

Initial Application Date: 10/20/18



Application # 1850044313R  
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: Paul Holmes, Tara S Holmes Mailing Address: 116304 Praxis Way, Cary, NC  
City: Cary State: NC Zip: 27515 Contact No: 906-203-4303 Email: tosholmes@gmail.com

APPLICANT: Paul & Tara Holmes Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Twin Lakes Lot #: 1 Lot Size: .49  
State Road # 15 State Road Name: Willford Lane Map Book & Page: 7/280  
Parcel: 01 0514 0173 PIN: 0514-31-1564-000  
Zoning: RA20A Flood Zone: X Watershed: NA Deed Book & Page: Book 1780 Power Company\*: \_\_\_\_\_

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

PROPOSED USE: 12420

- SFD: (Size 20 x 20) # Bedrooms: 1 # Baths: 1 Basement(w/wo bath): 0 Garage: 0 Deck: 0 Crawl Space: 0 Slab: 0 Monolithic 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 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

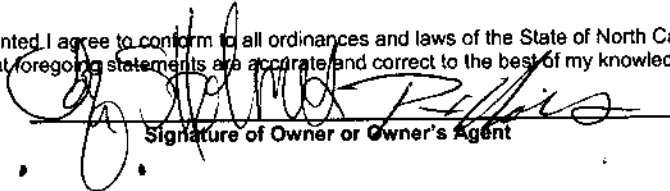
	Minimum	Actual
Front	<u>35</u>	<u>70</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>40</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<u>0</u>	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

From HWY 210 take  
McKay Drive. Williford ~~is~~ is on the right, 10 Williford  
is the corner lot.

