

Initial Application Date: 10/19/17

Application # 1750042514

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: Lottie Drewry Mailing Address: 1195 Josey Williams Rd
City: Erwin State: NC Zip: 28339 Contact No: (910)980-0822 Email: Drewry44@gmail.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: Lottie Drewry Phone # (910)980-0822

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 3.41

State Road # _____ State Road Name: 1195 Josey Williams Rd Map Book & Page: 2014, 89

Parcel: 120555 0096 04 PIN: 0565-12-1103.000

Zoning: R20P Flood Zone: 100yr Watershed: NO Deed Book & Page: 2033, 1394 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: _____ Monolithic
(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 20,24 x _____) Use: Metal Shop 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 power line exist storage

Structures (existing or proposed): Single family dwellings: exist Manufactured Homes: _____ Other (specify): proposed storage

Required Residential Property Line Setbacks:

Comments: _____

	Minimum	Actual
Front	_____	_____
Rear	_____	<u>25+</u>
Closest Side	_____	<u>10+</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

152000251

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.

[Signature]
Signature of Owner or Owner's Agent

10-09-17
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

101
928

NAME: _____

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)

910-893-7525 option 1

CONFIRMATION # _____

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.

 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10-09-17
 DATE

Customer had a new map recorded but never got New deed. I let him know he would need to do this.

AND CONSENT

I, the undersigned, owner or authorized agent of Map # 2033, Page 394; and have reviewed this plat and consent.

NC PIN 0565-12-1103.000
Tax Parcel ID#

ent
28339

CERTIFICATION OF OWNERSHIP AND CONSENT

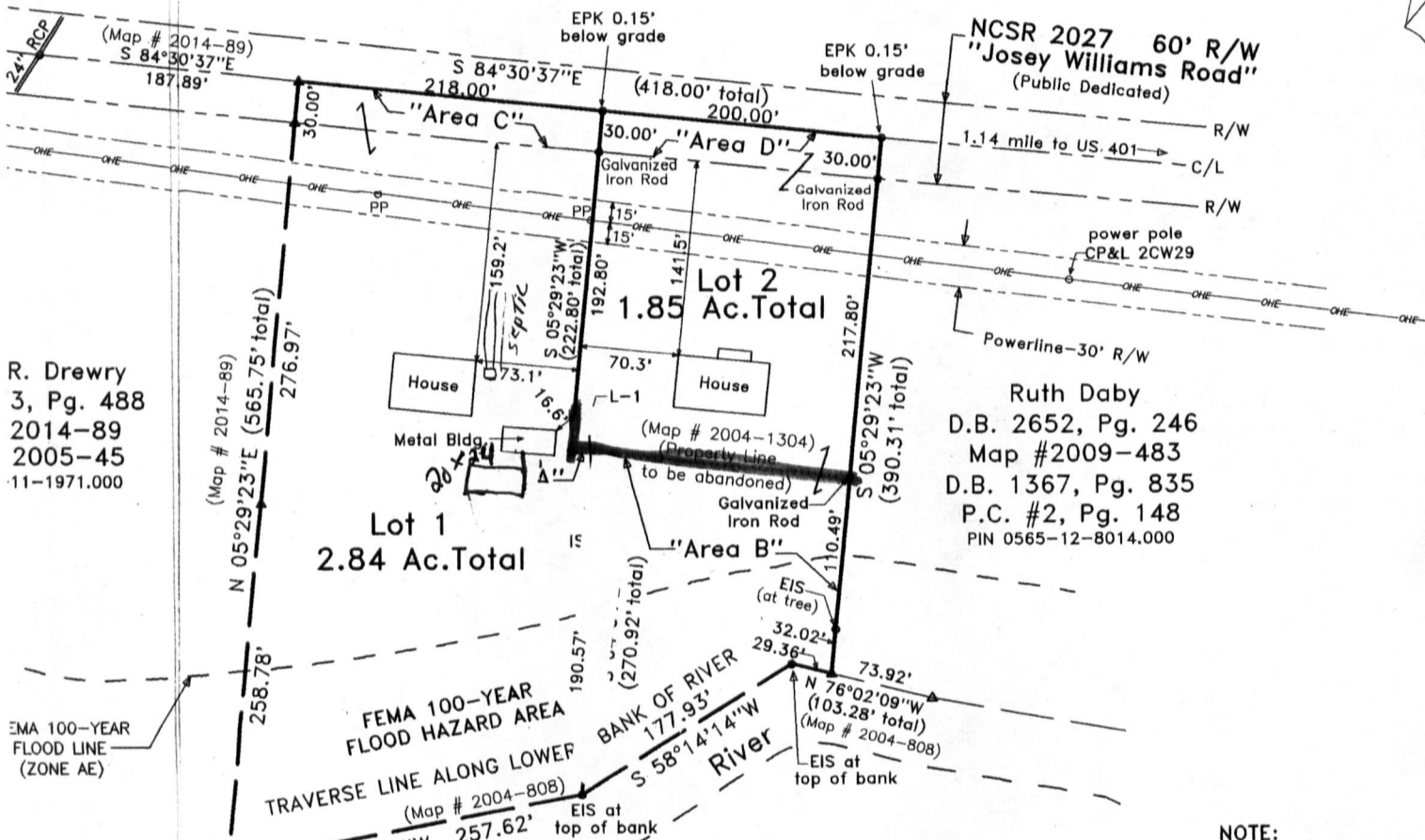
I hereby certify that I am the owner or authorized agent of the land described in Deed Book 2023, Page 703; and that I hereby acknowledge that I have reviewed this plat and adopt it with my free consent.

