

Initial Application Date: 11/30/17

Application # 17-50042851

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: MICHAEL J McMANUS Mailing Address: 20 SADDLEBROOK DR

City: FUQUAY VARIANA State: NC Zip: 27524 Contact No: 919-924-9652 Email: MJMcMANUS1098@YAHOO.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: Stetson Lot #: 48 Lot Size: .62

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

Parcel: 040674 0046 48 PIN: 0665-70-6730-000

Zoning: PA-30 Flood Zone: X Watershed: IV Deed Book & Page: 2909 / 492 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 16 x 20) Use: shed 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: existing Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed shed

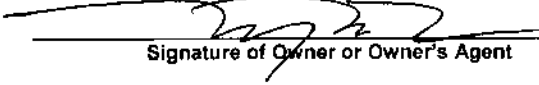
**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
Rear	5'	6'
Closest Side	5'	35'
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: Customer will be adding a future screened porch/deck addition - it is notated on the site plan. Please take this into account during the septic eval - Thanks!

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 5401 NORTH TO RAWLS CHURCH RD TURN  
RIGHT, TAKE RAWLS CHURCH TO MOONLIGHT DR TURN LEFT ON  
MOONLIGHT DR, TAKE MOONLIGHT TO SADDLEBROOK DR. 20 SADDLEBROOK  
DR IS ON THE S.W. CORNER OF MOONLIGHT + SADDLEBROOK DR

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 of Owner or Owner's Agent

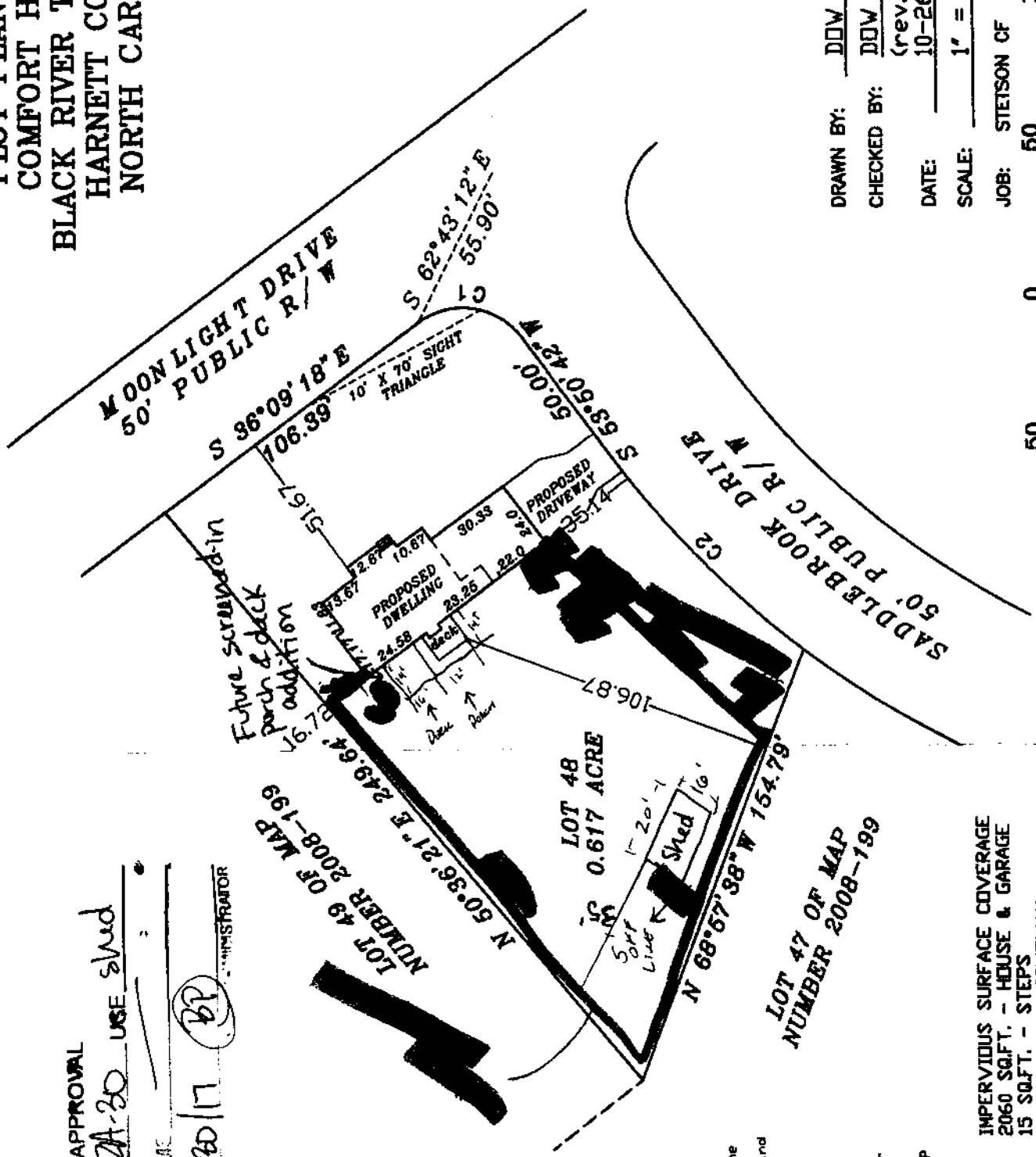
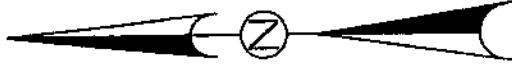
11-30-17  
Date

