

Initial Application Date: 8-27-15

Application # 1550036978

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: Dennis & Gladys Morgan Mailing Address: 51 Moonlight Dr.

City: Fuquay Verina State: NC Zip: 27526 Contact No: 336-880-5893 Email: \_\_\_\_\_

APPLICANT\*: Same Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Dennis Morgan Phone # 336-880-5893

PROPERTY LOCATION: Subdivision: Stetson Lot #: 2 Lot Size: 0.630

State Road # 1448 State Road Name: Atkins Rd Map Book & Page: 2008, 193

Parcel: 0406740046 02 PIN: 0065-61-9219,000

Zoning: RA-30 Flood Zone: - Watershed: WS-IV Deed Book & Page: 3324, 727 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 10x16) Use: Storage Barn 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:**

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: New Tank  
Jimmy Please Call Customer  
if they need to dig up  
lid. 336-880-5893 (Dennis)  
Thanks!

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take 210 to Angier, turn left on highway 55, in 1/4 mile turn <sup>left</sup> on Rawls Church Rd, go to Atkins Rd Take <sup>left</sup> then right on moonlight Dr. 1st house on left #51

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.

Gladys Morgan  
Signature of Owner or Owner's Agent

8-26-15  
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\*\*

NAME: Dennis & Gladys Morgan

APPLICATION #: 36978

**\*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 # 011723-LB-8-27-15

- Environmental Health New Septic System** Code 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**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       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    Do you plan to have an irrigation system now or in the future?
  - YES     NO    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    Is any wastewater going to be generated on the site other than domestic sewage?
  - YES     NO    Is the site subject to approval by any other Public Agency?
  - YES     NO    Are there any Easements or Right of Ways on this property?
  - YES     NO    Does the site contain any 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.

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

Dennis Morgan & Gladys Morgan  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-27-15  
 DATE

09/09/11

Application #

36978

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 Dennis + Gladys Morgan Date 8-26-15  
Site Address 51 Moonlight Dr., Fuquay Varina, NC Phone 336-880-5893  
Directions to job site from Lillington Take 110 to Lenoir, turn left on Hwy 55, in 1/4 mile turn left on Lawds Church Rd., go to Atkins Rd take right then right on Moonlight Dr. House 1st on left.  
Subdivision Hatson Lot 2 #51  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Dennis + Gladys Morgan  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_ Yes \_\_\_ No  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**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

Dennis Morgan + Gladys Morgan 8-27-15  
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 \_\_\_\_\_

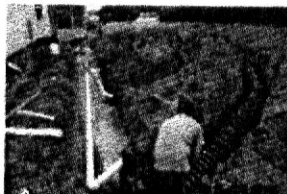
Sign w/Title Dennis Morgan + Gladys Morgan Date 8-27-15



15-5-35708 (1)



15-5-35708 (2)



15-5-35708 (3)



15-5-35708 (4)



15-5-35708 (5)



15-5-35708 (6)



15-5-35708 (7)



15-5-35708 (8)



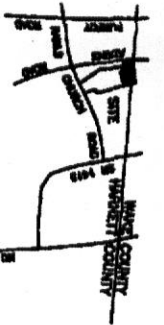
15-5-35708 (9)



15-5-35708 (10)



15-5-35708 (11)



Curve	Radius	Length	Chord	Chord Bear.
C1	325.00'	84.76'	84.52'	S 80°53'12" W
Course	Bearing	Distance		
L1	S 88°21'29" W	30.00'		
L2	S 73°24'56" W	8.72'		

**FLEETWOOD RETAIL CORPORATION**  
 LOT 103 FAIRVIEW  
 BOM 1997 PG 184

**THOMAS BOSWELL**  
 LOT 102 FAIRVIEW  
 BOM 1997 PG 184

VICINITY MAP

NOTE: BEING LOT 2 OF STETSON SUBDIVISION, RECORDED IN MAP NUMBER 2008 PGS. 193-200.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS CONTROL MONUMENT WITHIN 2000'.

NOTE: LOTS TO BE SERVED BY HARNETT COUNTY WATER AND INDIVIDUAL SEPTIC SYSTEMS.

IMPERVIOUS SURFACE COVERAGE  
 2232 SQ.FT. - HOUSE, PORCH & GARAGE  
 118 SQ.FT. - WALK & STEPS  
 696 SQ.FT. - DRIVEWAY  
 3046 TOTAL SQ.FT. - PROPOSED COVERAGE  
 9879 SQ.FT. - AVAILABLE COVERAGE  
 6833 SQ.FT. - AVAILABLE COVERAGE

I, Danny D. Williams, certify that this map was drawn under my supervision that the boundaries not otherwise indicated as drawn from information in Map Number 2008 PGS. 193-200 that the ratio of precision or positional accuracy is 1:1000 and that this map meets the requirements of the State Board of Geomatics and Land Surveying in North Carolina (2008-03-06-2015).

