

Initial Application Date: 3/29/17

Application # 17-50041056

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: Stephen Scardino Mailing Address: 3233 Summer Oaks Dr.
City: Apex State: NC Zip: 27539 Contact No: 919-291-3688 Email: scardino88@windspring.com

APPLICANT: same Mailing Address: _____

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

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: 1591 Lot #: _____ Lot Size: 11.36

State Road # _____ State Road Name: Bakridge Duncan Rd Map Book & Page: 20151.342

Parcel: 05-0645-0202 03 PIN: 0635-97-1400.000

Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 3353,0539 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 10 x 16) Use: pool house (partially enclosed gazebo w/ bathroom) 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:

Comments: _____

Front	Minimum	Actual
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>25</u>

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

N 401 , left Christian Light Rd.
left Oakridge Duncan Rd.

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.

Patty Scardin
Signature of Owner or Owner's Agent

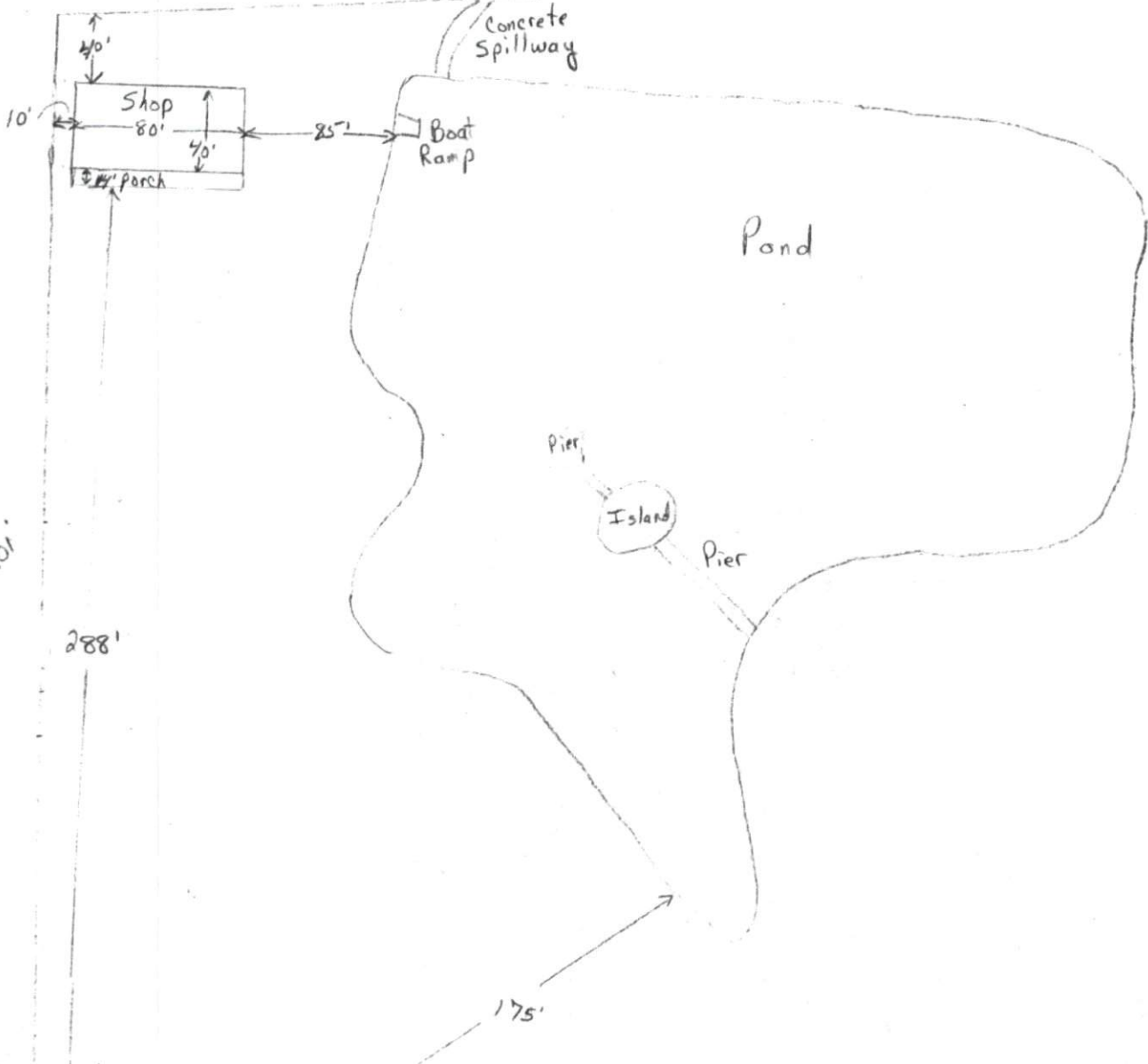
3/29/17
Date

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

545.56'

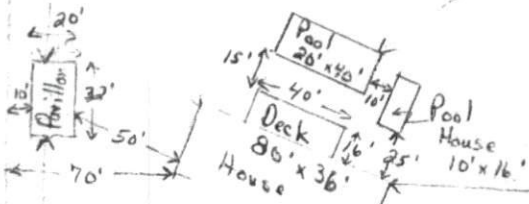
Concrete Spillway



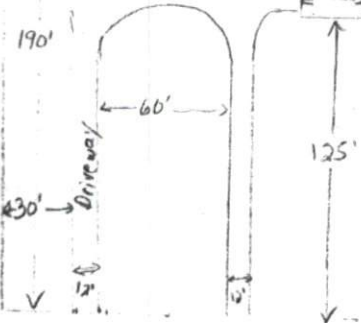
748.01'

288'

771.96'



380'



SITE PLAN APPROVAL
 DISTRICT RA-30 USE Pool house/Cazebo
 #BEDROOMS 0
BP 3/29/17
 ADMINISTRATOR

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 Stephen Scardino Date 3/29/17
Site Address 1591 Oakridge Duncan Rd Phone 919-291-3688
Directions to job site from Lillington
401 N , left Christian Light Rd, left Oakridge Duncan

Subdivision _____ Lot _____
Description of Proposed Work Pool House/gazebo # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Big Sky Homes 919-473-761-3857
Building Contractor's Company Name Telephone
1087 Woodland Church Rd bigskyhomesinc@usn.com
Address Email Address
58521

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No
B2 Lynch Co 919-413-2762
Electrical Contractor's Company Name Telephone
Address _____ Email Address
30174-2
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Air Technology LTD of NC 919-422-4707
Mechanical Contractor's Company Name Telephone
126 Highway 70 Suite D Garner, NC
Address _____ Email Address
17705 H2 + H3
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 1
Plumbing Service Professionals 919-623-1641
Plumbing Contractor's Company Name Telephone
5300 Maple Chase Lane Apex, NC
Address _____ Email Address
32183
License # _____

Insulation Contractor Information

Smith Insulation 919-496-3512
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

Patty Scardin
Signature of Owner/Contractor/Officer(s) of Corporation

3/29/17
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

Sign w/Title Patty Scardin Date 3/29/17