

Initial Application Date: 3.26-14

Application # 1450033229

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: Kent & Cindy Jackson Mailing Address: 245 Green Forest Circle
City: Dunn State: NC Zip: 28334 Contact No: (910) 824-1192 Email: Cindyjackson@hotmail.com

APPLICANT: Capital Parks Mailing Address: 128 Newy 70 E
City: GRANEX State: NC Zip: 27529 Contact No: (919) 610-7131 Email: Melissa@capitalparks.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Melissa Legard Phone # (919) 610-7131

PROPERTY LOCATION: Subdivision: Myrtlewood Lot #: 11 Lot Size: 1.00AC

State Road # _____ State Road Name: _____ Map Book & Page: 99, 646

Parcel: 07 0588 0146 31 PIN: 0598-23-2987-000

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 1596 / 588 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ 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) Monolithic
- 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 18 x 40) Use: Inground pool 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: Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

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

Comments: _____

1088-14

1088-14

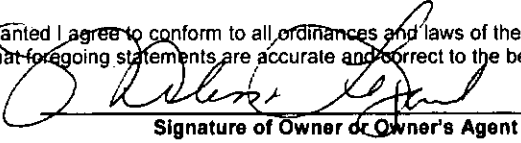
1088-14

1088-14

1088-14

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

3-26-14
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****

Notes



Trip to:

245 Green Forest Cir

Dunn, NC 28334-9125

12.02 miles / 20 minutes



Lillington, NC 27546

Download
Free App



1. Start out going east on Samuel McKoy Ln toward Springwood Ave (Portions unpaved). [Map](#)

0.1 Mi



2. Take the 1st right onto Springwood Ave. [Map](#)

0.2 Mi



3. Take the 3rd left onto NC 27 W / NC-27. Continue to follow NC-27. [Map](#)

1.2 Mi



4. Turn left onto S Main St / US-401 N / NC-27 / NC-210. Continue to follow S Main St / US-401 N / NC-210. [Map](#)

1.9 Mi



5. Turn right onto E Cornelius Harnett Blvd / US-421 S / NC-27. Continue to follow US-421 S. [Map](#)

8.3 Mi



6. Turn left onto Timber Creek Ln. [Map](#)

0.2 Mi



7. Turn left onto Green Forest Cir. [Map](#)

0.06 Mi



8. 245 GREEN FOREST CIR is on the right. [Map](#)



245 Green Forest Cir, Dunn, NC 28334-9125

Total Travel Estimate: **12.02 miles - about 20 minutes**

FREE NAVIGATION APP

SELECT: IPHONE ANDROID

Enter your mobile number



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

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 Kent & Cindy Jackson Date 3-12-14
Site Address 245 Green Forest Circle Dunn Phone (910) 824-1192
Directions to job site from Lillington Take 3rd Lt NC270/NC27010 1.9, Turn Rt E Cornelius Harnett Blvd P.3, turn Lt timber creek Ln, 2, Turn Lt Green forest

Subdivision Myrtle Wood Lot 11
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor's Company Name Capitol Pools & Spa Telephone (919) 779-9800
Address 128 Hwy 70 E Granite NC 27529 Email Address Melissa@Capitolpools.com
71121
License # _____

Electrical Contractor Information

Description of Work Inground Swimming Service Size 50 Amps T-Pole Yes No
Jansen Electric Telephone (919) 915-3047
Electrical Contractor's Company Name 331 Tatten Dr Wendell NC 27592 Email Address Scottjensenc@gmail.com
Address 23596
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

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

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 _____

Capital Pools & Spa

Sign w/Title _____

Don Johnson Owner

Date _____

3-12-14