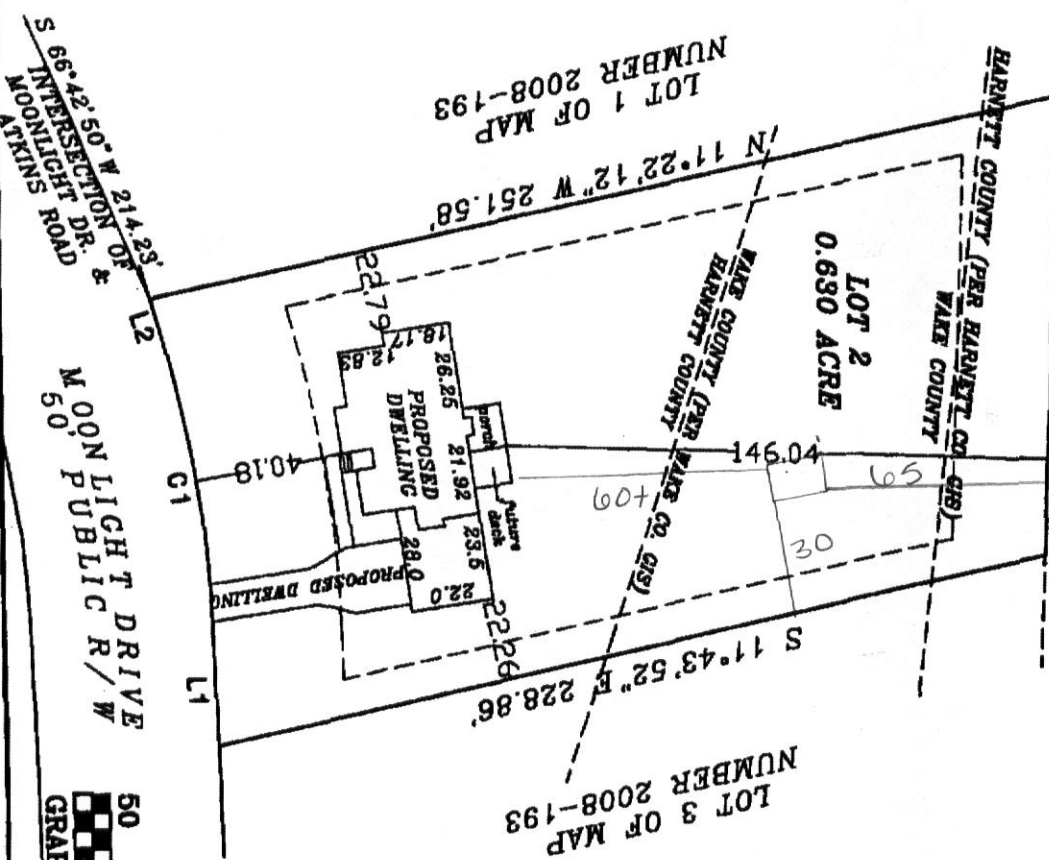
This 6th day of MARCH, 2015.

Seal  
 Danny D. Williams  
 Professional Land Surveyor  
 No. 2664



NOTE: NOT AN ACTUAL FIELD SURVEY. DIMENSIONS DERIVED FROM MAP NUMBER 2008 PGS 193-200.

**WILLIAMS - PEARCE and ASSOC., P.A.**  
**PROFESSIONAL LAND SURVEYORS, P.A.**  
 1000 N. ARENDELL AVE.  
 P.O. BOX 892, ZEBULON, N.C. 27597  
 PHONE: 919-269-9605 LIC. # C-0243



**PLOT PLAN FOR**  
**COMFORT HOMES**  
**BLACK RIVER TOWNSHIP**  
**HARNETT COUNTY**  
**NORTH CAROLINA**

SITE PLAN APPROVAL  
 DISTRICT RA-30 USE Storage Building  
 #BEDROOMS 3  
8-27-15 Date  
ZR Zoning Administrator



NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD. PRELIMINARY PLAN - NOT FOR RECORDATION, CONVEYANCES, OR SALES.

DRAWN BY: DDW & BGW  
 CHECKED BY: DDW  
 DATE: 03-06-2015  
 SCALE: 1" = 50'  
 JOB: STETSON CF  
 FB:

