

Initial Application Date: 3/19/18

Application # 1850043590

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
SCANNED DATE

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 Levert 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))
- 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:

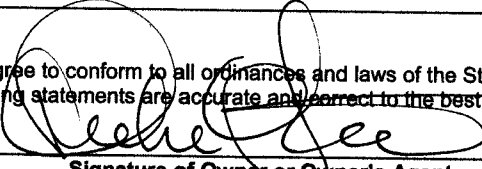
	Minimum	Actual
Front	_____	_____
Rear	_____	<u>30'</u>
Closest Side	_____	<u>22'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>22'</u>

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

3/19/18

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

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 pper 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 _____
Address _____
License # _____

Telephone _____
Email Address _____

Plumbing Contractor Information

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

Telephone _____
Email Address _____

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

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 Cool Pools NC LLC

Sign w/Title [Signature] owner. Date Mar. 19, 2018

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

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
SEPTIC - EXISTING? SEWER

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

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

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

