Initial Application Date: 12-10-13
12-23-13

Application # 1450032958

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

RET #1350032610R

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

LANDOWNER: John Benson Mailing Address: 46 Sherman Pines Dr

City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-610-8004 Email: Jpbensonjr@gmail.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Benson Phone # 919-610-8004

PROPERTY LOCATION: Subdivision: Sherman Pines Lot #: 20 Lot Size: 1.31 acre

State Road # 46 State Road Name: Sherman Pines Dr Map Book & Page 2006/373

Parcel: 08 0655 011856 PIN: 0655-43-4868.000

Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 2904/631 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:____ Monolithic 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 36 x 24) Use: Office / Storage Closets in addition? (✓) yes (___) no
20x40 In ground Swimming Pool

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	_____	35+
Rear	_____	198
Closest Side	_____	21
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	10	8.5 to pool from SFD

Comments: Site Plan is for Pool & Storage Bldg.

** Call before going out ** John- 919-610-8004

12-23-13 / Revision mailed Pool

APPLICATION CONTINUES ON BACK

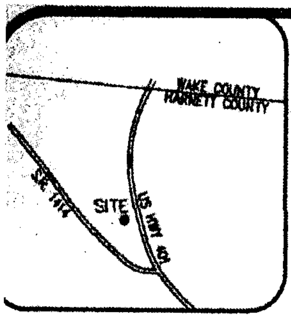
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

_____ 12-10
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****



VICINITY MAP

LEGEND
PO=PORCH
P=PATIO
SW=SIDEWALK
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
SCO=CLEANOUT
TP=TELEPHONE PEDESTAL
WM=WATER METER
AC=AIR CONDITIONING UNIT
IRON PIPE FOUND
IRON PIPE SET
NAIL SET