5-25

2016

NC PIN 0565-12-3115.000
Tax Parcel ID#

Jennifer Lee Simmons
Jennifer Lee Simmons Owner or Agent
155 Josey Williams Rd. Erwin, NC 28339



R. Drewry
3, Pg. 488
2014-89
2005-45
11-1971.000

Ruth Daby
D.B. 2652, Pg. 246
Map #2009-483
D.B. 1367, Pg. 835
P.C. #2, Pg. 148
PIN 0565-12-8014.000

NOTE:
Regulated wetlands may exist on this property that were not located during this survey. Consult a Licensed Soil Scientist for regulatory requirements for land disturbing activities.

CUMBERLAND COUNTY
SITE PLAN APPROVAL
DISTRICT RA-202 USE Storage
#BEDROOMS -
10/9/17
Zoning Administrator

From Side - 10'
From Rear - 25'
From Closest Structure - 31'

NOTE:
This plat shows proposed recombination(s) of existing parcels of land. Subsequent Deeds of conveyance and/or Merger Deeds referencing this plat must be executed to perfect the combining of the parcels as illustrated hereon.

- REFERENCES ~
- ~ LOT 1: Deed Book 2033, Page 394; Map # 2014- NC PIN 0565-12-1103.000
3.41 Ac. Existing
-0.73 Ac. "Area B" (being recombined from Drewry to Simmons)
+0.01 Ac. "Area A" (being recombined from Simmons to Drewry)
2.69 Acres Net ~ (2.84 Ac. Total)
 - ~ LOT 2: Deed Book 2023, Page 703; Map # 2004- NC PIN 0565-12-3115.000
1.00 Ac. Existing
-0.01 Ac. "Area A" (being recombined from Simmons to Drewry)
+0.73 Ac. "Area B" (being recombined from Drewry to Simmons)
1.72 Acres Net ~ (1.85 Ac. Total)

"Lot Recombination"

Map For: Lottie R. Drewry and Jennifer Lee Simmons		STREAMLINE LAND SURVEYING, INC. NC FIRM C-1898 870 NC 55 W, Coats, N.C. 27521 Phone: 910-897-7715 Fax: 910-897-728	
TOWNSHIP: Stewart's Creek	COUNTY: Harnett	DATE: 5-17-2016	SURVEYED BY: R.E.G.
STATE: NORTH CAROLINA		SCALE: 1" = 100'	DRAWN BY: M.G.G.
			FIELD BOOK SEE FILE DRAWING FILE

Harnett GIS

NOT FOR LEGAL USE

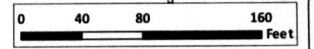
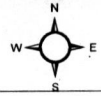


GIS/E-911 Addressing
October 9, 2017

- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property

- City Limits
- Address Numbers
- Airport
- Major Roads**
- Interstate

- NC
- US
- Roads
- Railroad
- Parcels



1 inch = 94 feet

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 _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Southeast Outdoor Products

1888-527-7678

Building Contractor s Company Name

Telephone _____

613 East Railroad St Clinton NC
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

Alan L. Dwyer
Signature of Owner/Contractor/Officer(s) of Corporation

10-9-17
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 *Alan L. Dwyer*

Date 10-9-17