	1	5/2/18
Initial Application	Date:	015/10

Application #	1850043931	_

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			CU# _	
	COUNTY OF HARNETT	RESIDENTIAL LAND USE APPI	LICATION	
Central Permitting	108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 ext:2	Fax: (910) 893-2793	SCHARLE
*** ***********************************				

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamatt.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Heid + Frank Whiteaker Mailing Address: 99 Cardona Ct. DATE
City: Fuguran Varina State: NC zip: 27526 Contact No: 919-576-6683 Email: + ybeehilton @ yahoo.
APPLICANT*: Parrot Bay Pools + SDAS Mailing Address: 3011 Town Center Dr. Ste. 130
City: Fave Heville State: NC Zip: 28304 Contact No: 910 429 0886 Email: Parrof Bay Pools @ A00 *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Shawn Bradely Phone # 910 429 0086
PROPERTY LOCATION: Subdivision: A+kins Village Lot #: 20 Lot Size: 057
State Road # 1448 State Road Name: AKINS Rd / 99 Cardona Ct Map Book & Page: 2010/115
Parcel: 040004 0020 29 PIN: 5(0(04-75-1921-000
Zoning: [A-30] Flood Zone: X Watershed: WS-1V Deed Book & Page: 3481 / 334 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic SFD: (Sizex) # 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: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 14 x 35) Use: Ingound 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: Comments:
Front Minimum Actual
Rear <u>25t</u>
Closest Side
Sidestreet/corner lot
Nearest Building 15'

Residential Land Use Application

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<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*

NAME: Frank + Heidi Whiteaker APPLICATION #:\_

\*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 CONFIRMATION # Environmental Health New Septic SystemCode 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** Happlying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {\_\_}} Conventional Accepted {\_\_}} Innovative {\_\_}} Any {\_\_}} 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 No you plan to have an <u>irrigation system</u> now or in the future? 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 1/NO Is any wastewater going to be generated on the site other than domestic sewage? {\_\_}}YES

I Mave 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

Does the site contain an 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.

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

{\_\_}}YES

{ }YES {\_\_}}YÆŚ / } NO

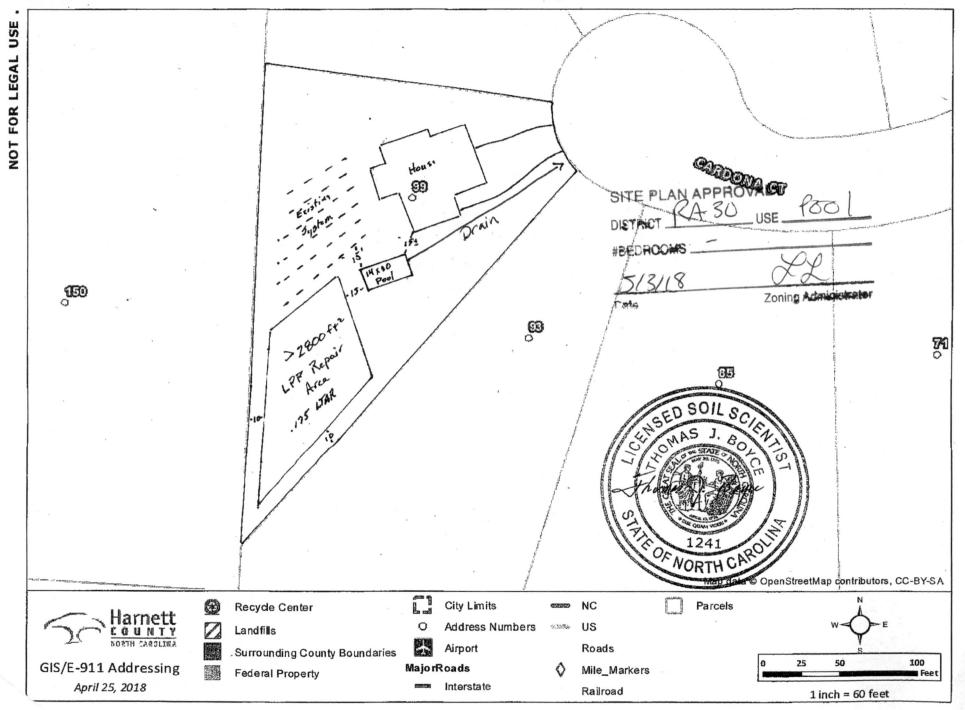
{ } NO

{\_\_}} NO

PROPERTY OWNERS OR OWNERS/LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?



Application #	

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: Frank + Heidi Whiteaker	Date: 5/3/18
Site Address: 99 (ardona H. Fuguga Varin	Phone: 919 - 576 - 668.
Directions to job site from Lillington: R+ 40/N R+	
Lt Atkins Rd. 1+ Cardona Ct.	p. J. Carl
Subdivision: A+kins 1/1/1/age	Lot:
Description of Proposed Work: 14 x 30' Enground P	00 / # of Bedrooms:
Heated SF: Unheated SF: Finished Bonus Room? _	
General Contractor Information	
Parcot Ban Pools + Spas Building Contractor's Company Name	910-429-0086
Building Contractor's Company Name	9/0 - 4/29 - 00 8 6 Telephone
3011 Town Center Dr. Ste 130	Parcot Bay Pools + Spas Email Address
(9998	Email Address (
License #	
Electrical Contractor Informati	<u>ion</u>
Description of Work _ Wice Pool Pung Service Size	:Amps T-Pole:YesNo
Townsend Electric	910-818-8531
Electrical Contractor's Company Name	Telephone
535 Ted's Rd, Parkton, NC 28371	
Address	Email Address
25451-6	
License #  Mechanical/HVAC Contractor Infor	rmation
	mation
Description of Work	·
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name	Тетернопе
Address	Email Address
License #	
Plumbing Contractor Information	<u>ion</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
·	
License #	ion
Insulation Contractor Informat	<u>ion</u>
Insulation Contractor's Company Name & Address	Telephone
modiation contractors company Name & Address	i cichilorie

\*NOTE: General Contractor / owner 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.

C. She Bradely	5/3/18
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: Parrot Bay Pools + Spas
Sign w/Title: Date: 5/0/18

## HARNETT COUNTY CASH RECEIPTS \*\*\* CUSTOMER RECEIPT \*\*\*

Oper: LLUCAS Type: CP Drawer: 1 Date: 5/03/18 53 Receipt no: 340033

Year Number Amount 2018 50043931 91750 TECH 3 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES \$100.00

EXIST TANK

PARROT BAY POOLS & SPA

Tender detail
CK CHECK PAYMEN 6629 \$100.00
Total tendered \$100.00
Total payment \$100.00

Trans date: 5/03/18 Time: 10:05:31

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