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-4909 SHAWN T. RUMBERGER

THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

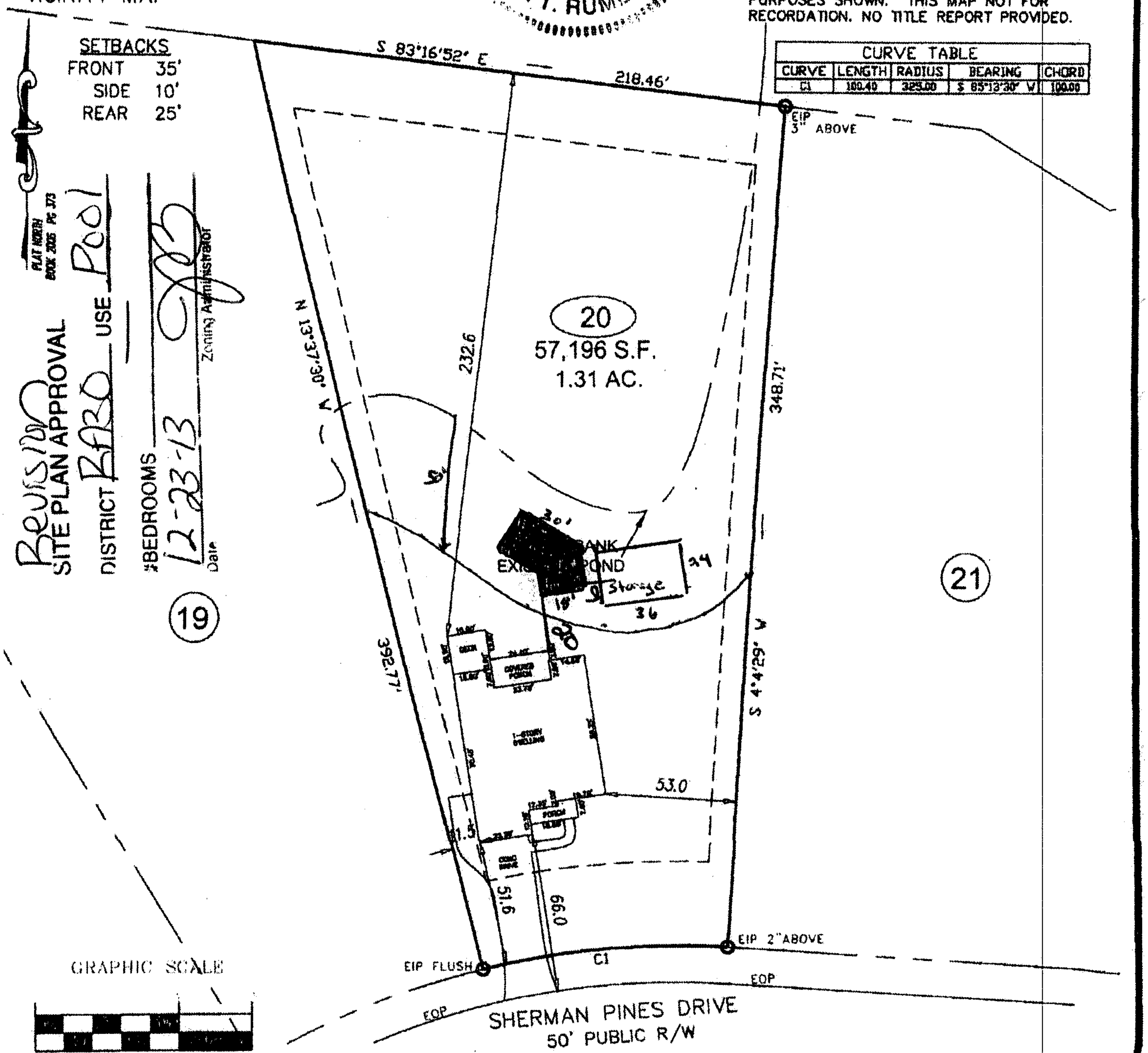
SHAWN T. RUMBERGER, PLS L-4909

DATE 2-27-12

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

CURVE TABLE

CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	100.40	325.00	S 85°13'30" W	100.00



ASBUILT SURVEY

PROJECT:	11-077 SHERMAN PINES	
DRAWN BY:	APS	
SCALE:	1"=60'	
DATE:	02-27-12	

FOR
JOHN BENSON
48 SHERMAN PINES DRIVE
LOT 20 SHERMAN PINES
HECTORS CREEK TOWNSHIP, HARNETT COUNTY, NC
PB 2006 PG 373

ECLS
SURVEYING THE EAST COAST
610 W. CUMBERLAND ST
DUNN, NC 28334
910.897.3357 EASTCOASTLS.COM 910.897.3329 (FAX)

BP006U01

Harnett County
Edit Narrative

2/21/14
16:08:28

Application number, type . . . : 14 50032958 CP NEW STORAGE BLDG RESIDENT
Property address . . . . . : 46 SHERMAN PINES DR

Type information, press Enter.

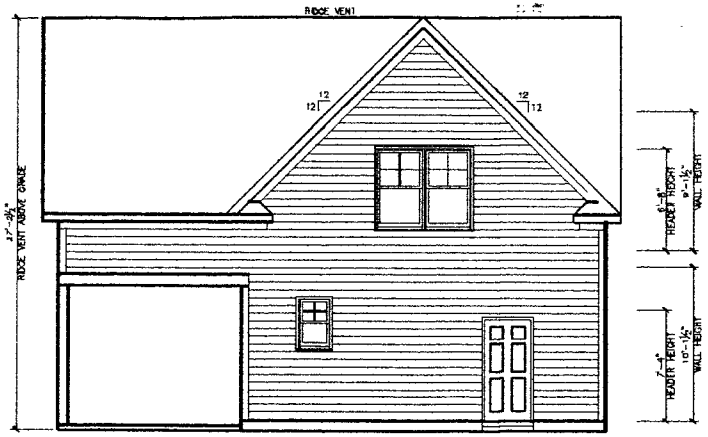
T/S: 02/21/2014 04:08 PM KSLATTUM ----------
Need minimum 1/8 inch scale plans. All data seems correct but need larger set for review and field inspections. 2. Need square footage of the building.

