

Initial Application Date: 3/19/18

Application # 1850843590

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: Fiona Mansoori Wheeler Mailing Address: 33 Dove Trail  
City: Sanford State: NC Zip: 27332 Contact No: 910-391-7560 Email: Fiona.mansoori@gmail.com

APPLICANT\*: Cool Pools NC, LLC Mailing Address: 2300 Old US-1 Hwy  
City: Apex State: NC Zip: 27502 Contact No: 919-367-7277 Email: cher@coolpoolsnc.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Cher Lexpert Phone # 919-367-7277

PROPERTY LOCATION: Subdivision: Carolina Lakes Lot #: 4 Lot Size: 1 acre  
State Road # 33 State Road Name: Dove Trail Map Book & Page: 3333, 0070

Parcel: 03958509-0004 PIN: 9596-01-5297.000  
Zoning: R-20R Flood Zone: X Watershed: NO Deed Book & Page: 3333, 70 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 10 x 17) 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): Proposed Pool

**Required Residential Property Line Setbacks:**

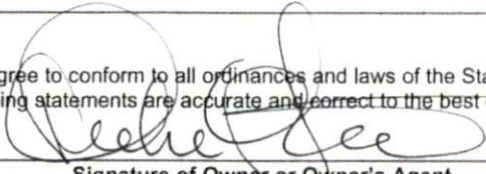
Front	Minimum	Actual
Rear		<u>30'</u>
Closest Side		<u>22'</u>
Sidestreet/corner lot		
Nearest Building on same lot		<u>22'</u>

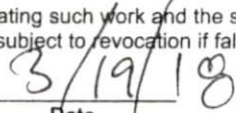
Comments: Inground Fiberglass Pool, 10x17.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Front St to Main St., onto W. Old Rd, onto NC-27, onto  
Buffalo Lake Rd., onto Carolina Lake Rd., onto  
Carolina Way, onto Sandpiper Dr., onto Dove Trail

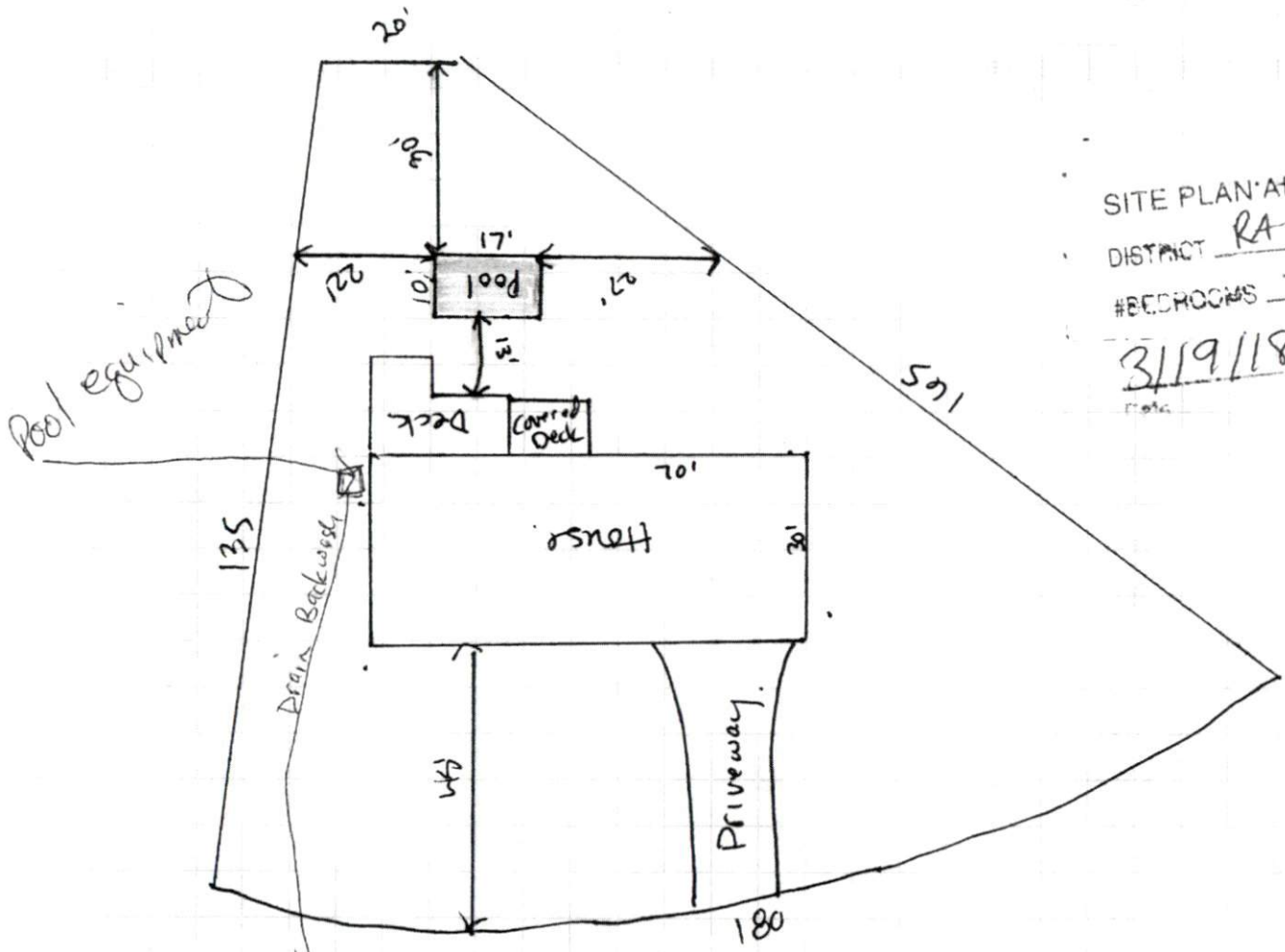
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