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

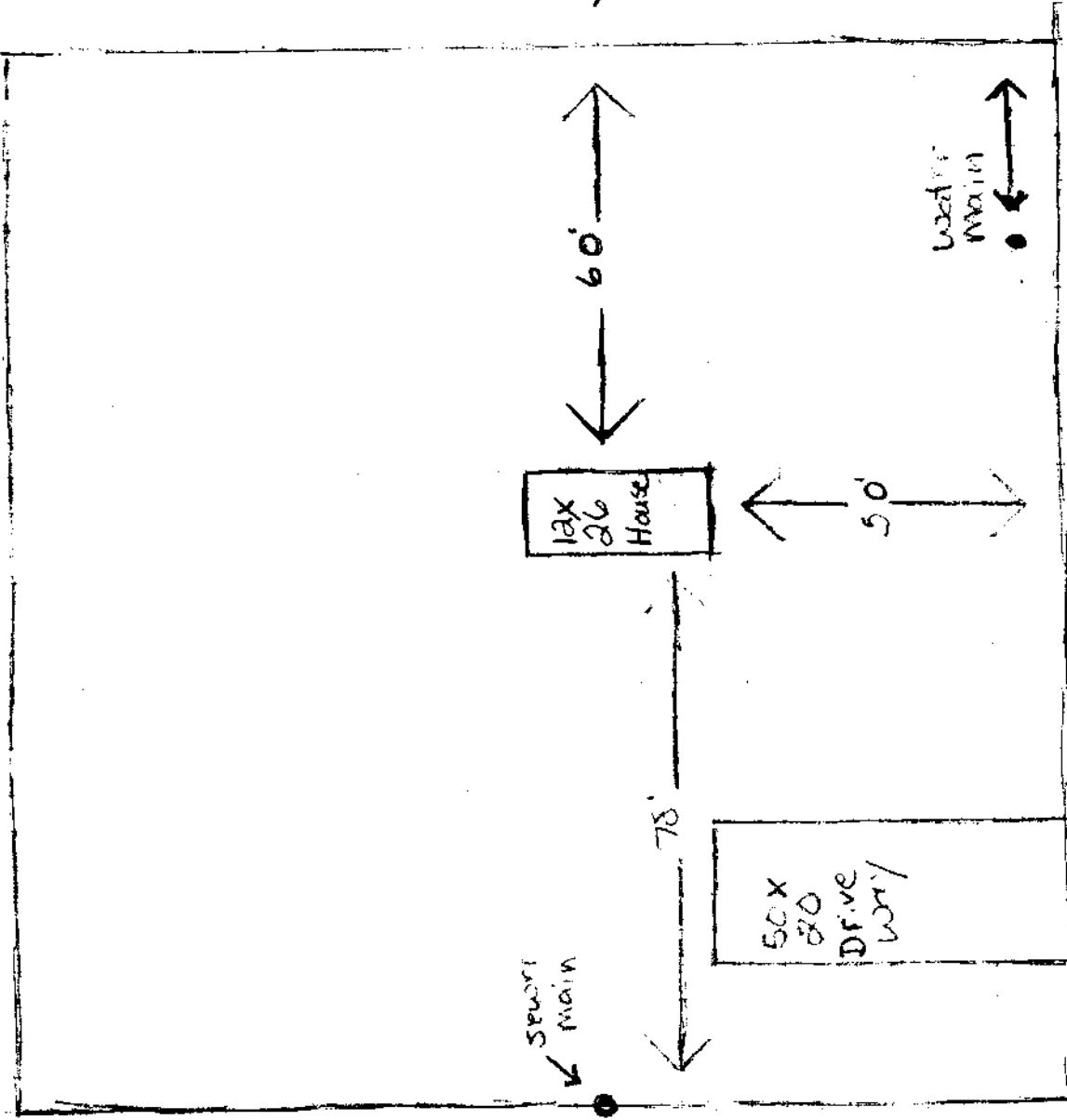
6/20/18  
Date

\*\*\*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 Block  
5 FT

REVISION  
SITE PLAN APPROVAL  
DISTRICT Prattville USE SFD  
#BEDROOMS 1  
Date 6/25/18 [Signature]  
Zoning Administrator



Willford

1/1/18

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 Paul Holmes Tara Sabatine-Holmes Date 6/20/18  
Site Address 15 Williford Lane Spring Lake Phone 910-203-4303  
Directions to job site from Lillington Take 2101 to McKay Drive  
15 Williford is on the corner of McKay & Williford

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work Small House # of Bedrooms 1  
Heated SF X Unheated SF \_\_\_\_\_ Finished Bonus Room?  Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**  
Building Contractor's Company Name Paul & Tara Holmes Telephone 910-203-4303  
Address 16304 Praxis Way, Cary NC Email Address tnsholmes@gmail.com

License # \_\_\_\_\_  
**Electrical Contractor Information**  
Description of Work \_\_\_\_\_ Service Size 100 Amps T-Pole  Yes \_\_\_\_\_ No \_\_\_\_\_  
Electrical Contractor's Company Name Anderson's Electrical Telephone 910-224-69109  
Address P.O. Box 142 Spring Lake, NC Email Address andersonseletrical@mail.com  
31675-L

License # \_\_\_\_\_  
**Mechanical/HVAC Contractor Information**  
Description of Work \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # owner


**Plumbing Contractor Information**  
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # owner

**Insulation Contractor Information**  
Insulation Contractor's Company Name & Address \_\_\_\_\_ 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

  
Signature of Owner/Contractor/Officer(s) of Corporation

6/20/18  
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

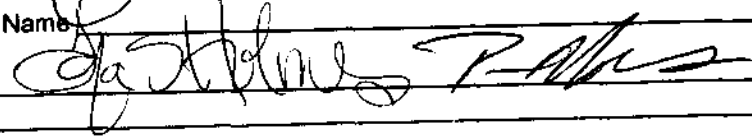
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

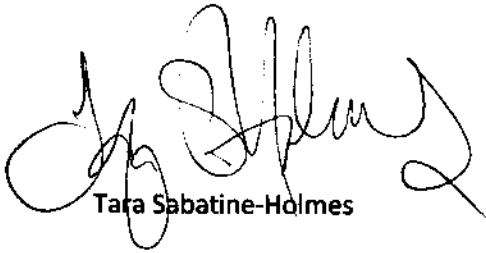
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name

Sign w/Title  Date 6/20/18

June 27, 2018

Tara Sabatine- Holmes and Paul Holmes are not financing the building of their home on 15 Williford Lane in Spring Lake, North Carolina.



Tara Sabatine-Holmes

State of NC  
County of CUMBERLAND  
This instrument was acknowledged before me  
on 23 day of JULY 2018 by Tara Sabatine-Holmes  
Paul Holmes  
My Commission Expires MARCH 14 2023

Paul Holmes

