

Initial Application Date: 1/5/10

Application # 16-50037782

CU# \_\_\_\_\_

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/permits

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

**"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"**

LANDOWNER: Mike & Kelly William Mailing Address: 428 Hilliard Rd

City: Fuquay Varina State: NC Zip: 27326 Contact No: (919) 610-7131 Email: Melissa@Carolinafamilyprod.com

APPLICANT: Melissa Legard Mailing Address: 2303 Norwood Dr

City: Goldsboro State: NC Zip: 27534 Contact No: (919) 610-7131 Email: Melissa@CarolinaFam.lyprod.

\*Please fill out applicant information if different than landowner

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

PROPERTY LOCATION: Subdivision: Hilliard Est Lot #: 2 Lot Size: 358 AC

State Road # \_\_\_\_\_ State Road Name: Hilliard Rd Map Book & Page: 2001, 861

Parcel: 08 0054 0141 37 PIN: 0054-98-0050.000

Zoning: R80 Flood Zone: X Watershed: 1V Deed Book & Page: 2112, 378 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: \_\_\_\_\_ 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 18 x 37) Use: Inground Swimming 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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed pool

**Required Residential Property Line Setbacks:**

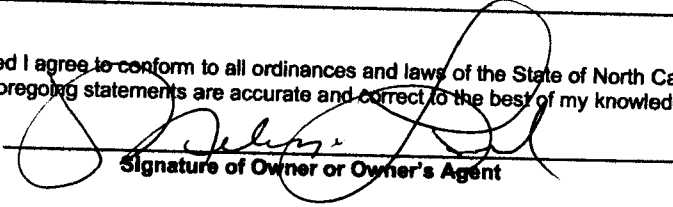
	Minimum	Actual
Front	<u>35</u>	<u>35+</u>
Rear	<u>10</u>	<u>10+</u>
Closest Side	<u>10</u>	<u>10+</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>10</u>	<u>25</u>

Comments: existing

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:**

*Rt onto S 2nd st, Rt onto E Ivey st  
2nd Rt onto S main st/us 401 N, Continue to follow S main st,  
LT onto Cornelius Harnett Blvd/us 401 N, Turn Rt onto  
Rawl Church Rd, Take Rt Nilliard Rd*

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

*1/5/16*  
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\*\***

HARNETT COUNTY HEALTH DEPARTMENT

HTE# D3-5-8468227

IMPROVEMENT PERMIT 22783

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) MIKE WILLIAMS New Installation  Septic Tank  Repair   
Property Location: SR# 1456 Hilland Nitrification Line  Expansion   
Subdivision Hilland Estates Lot # 2  
Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: 3 3006PD Lot Size: 3.58 acres

Basement with Plumbing:  Garage:   
Water Supply:  Well  Public  Community  
Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property.  
Subject to final approval.

Type of system:  Conventional  Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

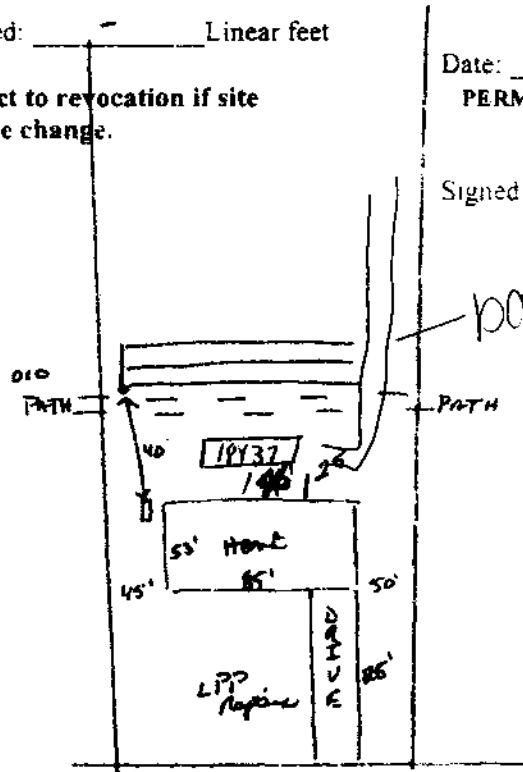
Subsurface Drainage Field No. of ditches 3 ft. exact length 120 ft. width of ditches 3 ft. depth of ditches 30-19 in.

French Drain Required: - Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 11-14-05  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed James C. Mankin  
Environmental Health Specialist

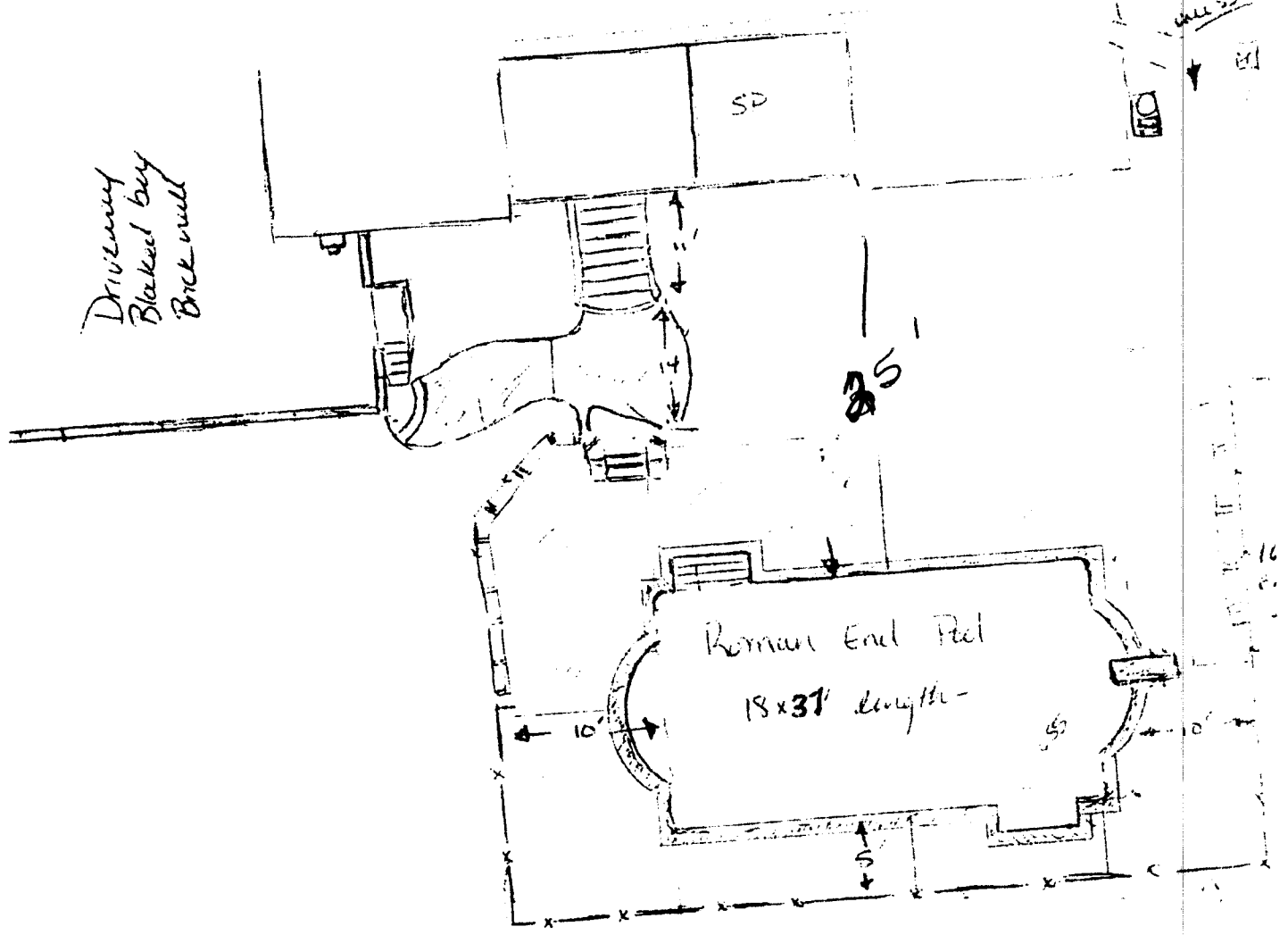


backwash  
line per  
m. WISSA  
ward

SITE PLAN APPROVAL Inground Pool  
DISTRICT RA30 USE Pool  
#BEDROOMS N/A  
1.5.16 (signature)  
ZONING ADMINISTRATOR

SR1456 Hilland RD

Driving  
Blocked by  
Brick wall



NAME: \_\_\_\_\_

APPLICATION #: 37782

**\*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 *twice*

\*CONFIRMATION # \_\_\_\_\_

*Will call  
in*

**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.**

*[Signature]*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-5-16  
DATE

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 Mike & Kelly Williams Date 1/5/16  
Site Address 428 Hilliard Dr Fuquay Varina NC Phone (910) 308-6854  
Directions to job site from Lillington RT onto S 2nd st, RT onto E Key St, 2nd RT onto  
S main st/us 401 N, Continue to follow S main st, LT onto Cornelius Harnett  
Blvd/us 401 N, Turn RT onto Raul Church Rd, take RT Hilliard Rd  
Subdivision \_\_\_\_\_ Lot # 2  
Description of Proposed Work Inground Swimming Pool # of Bedrooms \_\_\_\_\_  
Heated SF N/A Unheated SF N/A Finished Bonus Room? N/A Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Carolina Family Pool & Patio Telephone (919) 580-1111  
Building Contractor's Company Name \_\_\_\_\_  
2303 Noewood Ave, Goldsboro, NC Email Address Melissa@Carolinafamilypool.com  
Address \_\_\_\_\_  
75568  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Electrical for Swimming Pools Service Size 30 Amps T-Pole  Yes  No  
Jansen Electric Telephone (919) 915-3047  
Electrical Contractor's Company Name \_\_\_\_\_  
331 Tatton Dr Wendell, NC 27592 Email Address Scott.jansenelectric@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]  
