

Initial Application Date: 9/26/13

Application # 1350032200A

CU# _____

Personal Use Only

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

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

LANDOWNER: Thomas & Linda Stephenson Mailing Address: 216 Queensberry Rd
City: Cary State: NC Zip: 27511 Contact No: _____ Email: caryoil@aol.com

APPLICANT: Thomas Stephenson Mailing Address: 216 Queensberry Rd
City: Cary State: NC Zip: 27511 Contact No: _____ Email: caryoil@aol.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 11.6 AC

State Road # _____ State Road Name: Old Stage Rd N Map Book & Page: 900

Parcel: 04-0692-0047 PIN: 0093-29-1B14

Zoning: RA30 Flood Zone: X Watershed: na Deed Book & Page: 900 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 50 x 110 Use: Storage of antique cars recreation use for family only Closets in addition? () yes () no

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final X No Public

Sewage Supply: X Sewer 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 pack house

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>45</u>
Rear		<u>25</u>		<u>26.86</u>
Closest Side		<u>10</u>		<u>30.20</u>
Sidestreet/corner lot		<u>20</u>		_____
Nearest Building on same lot		<u>10</u>		_____

Comments: avoiding New build with bathroom
No Public
Old septic on property. Under
Revised 10-28-14 Make build larger

DATE
SCANNED

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

7181 Old Stage Rd, Angier

Across Road From Tar Hill Nursery + Next To

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.

Thomas C. Stephens

Signature of Owner or Owner's Agent

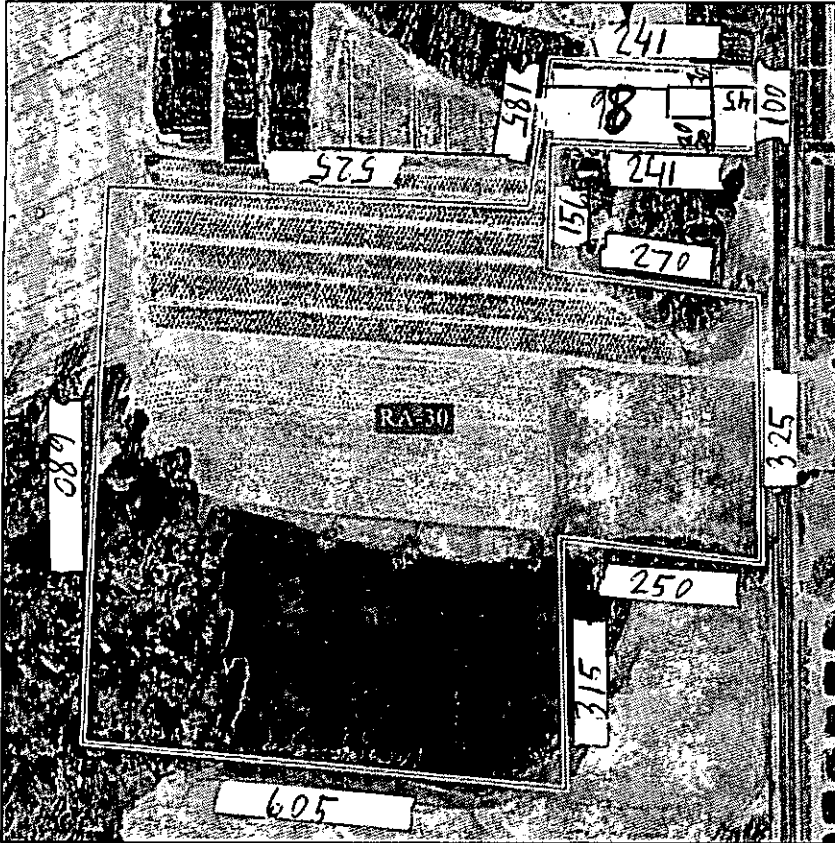
Date

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

Harnett COUNTY NORTH CAROLINA **Zoning Overlay Results** GIS

Zoom in Zoom out Pan



Map Scale = One Inch = 172 feet

Owner Information:

PID	040692 0047
NAME	STEPHENSON LINDA L
ADDRESS	No Data
CITYST	CARY, NC 27511-0000
ACRES	11.61858623

Zoning Overlay Results

ID	Zoning	Acres
337	RA-30	11.62

Download Results:

ZoningPolygon_040692_0047.zip

** Not to Scale*

50x110

SITE PLAN APPROVAL ~~4x100~~ Storage Build

DISTRICT RA 30 USE ** No Public*

#BEDROOMS *2*

9-26-13 *Ve*

[Signature] Planning Administrator

** [Signature]*

135003200

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 _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

M.R. BRITT CONTRACTORS, INC.

