSTRUCTION
HOME 2050 SQ/FT
3 BEDROOM/2.5 BATH

COVERED
PORCH

PATIO

EXISTING DIRT DRIVEWAY

09/09/11

Application #

1650041288

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 NATALIE PUTNAM KELLY Date 2/23/2017
Site Address 146 Thomas Farm Rd Phone 704-745-7006
Directions to job site from Lillington US 421 N TOWARDS SANFORD, TURN LEFT ONTO OLD US 421, TURN RIGHT ONTO THOMAS FARM RD, DRIVEWAY ON RIGHT.

Subdivision _____ Lot _____
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 3
Heated SF 2453 Unheated SF _____ Finished Bonus Room? YES Crawl Space Slab _____

General Contractor Information

OWNER - NATALIE PUTNAM KELLY 704-745-7006
Building Contractor's Company Name Telephone
122 FIDDLER DRIVE BROADWAY kbk_noexcuses@outlook.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 400 Amps T-Pole Yes No
OWNER - NATALIE PUTNAM KELLY 704-745-7006
Electrical Contractor's Company Name Telephone
122 FIDDLER DRIVE BROADWAY kbk_noexcuses@outlook.com
Address Email Address

License # _____

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION 3TON + mini split for Bonus AIRMEDICS HEATING & COOLING
Mechanical Contractor's Company Name Telephone
7532 US 421 N Lillington, NC 910-814-2555
Address 19490 AIRMEDICS99@gmail.com
Email Address

License # _____

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION 2.5 BATH # Baths 2.5
JAMIE JOHNSON PLUMBING 910-814-7705
Plumbing Contractor's Company Name Telephone
1440 Clark Rd Lillington NC 27546 jamiejohnsonplumbing@gmail.com
Address 211649 Email Address

License # _____

Insulation Contractor Information

INSULATING INC 1827 JEFFERSON DAVIS HWY 919-776-4138
Insulation Contractor's Company Name & Address SANFORD 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.

Natalie Putnam Kelly
Signature of Owner/Contractor/Officer(s) of Corporation

2-24-2017
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

Natalie Putnam Kelly
Natalie Putnam Kelly

Date 2-24-17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 603674

Filed on: 02/14/2017

Initially filed by: Braxton0896

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh,
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

146 Thomas Farm Rd.
Broadway, NC 27505
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Natalie Putnam

146 Thomas Farm Rd
Broadway, NC 27505

United States

Email: jcinc2004@gmail.com

Phone: 919-777-3709

View Comments (0)

Technical Support Hotline: (888) 690-7384

1650040288

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14 (a) (1)

COUNTY OF Harnett

Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN 0601-00-8503 00

Address 146 Thomas Farm Rd

Type of construction: Residential Commercial Industrial Other

Intended use after completion (e.g. Personal residence): Residence

Building permit number associated with this application: 1650040288 R

1. NATALIE PUTNAM KELLY
(Print Full Name)

(704) 745-7006
(Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and **initialing** paragraphs 2-5 below attesting to the following:

1. NPK I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
OR
_____ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

(Name of Firm or Corporation)

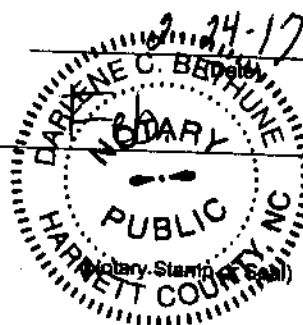
- NPK I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- NPK I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- NPK I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- NPK I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

Natalie Putnam Kelly
(Signature of Affiant)

Sworn or affirmed and subscribed before me this the 24th day of

Darlene C. Bethune
(Signature of Notary Public)

Darlene C. Bethune
(Printed Name of Notary Public)



(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

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 16-50040288 Date 2/24/17
Property Address 146 THOMAS FARM RD
PARCEL NUMBER 13-0600- - -0061- -01-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner	Contractor
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PUTNAM NATALIE R	OWNER
122 FIDDLER DRIVE	
BROADWAY NC 27505	

Applicant

KELLY KEVIN
122 FIDDLER DR
BROADWAY NC 27505
(704) 745-7006

--- Structure Information 000 000 76X68 3BDR W/GARAGE CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code . 1175140
Issue Date 2/24/17 Valuation 0
Expiration Date . . 2/24/18

Special Notes and Comments
S: 12/02/2016 08:15 AM LBENNETT --
THOMAS FARM RD
TAKE US 421N TOWARDS SANFORD - TURN
LEFT ONTO OLD US 421 TURN RIGHT ONTO
THOMAS FARM RD 1/8 OF A MILE ON RIGHT
IN FIELD - JUST RIGHT OF OLD GRAVE YARD
XX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Page 2
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Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1175140

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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___