Signature of Owner/Contractor/Officer(s) of Corporation

1/5/10  
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 Cardinia Family Outdoor, Inc

Sign w/Title [Signature], President Date \_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 16-50037782 Date 2/01/16  
Property Address . . . . . 428 HILLIARD RD  
PARCEL NUMBER . . . . . 08-0654- - -0141- -37-  
Application type description CP SWIMMING POOL  
Subdivision Name . . . . . T J HILLIARD ESTATE  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner	Contractor
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WILLIAMS MICHAEL E JR & KELLY 11043 NC 210 SOUTH SPRING LAKE NC 28390	CAROLINA FAMILY POOL & PATIO 2303 NORWOOD AVE GOLDSBORO NC 27534 (919) 580-1111

----- Structure Information 000 000 -----  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE  
SEPTIC - EXISTING? INGORUND POOL COUNTY

Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1124890  
Issue Date . . . . . 2/01/16 Valuation . . . . . 0  
Expiration Date . . . . . 7/30/16

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1124882  
Issue Date . . . . . 2/01/16 Valuation . . . . . 0  
Expiration Date . . . . . 1/31/17

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HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	16-50037782	Date 2/01/16
Property Address . . . . .	428 HILLIARD RD	
PARCEL NUMBER . . . . .	08-0654- - -0141- -37-	
Application description . . . . .	CP SWIMMING POOL	
Subdivision Name . . . . .	T J HILLIARD ESTATE	
Property Zoning . . . . .	RES/AGRI DIST - RA-30	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type . . . . . RESIDENTIAL ELECTRICAL PERMIT					
999	211	E211	R*ELEC ABOVE CEILING	_____	___/___/___
999	217	E217	R*ELEC RECONNECT	_____	___/___/___
999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
999	215	E215	R*ELEC. UND. POOL	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___