

Initial Application Date: 3-28-16 Reference SFD Application # 16-50038331  
155-37444 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 & TERESA PERCE Mailing Address: 1747 OAK RIDGE (DUNCAN RD.)  
 City: FURRAY-VAILA State: NC Zip: 27526 Contact No: 919-602-8539 Email: \_\_\_\_\_

APPLICANT: CLEARWATER POOL Mailing Address: 63-102 ANNA DR  
 City: CLAYTON State: NC Zip: 27520 Contact No: 919-359-2440 Email: JPD@POLSBYCLEARWATER.COM  
 \*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JUSTIN DIEBOLD Phone # 919-359-2440

PROPERTY LOCATION: Subdivision: Stephen Scardino Lot #: 1R Lot Size: \_\_\_\_\_  
 State Road # 1747 State Road Name: OAK RIDGE (DUNCAN RD.) Map Book & Page: 2015, 342  
 Parcel: 05-0045-0202-05 PIN: 0035-07-1712  
 Zoning: R30 Flood Zone: V Watershed: NA Deed Book & Page: 2009, 948 Power Company\*: DUKE

\*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))
- 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 20x40) Use: engraved 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): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

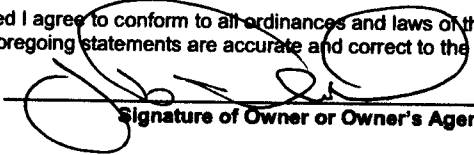
	Minimum	Actual
Front	<u>30</u>	<u>35+</u>
Rear	<u>10</u>	<u>10+</u>
Closest Side	<u>10</u>	<u>10+</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>0</u>	<u>9'</u>

Comments: proposed  
Pool was shown in original site plan.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

OLD US 42) (R) ONTO W. FRONT ST. / US 421 S, (L) ONTO S MAIN ST / US 421  
(L) ONTO W. CORNELIUS HARNETT BLVD / US 421 W. (R) ONTO N. EDWIN ST.,  
TAKE 2ND LEFT ON DAIR ST.

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

3/28/16  
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\*\*



Application # \_\_\_\_\_

108 EAST FRONT STREET LILLINGTON NC 27546  
Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits  
Certification of Work Performed By Owner/Contractor  
(Individual Trade Application)

Owner (s) of Structure: PAUL & TERESA PIERCE Phone: 919-602-8539

Owner (s) Mailing Address: 1747 DAK RIDGE (DUNLAP RD)  
FINDWAY-VARINA NC 27526

Land Owner Name (s): SAA Phone: \_\_\_\_\_

Construction or Site Address: \_\_\_\_\_

PIN # \_\_\_\_\_ Parcel # \_\_\_\_\_

Job Cost: \$2,150.00 Description of Work to be done ELECTRICAL BONDING OF  
POOL EQUIPMENT

Mechanical: New Unit With Ductwork  New Unit Without Ductwork  Gas Piping  Other

Electrical\*: 200 Amp  <200 Amp  Service Change  Service Reconnect  Other

\* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap  Number of Baths  Water Heater

Specific Directions to Job from Lillington:

OLD US 421, RIGHT ONTO W FRONT ST / US 421S, LEFT ONTO S. MAIN ST. / US 421,  
LEFT ON W. CORNELIUS HARNETT BLVD / US 421D, RIGHT ONTO A. ENNIS ST.  
TAKE 2ND LEFT ON DAK ST.

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

I SCOTT JANSEN will provide the ELECTRICAL labor on this structure.  
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23596L, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

JANSEN'S ELECTRICAL SERVICE  
Contractor's Company Name

(919) 915-3047  
Telephone

WENDELL, NC 27591  
Address

\_\_\_\_\_  
Email Address

23596L  
License #

Structure Owner / Contractor Signature:  Date: 3/28/16

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

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 & TERESA PIERCE Date 3/28/16  
Site Address 1747 DAK RIDGE (DUNNAN RD), FARMWAY-VARNA Phone 919-602-8539  
Directions to job site from Lillington OLD US 421 (R) ONTO W. FROST ST / US 421 S, (L) ONTO  
S. MAIN ST. / US 421 (L) ONTO W. CORNELIUS HARNETT BLVD / US 421 W. (R) ONTO  
N. EDWIS ST., TAKE 2ND LEFT ON DAK ST.

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

**General Contractor Information**

CLEARWATER POOLS 919-359-2440  
Building Contractor's Company Name Telephone  
63-102 ANNA DR., CLAYTON NC 27520 JPD@BOLSBYCLEARWATER.COM  
Address Email Address  
N/A  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
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

3/28/16  
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 CLEAR WATER Pools

Sign w/Title 

Date 3/28/16

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 . . . . . 16-50038331 Date 3/28/16  
Property Address . . . . . 1693 OAKRIDGE DUNCAN RD  
PARCEL NUMBER . . . . . 05-0645- - -0202- -04-  
Application type description CP SWIMMING POOL  
Subdivision Name . . . . . P G TUTOR  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
PIERCE PAUL & TERESA M 1695 OAKRIDGE DUNCAN RD FUQUAY VARINA NC 27526	BIG SKY HOMES INC 1087 WOODLAND CHURCH RD WAKE FOREST NC 27587 (919) 562-4329

Applicant

PIERCE PAUL #1R  
621 AFRON MEADOW LN  
CARY NC 27518  
(919) 602-8539

--- Structure Information 000 000 20X40 INGROUND POOL  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS .00  
PROPOSED USE INGROUND POOL  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY WELL

Permit . . . . . LAND USE PERMIT  
Additional desc . . .  
Phone Access Code . . 1132489  
Issue Date . . . . . 3/28/16 Valuation . . . . . 0  
Expiration Date . . . 9/24/16

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . . . ELECT FOR INGROUND POOL  
Phone Access Code . . 1132497  
Issue Date . . . . . 3/28/16 Valuation . . . . . 0  
Expiration Date . . . 3/28/17

Special Notes and Comments  
T/S: 11/10/2015 04:23 PM DJOHNSON --  
TAKE 42 TO DUNCAN. MAKE A LEFT ON  
OAKRIDGE DUNCAN RD PROPERTY IS ON RIGHT  
HAND SIDE  
T/S: 01/28/2016 03:12 PM DJOHNSON --  
T/S: 01/29/2016 09:44 AM DJOHNSON --  
\*\*\*\*\*PREMISE NO 06020416\*\*\*\*\*

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Subdivision Name . . . . . P G TUTOR  
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	_____	___/___/___