

Initial Application Date: 10/30/17
11-8-17

Application # 1750042649 R

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: James R. Jackson Mailing Address: 436 OAK VALLEY FARM RD
City: COATS State: NC Zip: 27521 Home #: 919-820-5366 Contact #: 919-820-5366

APPLICANT*: James R. Jackson Mailing Address: 436 OAK VALLEY FARM RD
City: COATS State: NC Zip: 27521 Home #: 919-820-5366 Contact #: 919-820-5366
*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: _____ State Road Name: Fowler Ln, Dunn, NC 28334
Parcel: 021518 002501 PIN: 1518-43-5662.000

Zoning: RA-20M Subdivision: NA Dannie C. Coats Map 2010-447 Lot #: 2 Lot Size: .79 ac
Flood Plain: NO Panel: _____ Watershed: NO Deed Book/Page: 3552-0761 Plat Book/Page: 2010-647

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 S TL ON HWY 27E
GO THROUGH COATS 6M TR ON FAIRBORN RD
GO 6M TR ON FOWLER LN LOT ON R

PROPOSED USE:

- SFD (Size 47 x 61) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 20x26 Deck _____ Crawl Space Slab _____
- Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms ___ # Baths ___ Garage ___ (site built? ___) Deck ___ (site built? ___)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms ___ Garage ___ (site built? ___) Deck ___ (site built? ___)
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size ___ x ___) # Rooms _____ Use _____ Hours of Operation: _____
- Accessory/Other (Size ___ x ___) Use _____
- Addition to Existing Building (Size ___ x ___) Use _____ Closets in addition (___) yes (___) no

Water Supply: County (___) Well (No. dwellings ___) (___) Other _____

Sewage Supply: New Septic Tank (Must fill out New Tank Checklist) (___) Existing Septic Tank (___) County Sewer (___) Other _____

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? (___) YES NO

Structures on this tract of land: Single family dwellings proposed Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:	Comments: _____
Front Minimum <u>35</u> Actual <u>35</u>	_____
Rear <u>25</u> <u>9243</u>	_____
Side <u>10</u> <u>30</u>	_____
Sidestreet/corner lot <u>20</u> _____	_____
Nearest Building on same lot <u>10</u> _____	_____

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

James R. Jackson
Signature of Owner or Owner's Agent

10/30/2017
Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

NAME: James Jackson

APPLICATION #: 42649

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 # 024613

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.

James Jackson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/30/17
DATE

09/09/11

Application #

42649

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 JAMES JACKSON Date
Site Address FOWLER LN. DAWN, N.C. Phone 919-820-5366
Directions to job site from Lillington 4215 TL ON HWY 27E
NO THROUGH COATS 6M TIC FAIRGROUND RD
NO 6M TR ON FOWLER LN LOT ON R
Subdivision NA Lot NA
Description of Proposed Work EBILT 1500 SFD # of Bedrooms 3
Heated SF 1500 Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information

JAMES JACKSON HOME BUILDER 919-820-5366
Building Contractor's Company Name Telephone
436 OAK VALLEY FARM RD COATS NC jbuilder436@aol.com
Address Email Address
13649
License #

Electrical Contractor Information

Description of Work INSTALL WIRING Service Size 200 Amps T-Pole Yes No
PATRICK ELEC. CONTRACTOR LLC 910-237-1594
Electrical Contractor's Company Name Telephone
1309 N MAIN ST. LILLINGTON NC
Address Email Address
4910 W
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEAT-PUMP
CUSTOM HEATING & AIR 919-820-3079
Mechanical Contractor's Company Name Telephone
1001 DENIM DR. ERWIN
Address Email Address
12195
License #

Plumbing Contractor Information

Description of Work INSTALL WATER & SEWER # Baths 2
SHAWN HLOVER PLUMBING 919-868-0959
Plumbing Contractor's Company Name Telephone
304 QUAIL HOLLOW EXTENSION SANFORD
Address Email Address
23160
License #

Insulation Contractor Information

INSULATION INC. P.O. BOX 274 SANFORD 919-776-4138
Insulation Contractor's Company Name & Address Telephone

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

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ Yes ___ No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ Yes ___ No
3. Do you intend to directly control & supervise construction activities? ___ Yes ___ No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ Yes ___ No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ Yes ___ No

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 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.

James R. Jackson
Signature of Owner/Contractor/Officer(s) of Corporation

11/8/2017
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: JAMES JACKSON HOME BUILDER

Sign w/Title: James R. Jackson Date: 10/30/2017

