

Initial Application Date: 6/18/18

HOME

Application # 18-50044300

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: FRED WADE Mailing Address: 588 WEST TART ROAD

City: Dunn State: NC Zip: 28334 Contact No: 919-820-6335 Email: _____

APPLICANT*: BRANDON SMITH Mailing Address: 1607 CLAYHOLE RD.

City: Dunn State: NC Zip: 28334 Contact No: 910-890-2923 Email: see bsmith@yahoo.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: BRANDON SMITH Phone # 910-890-2923

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 1.26

State Road # 2060 State Road Name: W TART ROAD Map Book & Page: 615, -

Parcel: 070599 0028 PIN: 0599-53-0501.000

Zoning: PA-30 Flood Zone: X Watershed: No Deed Book & Page: 2867, 632 Power Company*: DUKE

*New structures with Progress Energy as service provider need to supply premise number 32515584 from Progress Energy.

PROPOSED USE:

SFD: (Size 1479 SF 40x75) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): 0 Garage: 618 Deck: 12x23 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 _____ 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 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 45.2

Rear 25 25'+

Closest Side 10 17.5'

Sidestreet/corner lot _____

Nearest Building on same lot _____

Comments: Per notes in HTE customer only changed \$650 for new tank per Oliver. See 18-50043401 for \$100 existing tank inspection for outbuilding.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 SOUTH THROUGH BUIES CREEK -
TURN LEFT ON PROSPECT CHURCH RD. TURN LEFT ON WEST TART ROAD -
THE SITE ON RIGHT

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]
Signature of Owner or Owner's Agent

6/18/18
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 for Residential Building and Trades Permit

Owner's Name: FRED WADE Date: _____

Site Address: 588 WEST TART ROAD Phone: 919-820-6335

Directions to job site from Lillington: HWY 421 SOUTH THROUGH BUIES CREEK - TURN LEFT ON PROSPECT CHURCH RD - TURN LEFT ON WEST TART ROAD - SITE ON RIGHT

Subdivision: _____ Lot: _____

Description of Proposed Work: SINGLE FAMILY DWELLING # of Bedrooms: 3

Heated SF: 1479 Unheated SF: 1050 Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

BRANDON SMITH - SMITH WOODWORKS, INC 910-890-2923
Building Contractor's Company Name Telephone

11607 CLYMORE RD. DUNN, NC 28334 sccbsmith@yahoo.com
Address Email Address

73532
License #

Electrical Contractor Information

Description of Work NEW SINGLE FAMILY DWELLING Service Size: 200 Amps T-Pole: Yes No

PATRICK ELECTRICAL CONTRACTORS LLC 910-237-1594
Electrical Contractor's Company Name Telephone

1309 N. MAIN ST. LILLINGTON, NC 27546
Address Email Address

4910
License #

Mechanical/HVAC Contractor Information

Description of Work NEW SINGLE FAMILY DWELLING

J + M HVAC 910-897-5501
Mechanical Contractor's Company Name Telephone

724 TURKINGTON RD. DUNN, NC 28334
Address Email Address

17164
License #

Plumbing Contractor Information

Description of Work NEW SINGLE FAMILY DWELLING # Baths: 2

SHAWN GLOVER - GLOVERS CONTRACT PLUMBING, INC 919-868-0959
Plumbing Contractor's Company Name Telephone

304 QUAIL HOLLOW SANFORD, NC 27332
Address Email Address

23160 P1
License #

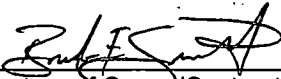
Insulation Contractor Information

TRIE CITY 910-303-3731
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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

6/18/18

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: Brandon E. Smith - BRANDON E. SMITH

Sign w/Title: Brandon E. Smith - SMITH WOODWORKS INC. - PRESIDENT Date: 6/18/18

NAME: FRED WADE BY BRANDON SMITH

APPLICATION #: AS0044300

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 # [Signature] 6/19/18 078234

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.

[2] Accepted [] Innovative [x] 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 [x] NO Does the site contain any Jurisdictional Wetlands?
[x] YES [] NO Do you plan to have an irrigation system now or in the future?
[x] YES [] NO Does or will the building contain any drains? Please explain.
[x] YES [] NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
[] YES [x] NO Is any wastewater going to be generated on the site other than domestic sewage?
[] YES [x] NO Is the site subject to approval by any other Public Agency?
[] YES [x] NO Are there any Easements or Right of Ways on this property?
[] YES [x] 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)

DATE 6/18/18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 867104

Filed on: 06/11/2018

Initially filed by: bsmith8171213

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com (<http://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 (<mailto:support@liensnc.com>)

Project Property

588 West Tart Road
Dunn, NC 28334
NC 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

Fred Wade

588 West Tart Road
Dunn, NC 28334

United States

Email: sccbsmith@yahoo.com

Phone: 919-820-6335

Date of First Furnishing

06/18/2018

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384