  
\_\_\_\_\_  
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\*\*



SITE PLAN APPROVAL  
 DISTRICT RA-20R USE Pool  
 #BEDROOMS -  
 Date 3/19/18 LL  
 Zoning Administrator

33 Dove Trail, Sanford.



30  
 Scale.

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 Fiona Mansoori Date 3/19/18

Site Address 33 Dove Trail, Sanford, NC 27332 Phone \_\_\_\_\_

Directions to job site from Lillington Front St. to Main St., onto W. Old Rd., onto NC-27, onto Buffalo Lake Rd., onto Carolina Lake Rd, onto Carolina Way, onto Sand piper Dr, onto Dove Trail  
Subdivision Carolina Lakes Lot \_\_\_\_\_

Description of Proposed Work fiberglass in-ground pool # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Cool Pools NC, LLC  
Building Contractor's Company Name  
2300 Old US 1 Hwy  
Address  
59776  
License # \_\_\_\_\_

919-367-7277  
Telephone  
Chere@coolpoolsnc.com  
Email Address

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole  Yes  No  
ARC Electric, Inc.  
Electrical Contractor's Company Name  
P.O. Box 58355  
Address  
29565-L  
License # \_\_\_\_\_

919-888-3500  
Telephone  
customer@arcelectric.com  
Email Address

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

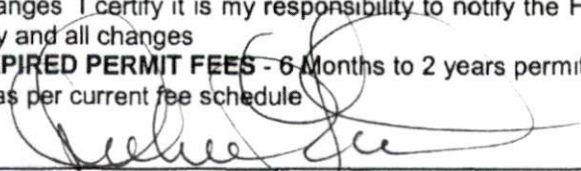
**Insulation Contractor Information**

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

March 19, 2018  
\_\_\_\_\_  
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 Coop Pools NC LLC

Sign w/Title  owner.

Date Mar. 19, 2018

P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Application Number . . . . . 18-50043590 Date 3/19/18  
Property Address . . . . . 91750 TECH 3  
PARCEL NUMBER . . . . . - - - - -  
Application type description CP SWIMMING POOL  
Subdivision Name . . . . .  
Property Zoning . . . . . UNZONED

Owner Contractor  
-----  
WHEELER FIONA COOL POOLS NC LLC  
33 DOVE TRAIL 2300 OLD US 1 HWY  
SANFORD NC 27332 APEX NC 27502  
(910) 391-7560 (919) 367-7277

Applicant

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COOL POOLS NC, LLC  
2300 OLD US-1 HWY  
APEX NC 27502  
(919) 367-7277

--- Structure Information 000 000 10X17 INGROUND POOL  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE POOL SEWER  
SEPTIC - EXISTING?

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Permit . . . . . RESIDENTIAL BUILDING PERMIT  
Additional desc . . . . .  
Phone Access Code . 1234434  
Issue Date . . . . . 3/19/18 Valuation . . . . . 0  
Expiration Date . . 3/19/19

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . 1234442  
Issue Date . . . . . 3/19/18 Valuation . . . . . 0  
Expiration Date . . 9/15/18

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Special Notes and Comments  
T/S: 03/19/2018 02:20 PM LLUCAS ----  
33 DOVE TRAIL - CAROLINA LAKES  
NC 27 - LEFT ONTO BUFFALO LAKE RD -  
ONTO CAROLINA LAKES RD - ONTO CAROLINA  
WAY - ONTO SAND PIPER DR - ONTO DOVE  
TRAIL

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\_\_\_\_\_  
\_\_\_\_\_

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 Application Number . . . . . 18-50043590 Page 2  
 Property Address . . . . . 91750 TECH 3 Date 3/19/18  
 PARCEL NUMBER . . . . . - - - - -  
 Application description . . . CP SWIMMING POOL  
 Subdivision Name . . . . .  
 Property Zoning . . . . . UNZONED  
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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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Permit type . . . . RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS      Type: CP    Drawer: 1  
Date: 3/19/18 53    Receipt no: 294495

Year	Number	Amount
2018	50043590	
91750 TECH 3		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	\$125.00

COOL POOLS NC, LLC

Tender detail		
CK CHECK PAYMEH	5053	\$125.00
Total tendered		\$125.00
Total payment		\$125.00

Trans date: 3/19/18    Time: 14:33:02

\*\* THANK YOU FOR YOUR PAYMENT \*\*