(919) 817-3461

Building Contractor's Company Name

Telephone

P.O. Box 91412, RAL., N.C. 27675

MRBRITT1@AOL.COM

Address

Email Address

7977

License #

Electrical Contractor Information

Description of Work ELECTRICAL Service Size 400 Amps T-Pole Yes No

WICKER ELECTRIC CONTRACTING, INC.

(919) 671-8630

Electrical Contractor's Company Name

Telephone

3700 BASTION LANE, SUITE 101, RAL. NC. 27604

INFO@WICKERELECTRIC.COM

Address

Email Address

U-12020

License #

Mechanical/HVAC Contractor Information

Description of Work HEATING AND AIR CONDITIONING

YELLOW DOT HEATING AND AIR CONDITIONING

(919) 754-8686

Mechanical Contractor's Company Name

Telephone

1203 NEW HOPE RD., RALEIGH, N.C., 27610

G.GODWIN@YDHYAC.COM

Address

Email Address

45026

License #

Plumbing Contractor Information

Description of Work PLUMBING # Baths 2EA - HALF BATHS

CECIL DAVIS PLUMBING COMPANY, INC

(919) 821-5666

Plumbing Contractor's Company Name

Telephone

2413 PAULA ST. RAL. NC, 27608

CD2640@NC.RR.COM

Address

Email Address

2291-P-1

License #

Insulation Contractor Information

TATUM INSULATION II / 519 OLD DRUG STORE RD (919) 661-0999

Insulation Contractor's Company Name & Address GARNER, NC

Telephone

27529

*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

W. P. Britt
Signature of Owner/Contractor/Officer(s) of Corporation

01/05/15
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 M.R. BRITT CONTRACTORS, INC.

Sign w/Title W. P. Britt Date 01/05/15

40x100 Storage Build with bathroom

Plan Box # File

Date 9-26-13

Job Name Thomas Stephenson

App # 1350032200

Valuation 259886

SQ Feet 4000

Inspections for SFD/SFA

Crawl

Slab

Mono

Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey No

Envir. Health New Tank Other _____

.....

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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 13-50032200 Date 1/06/15
Property Address 7157 OLD STAGE RD N
PARCEL NUMBER 04-0692- - -0047- - -
PIN 0693-29-1814.000
Application type description CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name PAUL BROADWELL ESTATES
Property Zoning RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
STEPHENSON LINDA L	M.R. BRITT CONTRACTORS INC
216 QUEENSFERRY RD	PO BOX 91412
CARY NC 27511	RALEIGH NC 27675
	(919) 817-3461

Applicant

STEPHENSON THOMAS

--- Structure Information 000 000 50X110 STORAGE BUILD W BATHROOM
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE STOAGE BUILD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . . .
Phone Access Code . . 1003862
Issue Date 1/06/15 Valuation 259886
Expiration Date . . . 1/06/16

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc . . .
Phone Access Code . . 1003870
Issue Date 1/06/15 Valuation 0
Expiration Date . . . 1/06/16

Permit RESIDENTIAL INSULATION PERMIT
Additional desc . . .
Phone Access Code . . 1003888
Issue Date 1/06/15 Valuation 0
Expiration Date . . . 1/06/16

Permit LAND USE PERMIT
Additional desc . . .

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Application Number 13-50032200 Page 2
Phone Access Code 1067669 Date 1/06/15
Issue Date 1/06/15 Valuation 0
Expiration Date 7/05/15

Permit RESIDENTIAL MECHANICAL PERMIT
Additional desc
Phone Access Code 1003896
Issue Date 1/06/15 Valuation 0
Expiration Date 1/06/16

Permit RESIDENTIAL PLUMBING PERMIT
Additional desc
Phone Access Code 1003904
Issue Date 1/06/15 Valuation 0
Expiration Date 1/06/16

Special Notes and Comments
T/S: 09/26/2013 12:11 PM VBROWN ----
STORAGE BUILDING WILL NEED IT'S OWN
ADDRESS IT IS NEXT TO 7181 OLD STAGE RD
N ANGIER 27501. NEXT TO BRADWELL. 210N
TO JOHNSTON HARNETT LINE, RIGHT ON OLD
STAGE RD N. BEFORE TARHELL NURSURY.

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Application description . . .	CP NEW STORAGE BLDG RESIDENTIAL		
Subdivision Name	PAUL BROADWELL ESTATES		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___