More...

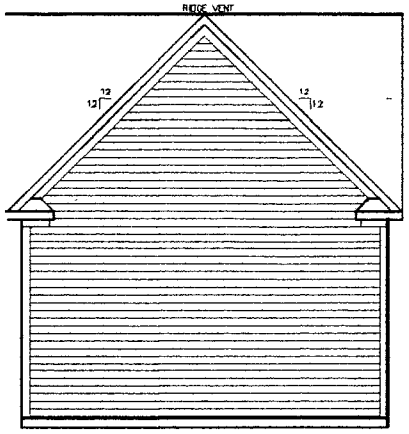
F3=Exit F5=Copy F6=Insert F7=Delete F8=Time stamp
F12=Cancel F21=User defaults

File

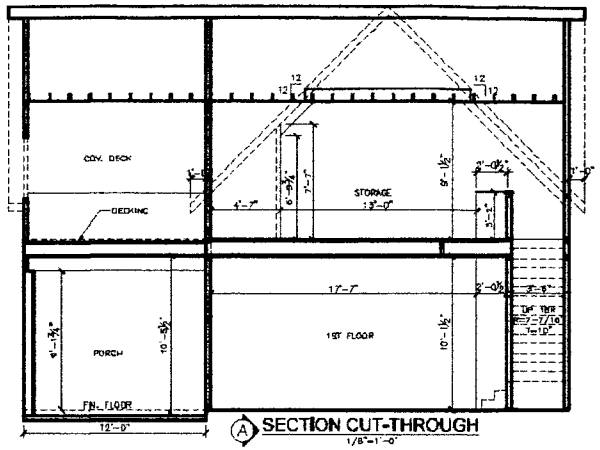
HARNETT COUNTY CENTRAL PERMITTING
APPLICATION #: 14500032958
JOB NAME: Jon Benson
DATE PLANS RECEIVED: 2-21-14
SITE PLANS APPROVED:
APPROVED BY:



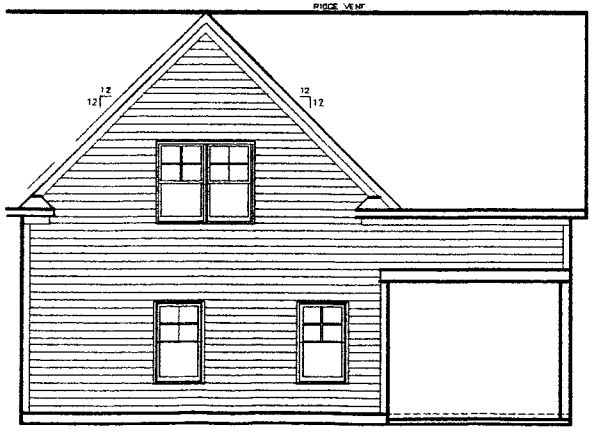
FRONT ELEVATION
BENSON GARAGE
1/8"=1'-0"



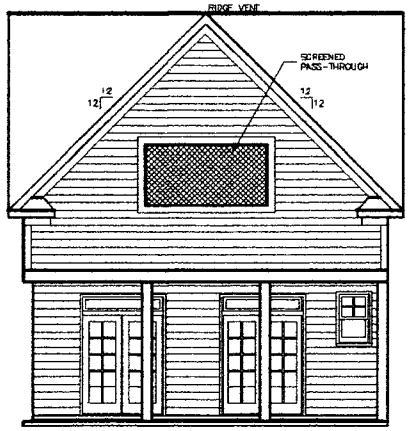
RIGHT ELEVATION
1/8"=1'-0"



