Initial Application Date:_	10-4-11	0
Initial Application Date:	10 -1 (1	$\nu$

Application #	1650639886

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION** 

Central Permitting 108 E. Front Street, Lillington, NC 27546

Residential Land Use Application

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\*\* KOUNHELL (MOTHY Mailing Address: State: NC Zip: 2750 Scontact No: 716-481-3423 Email: tun-vouthiere goody EAR-Com Mailing Address: State: Contact No: \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: State Road Name: Deed Book & Page: \*New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: Monolithic □ SFD: (Size \_\_\_\_x \_\_\_) # Bedrooms: \_\_ # Baths: \_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_ Deck: \_\_ Crawl Space: \_\_ 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: \_\_\_\_ Use:\_\_\_\_\_\_ Hours of Operation: Home Occupation: # Rooms: Addition/Accessory/Other: (Size 12 x 26.) Use: STONAGE SHED Closets in addition? ( ) yes (X) 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 (V) no Does the property contain any easements whether underground or overhead (\_\_\_) yes (\*\sqrt{\lambda}) no Manufactured Homes:\_\_\_\_\_ Other (specify):\_ Structures (existing or proposed): Single family dwellings:\_ Required Residential Property Line Setbacks: Comments: Front Minimum Rear Closest Side Sidestreet/corner lot **Nearest Building** on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
TAKE KOUTE 27 TO OMAHA L	MIVE (TINGER) POINTE DEVELOPATENT)
TAKE ROLITE 27 TO OMAHA D THEN THICE OMAHA DRIVE TO DEAD	END (CROSS STREET IS LIND MINE)
HOUSE WILL BE ON LEFT - (GRAGE	* WHAR
	100 Marie 1990 1990 1990 1990 1990 1990 1990 199
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 knowl	ledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Agent	Date
A)	

\*\*\*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\*\*

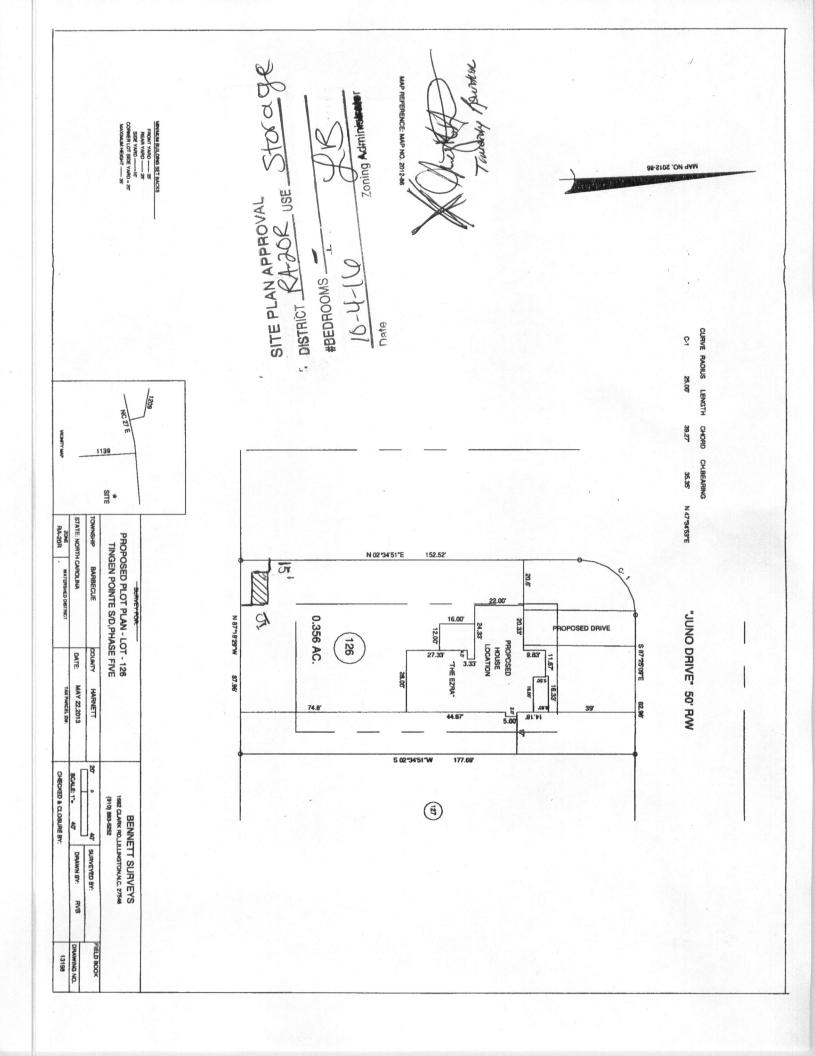
I MOTHER KOUNTIEN **APPLICATION #:** \*This application to be filled out when applying for a septic system inspection.\* County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, 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) CONFIRMATION # O 910-893-7525 option 1 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

If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	epted	{} Innovative {} Conventional {} Any
{}} Alte	rnative	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property i "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{}} NO	Do you plan to have an <u>irrigation system</u> 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.

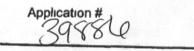
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits



## **Application for Residential Building and Trades Permit**

Owner's Name	Date	
Site Address		
Directions to job site from Lillington		
Subdivision	Lot	
Description of Proposed Work	# of Bedrooms	
Heated SF Unheated SF Finished Bonus Room? General Contractor Information  (ANALINA CANDOTS		
Building Contractor's Company Name	800-670-4262 Telephone	
P.O. 60x 1263	Average of the second of the s	
Address	Email Address	
65533		
License #		
Description of Work Service Size _	Amps T-Pole Ves N	
Description of WorkService Size _	Amps 1-FoleTesN	
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
License #  Mechanical/HVAC Contractor Inform		
Description of Work	<del></del>	
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Plumbing Contractor Information	<u>n</u>	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Information	<u>n</u>	
Insulation Contractor's Company Name & Address	Telephone	

\*NOTE General Contractor must fill out and sign the second page of this application

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 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

I hereby certify that I have the authority to make necessary application that the application is correct