

Initial Application Date: 12/21/14

Application # 40433
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: Charles Dezirel Mailing Address: 185 Dewar St
City: Frying Springs State: NC Zip: 27526 Contact No: 919-606-6237 Email: _____

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

CONTACT NAME APPLYING IN OFFICE: Charles Dezirel Phone # 919 606-6237

PROPERTY LOCATION: Subdivision: _____ Lot #: 9 Lot Size: 2.79
State Road # 185 State Road Name: Dewar St Map Book & Page: P#19 SSA
Parcel: 05 0624 007509 PIN: 0624-89-4015-00
Zoning: RABD Flood Zone: X Watershed: MA Deed Book & Page: 2887, 940 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 32 x 32 # Bedrooms: 2 # Baths: 1 Basement(w/wo bath): _____ Garage: _____ Deck: _____ Craw 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 _____ 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

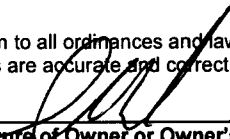
Structures (existing or proposed): Single family dwellings: 1 proposed SFD Manufactured Homes: 1 ext DWMT Other (specify): 1 ext Garage

Required Residential Property Line Setbacks:
Front Minimum 35 Actual 35+
Rear 25 68.4
Closest Side 10 130
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____
See Future Pool House & Pole Barn also on site plan

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 to Christian Light
to Cokesbury Rd to Dewar St.

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.



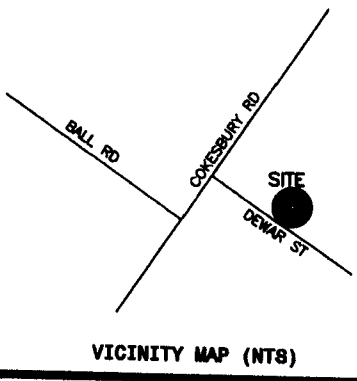
Signature of Owner or Owner's Agent

12-21-16

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****



VICINITY MAP (NTS)

- LEGEND**
- NTS NOT TO SCALE
 - EIP EXISTING IRON PIPE
 - FP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
 - CP&L TRANSFORMER
 - CATV CABLE TV BOX
 - L POLE LIGHT POLE
 - OHPL OVERHEAD POWER LINE
 - F.E.S. FLARED END SECTION (PIPE)
 - RCP REINFORCED CONC. PIPE
 - B.O.C. BACK OF CURB
 - F.H. FIRE HYDRANT
 - C/O SEWER CLEAN OUT
 - EIS EXISTING IRON STAKE
 - M.H. MANHOLE
 - ECM EXISTING CONCRETE MONUMENT
 - CP COMPUTED POINT

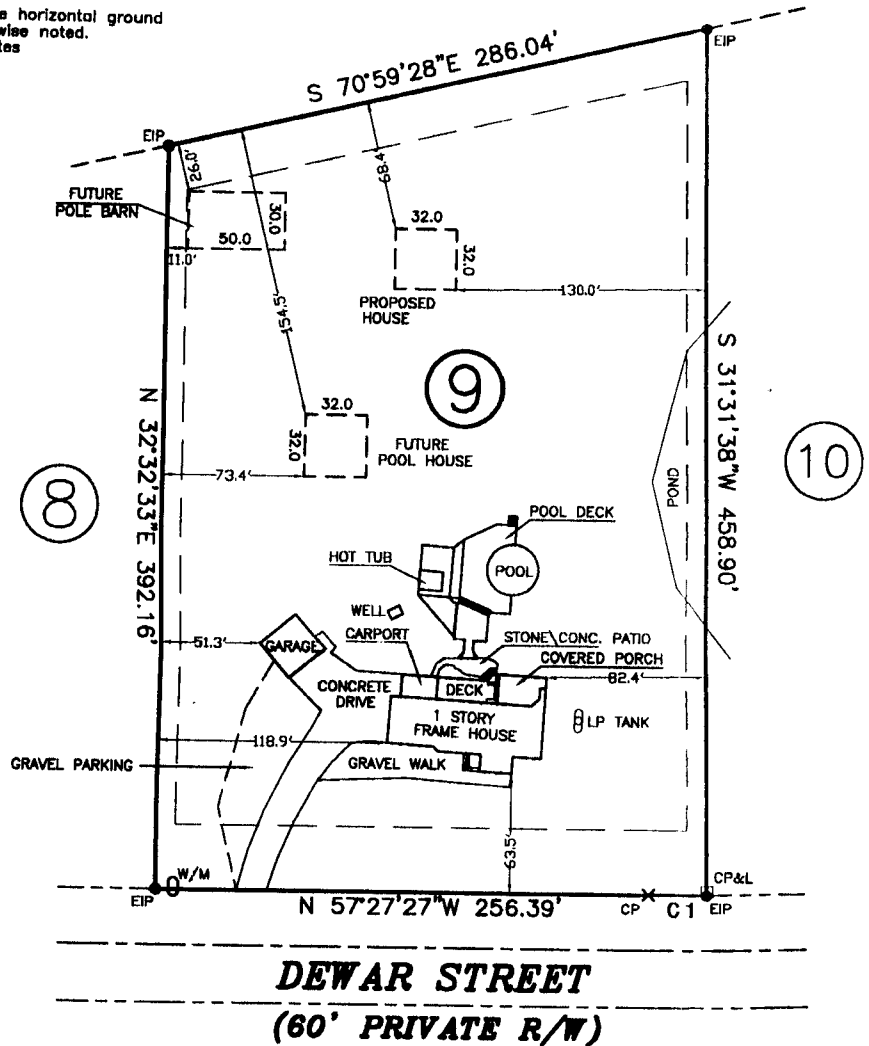
(REF: PLAN... 55A)
 PLAT... 55A
 N

LEGEND

- Existing Iron Pipe (Control Point)
- Iron Pipe Set (unless otherwise noted)
- Existing Concrete Monument (Control Point)
- Concrete Monument Set
- X Computed Point Only

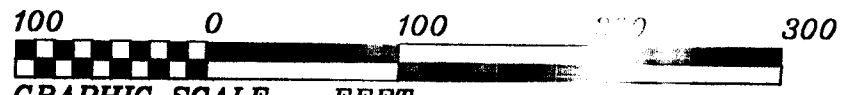
GERALD W. ABERNATHY
 YVONNE U. ABERNATHY
 D.B.1174, PG.235
 PC#C, SLIDE 99B

All measurements shown are horizontal ground measurements unless otherwise noted.
 Area computed by coordinates



NOTE: SHOWN IS LOT 9 OF
 PAD PARTNERS S/D - SECTION 2
 REF: PC#D, SLIDE 55A

Curve	Radius	Length	Chord	Chord Bear.
C1	1727.9'	29.8'	29.8'	S 57°54' W



AREA = 2.76 ACRES
 185 DEWAR STREET

NAME: Charles Deziel

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)

12-21-16
DATE

Application # 1050040433

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 Charles Deziel Date 12-21-16
Site Address 185 Dewar St Fuquay Varina Phone 919 606-6237
Directions to job site from Lillington _____

Subdivision _____ Lot 9
Description of Proposed Work new construction House # of Bedrooms 2
Heated SF 900 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

owner Building Contractor's Company Name Telephone 919-606-6237
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work new construction Service Size 200 Amps T-Pole Yes No
Arc Electric inc Telephone 919 889-6620
Electrical Contractor's Company Name
P.O. Box 58355 Raleigh NC 27658 Email Address _____
Address _____
License # 29565

Mechanical/HVAC Contractor Information

Description of Work new system (Heat pump)
Miller & sons heating & Air inc Telephone 919-939-8554
Mechanical Contractor's Company Name
2554 Manchester Dr Franklinton Email Address millerandsons53@gmail.com
Address _____
License # 31569

Plumbing Contractor Information

Description of Work _____ # Baths 1
Can's Plumbing Telephone 919-427-8026
Plumbing Contractor's Company Name
544 Duncan Oak Email Address _____
Address _____
License # 1000036

Insulation Contractor Information

Tri-City 1901 Herring Ave E Wilson Telephone 919-790-9684
Insulation Contractor's Company Name & Address
7204 Becky Cir Raleigh

*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

01-17-17
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

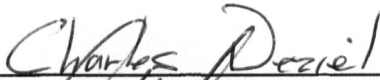
_____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 01-17-17

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 _____

Address 185 Dewar St Fuquay Varina

Type of construction: Residential Commercial Industrial Other

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

Building permit number associated with this application: _____

I, Charles Deziel (Print Full Name) (919) 606-6237 (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. 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)

- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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.

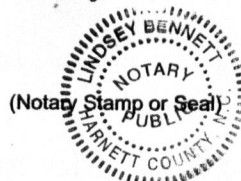
(Signature of Affiant)

01-18-17
(Date)

Sworn or affirmed and subscribed before me this the 18th day of January, 2017

Lindsey Bennett
(Signature of Notary Public)

Lindsey Bennett
(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)