

Initial Application Date: 3-8-17

Application # 1750040903
CU# _____

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

Robert
LANDOWNER: Rob Bryer & Jennifer Mailing Address: 75 FairSax Dr
City: Sanford State: NC Zip: 27332 Contact No: 910 722 6260 Email: _____

APPLICANT*: Chris Knight Mailing Address: 1058 show Rd
City: Carthage State: NC Zip: 28327 Contact No: 919 721 2080 Email: proba11748@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Chris Knight Phone # 919 721 2080

PROPERTY LOCATION: Subdivision: Dittman Crossing Lot #: 4 Lot Size: .46
State Road # _____ State Road Name: 75 FairSax Dr Map Book & Page 2011 12
Parcel: 639588 0003 010 PIN: 9588-43-1004.000
Zoning: R-20R Flood Zone: X Watershed: Gis Deed Book & Page: 3088 / 570 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 10 x 20) Use: storage 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	<u>5</u>	<u>5</u>
Rear	<u>5</u>	<u>5</u>
Closest Side	<u>5</u>	<u>5</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: Call b/f going 919 721 2080

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27 to Barbeque Church
take a right on Bosser Pittman and the left
on Fairfax.

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.

Chris Knight

Signature of Owner or Owner's Agent

3-8-17

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: Chris Knight

APPLICATION #: 40903

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 # 020981-LB 3817
IVM

- 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.

Chris Knight
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-8-17
DATE

SITE PLAN APPROVAL

DISTRICT: RA-20R USE: Storage building

#BEDROOMS: 4

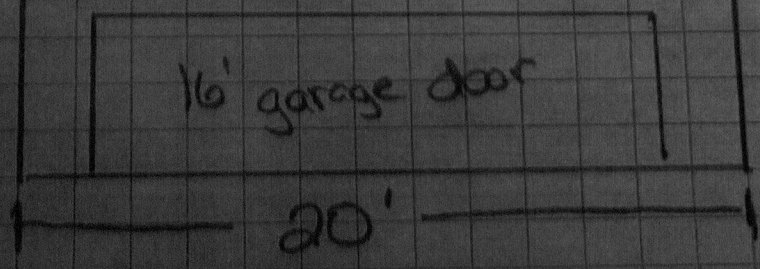
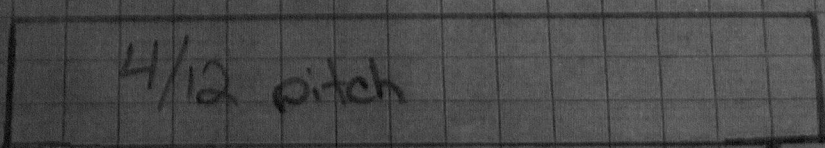
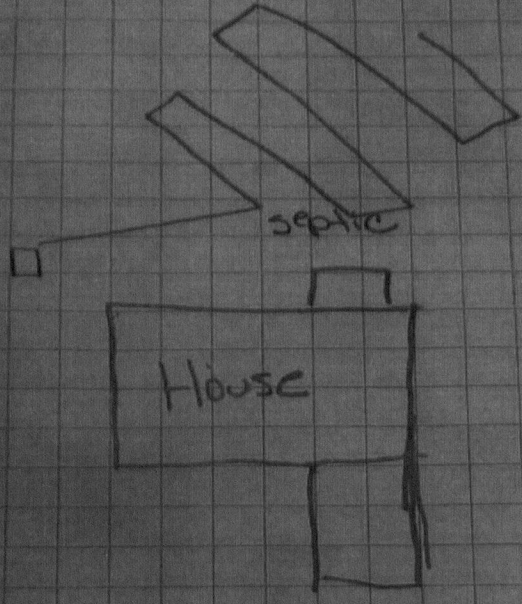
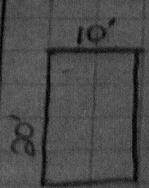
Chris Knight
MANISTRAPAL

5' rear

repair area

5' min. Strip property lines

property lines



concrete slab

8'

Harnett County GIS



NOT FOR LEGAL USE

Harnett County GIS

LEGEND

HC_SurroundingCountyBoundaries	Airport	US	CapeFearRiver
Federal Property	MajorRoads	Roads	
City Limits	Interstate	Railroad	
Address Numbers	NC	TaxParcels	

1 inch = 100 feet

GIS/E-911 Addressing
 March 8, 2017

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 Robert Bryer Date 3-8-17
Site Address 75 Fairfax Dr Sanford NC Phone 910-722-6260
Directions to job site from Lillington Take 24 Take 27 to Baroque Church
the turn on Rosser Pitman Rd then left on Fairfax

Subdivision Pitman Crossing Lot _____
Description of Proposed Work storage building # of Bedrooms 0
Heated SF 0 Unheated SF 200 Finished Bonus Room? 0 Crawl Space 0 Slab ←

General Contractor Information

Probilt construction Telephone 919 721-2080
Building Contractor's Company Name
1058 Shaw Rd Carthage NC Email Address Probilt1748@gmail.com
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

Chris Knight
Signature of Owner/Contractor/Officer(s) of Corporation

3-8-17
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 Probuilt Construction

Sign w/Title Chris Knight Date 3-8-17

Breyer Robert

From: WeaverIII@aol.com
Sent: Friday, February 24, 2017 1:47 PM
To: Breyer Robert
Subject: Re: FW: Send data from MFP07433918 02/24/2017 13:19

Rob, this satisfies the criteria so you may proceed with construction. Thanks

Frank
efw@weavercompanies.com
910-433-0888 ext. 208
800-892-2190

In a message dated 2/24/2017 1:22:18 P.M. Eastern Standard Time, rbreyer@ncmcs.org writes:

Let me know if this is acceptable

-----Original Message-----

From: CAMMAINOFFT-1 [mailto:CAMMainOffT-1@ncmcs.org]
Sent: Friday, February 24, 2017 1:19 PM
To: Breyer Robert
Subject: Send data from MFP07433918 02/24/2017 13:19

Scanned from MFP07433918
Date:02/24/2017 13:19
Pages:2
Resolution:200x200 DPI