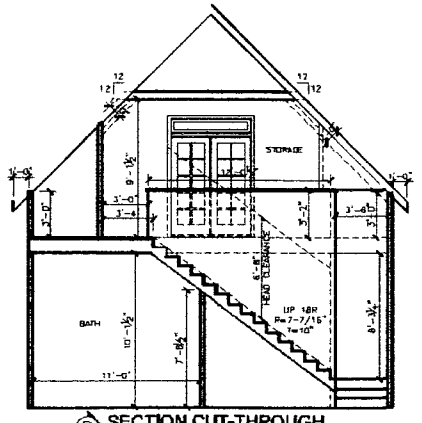
(A) SECTION CUT-THROUGH
1/8"=1'-0"



REAR ELEVATION
1/8"=1'-0"

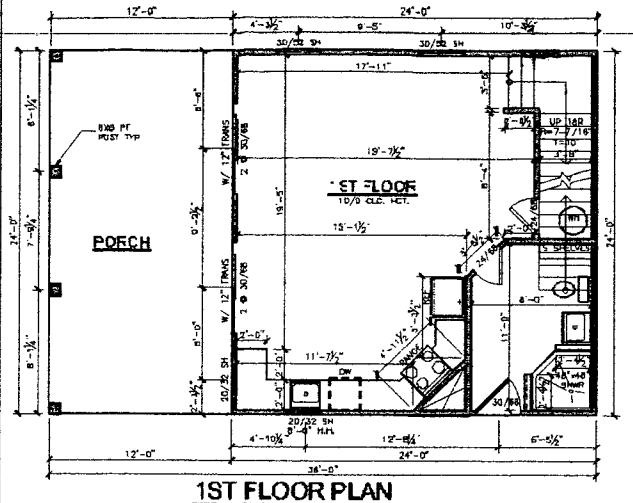


LEFT ELEVATION
1/8"=1'-0"

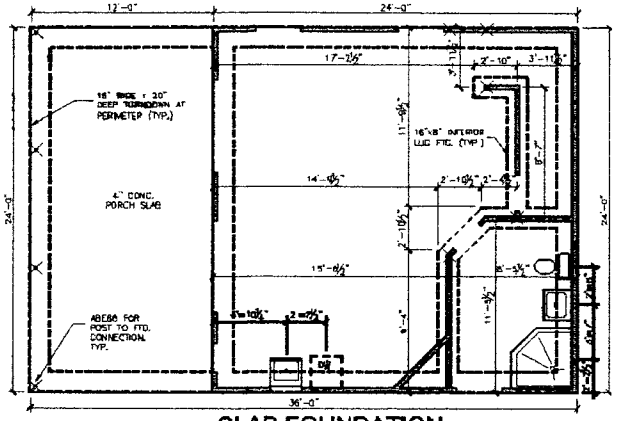


(B) SECTION CUT-THROUGH
1/8"=1'-0"

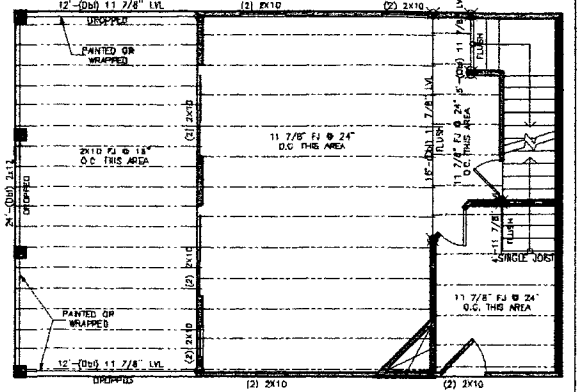
Company name
Project name: Benson Garage
Elevations and Sections
Date
1



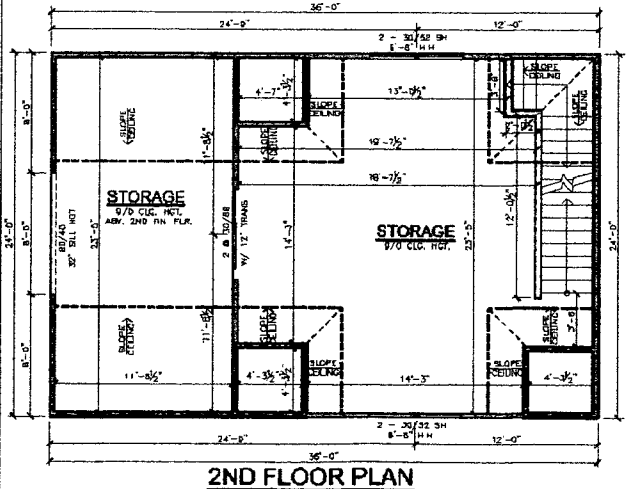
1ST FLOOR PLAN
1/8" = 1'-0"



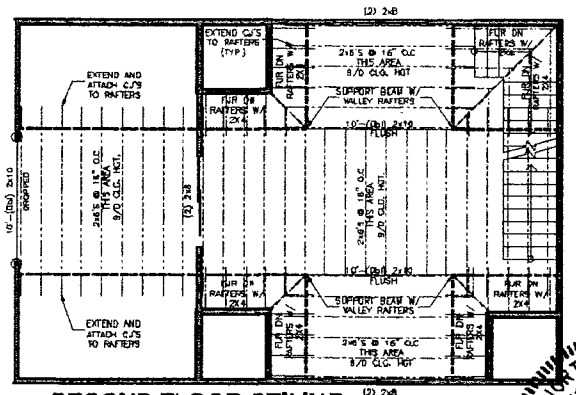
SLAB FOUNDATION
1/8" = 1'-0"



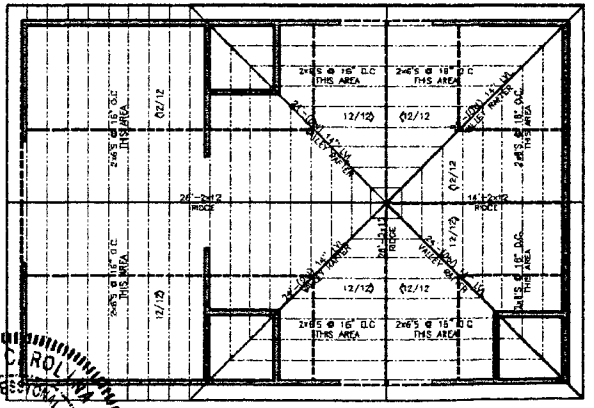
FIRST FLOOR FRAMING
1/8" = 1'-0"



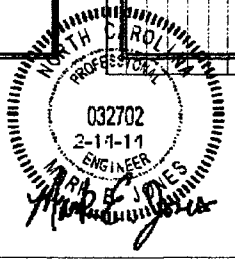
2ND FLOOR PLAN
1/8" = 1'-0"



SECOND FLOOR CEILING
1/8" = 1'-0"



ROOF FRAMING
1/8" = 1'-0"



Company name

Project name:
Benson Garage
Plans and Structure

Date

2

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 . . . . . 14-50032958 Date 2/28/14
Property Address . . . . . 46 SHERMAN PINES DR
PARCEL NUMBER . . . . . 08-0655- - -0118- -56-
Application type description CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name . . . . . SHERMAN PINES
Property Zoning . . . . . PENDING

Owner	Contractor
BENSON JOHN P & JO ANNE	OWNER
46 SHERMAN PINES DRIVE	
LILLINGTON NC 27546	

Applicant
BENSON JOHN
46 SHERMAN PINES DR
FUQUAY VARINA NC 27526
(919) 610-8004

--- Structure Information 000 000 36X24 OFFICE / STORAGE BLDG
Flood Zone . . . . . FLOOD ZONE X
Other struct info . . . . . PROPOSED USE STORAGE BLDG
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit . . . . . RESIDENTIAL BUILDING PERMIT
Additional desc . .
Phone Access Code . 1020908
Issue Date . . . . 2/28/14 Valuation 74845
Expiration Date . . 2/28/15

Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT
Additional desc . .
Phone Access Code . 1020916
Issue Date . . . . 2/28/14 Valuation 0
Expiration Date . . 2/28/15

Permit . . . . . RESIDENTIAL INSULATION PERMIT
Additional desc . .
Phone Access Code . 1020924
Issue Date . . . . 2/28/14 Valuation 0
Expiration Date . . 2/28/15

Permit . . . . . LAND USE PERMIT
Additional desc . .
Phone Access Code . 1019677

_____

_____

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 . . . . . 14-50032958 Date 2/28/14
Issue Date . . . . 2/28/14 Valuation 0
Expiration Date . . 8/27/14

Permit . . . . . RESIDENTIAL MECHANICAL PERMIT
Additional desc . .
Phone Access Code . 1020932
Issue Date . . . . 2/28/14 Valuation 0
Expiration Date . . 2/28/15

Permit . . . . . NOTIFICATION PERMIT
Additional desc . .
Phone Access Code . 1019686
Issue Date . . . . 2/28/14 Valuation 0

Permit . . . . . RESIDENTIAL PLUMBING PERMIT
Additional desc . .
Phone Access Code . 1020940
Issue Date . . . . 2/28/14 Valuation 0
Expiration Date . . 2/28/15

Special Notes and Comments
T/S: 12/10/2013 03:00 PM JBROCK ----
SHERMAN PINES #20 - 46 SHERMAN PINES DR

_____

_____

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 . . . . . 14-50032958 Date 2/28/14
Property Address . . . . . 46 SHERMAN PINES DR
PARCEL NUMBER . . . . . 08-0655- - -0118- -56-
Application description . . . CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name . . . . . SHERMAN PINES
Property Zoning . . . . . PENDING

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	_____	__/__/__
			Permit type . . . . NOTIFICATION PERMIT		
999	800	H800	ENVIR. HLTH. CONFIRMATION	_____	__/__/__
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	__/__/__
999	806	P806	PLANNING REVIEW	_____	__/__/__
999	802	B802	BLDG PLAN REVIEW	_____	__/__/__
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	__/__/__

Plan Box # File

Date 2.21.14

Job Name Benson

App # 32958

Valuation 74845

Heated SQ Feet 576

~~Garage~~ unheated 576

= 1152

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_____ Envir. Health_____ Other_____

_____

Additions / Other

Footing_____

Foundation_____

Slab_____

Mono_____

Open Floor_____

Rough In_____

Insulation_____

Final_____

09/09/11

Application # 1450032958

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 John Benson Date 2-28-14

Site Address 46 Sherman Pines dr Phone

Directions to job site from Lillington 401 N Left on sherman Pines dr

Subdivision Sherman Pines Lot 20

Description of Proposed Work Storage building / Office # of Bedrooms

Heated SF 1088 Unheated SF 528 Finished Bonus Room? Crawl Space ___ Slab X

General Contractor Information

John Benson — Building Contractor s Company Name
919-610-8004 — Telephone

Address
Email Address

Owner
License #

Electrical Contractor Information

Description of Work Service Size ___Amps T-Pole ___Yes ___No

Electrical Contractor s Company Name
Telephone

Address
Email Address

Owner
License #

Mechanical/HVAC Contractor Information

Description of Work

Owner
Mechanical Contractor s Company Name
Telephone

Address
Email Address

License #

Plumbing Contractor Information

Description of Work # Baths

Owner
Plumbing Contractor s Company Name
Telephone

Address
Email Address

Owner
License #

Insulation Contractor Information

Owner
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

_____ 2-28-14

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 _____

Sign w/Title _____ Date 2-28-14