\*\*\*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\*\*

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

DEED NORTH 1841 PG 532



SITE PLAN APPROVAL

DISTRICT PA-30 USE shud

REGOROME

11/30/17 BP REGISTERED

STETSON SUBDIVISION,  
2008 PGS. 193-196 AND  
NUMBER 2008 PGS. 199-200.

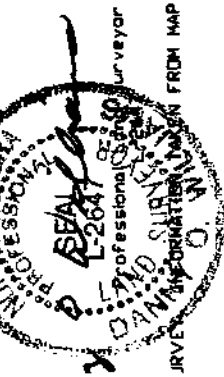
BY COORDINATE METHOD.

MONUMENT WITHIN 2000'.

BY HARNETT COUNTY  
SEPTIC SYSTEMS.

SUBJECT TO  
RECORDS.  
OR RECORDATION,

This map was drawn under my  
and not surveyed are indicated as  
January 2008, Pages 193-196; that the  
accuracy is within 1/1000' and that this  
The State of North Carolina  
N.C.A.C. 15B-0100, 15B-0101, 15B-0102, 15B-0103, 15B-0104, 15B-0105, 15B-0106, 15B-0107, 15B-0108, 15B-0109, 15B-0110, 15B-0111, 15B-0112, 15B-0113, 15B-0114, 15B-0115, 15B-0116, 15B-0117, 15B-0118, 15B-0119, 15B-0120, 15B-0121, 15B-0122, 15B-0123, 15B-0124, 15B-0125, 15B-0126, 15B-0127, 15B-0128, 15B-0129, 15B-0130, 15B-0131, 15B-0132, 15B-0133, 15B-0134, 15B-0135, 15B-0136, 15B-0137, 15B-0138, 15B-0139, 15B-0140, 15B-0141, 15B-0142, 15B-0143, 15B-0144, 15B-0145, 15B-0146, 15B-0147, 15B-0148, 15B-0149, 15B-0150, 15B-0151, 15B-0152, 15B-0153, 15B-0154, 15B-0155, 15B-0156, 15B-0157, 15B-0158, 15B-0159, 15B-0160, 15B-0161, 15B-0162, 15B-0163, 15B-0164, 15B-0165, 15B-0166, 15B-0167, 15B-0168, 15B-0169, 15B-0170, 15B-0171, 15B-0172, 15B-0173, 15B-0174, 15B-0175, 15B-0176, 15B-0177, 15B-0178, 15B-0179, 15B-0180, 15B-0181, 15B-0182, 15B-0183, 15B-0184, 15B-0185, 15B-0186, 15B-0187, 15B-0188, 15B-0189, 15B-0190, 15B-0191, 15B-0192, 15B-0193, 15B-0194, 15B-0195, 15B-0196, 15B-0197, 15B-0198, 15B-0199, 15B-0200.



INFORMATION FROM MAP

CE & ASSOC., P.A.



IMPERVIOUS SURFACE COVERAGE  
2060 SQ.FT. - HOUSE & GARAGE  
15 SQ.FT. - STEPS  
720 SQ.FT. - DRIVEWAY  
2795 TOTAL SQ.FT. - PROPOSED COVERAGE  
9675 SQ.FT. - ALLOWABLE COVERAGE  
6880 SQ.FT. - AVAILABLE COVERAGE

DRAWN BY: DJW & BGW  
CHECKED BY: DJW  
DATE: (rev. 11-16-2010)  
10-26-2010  
SCALE: 1" = 50'

JOB: STETSON CF



GRAPHIC SCALE - FEET  
PLAN "DENISS"  
OVERALL 74.83 X 96.33

NAME: MICHAEL J McMAHON

APPLICATION #: 17-50042851

**\*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 # 11/30 025093

- 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)

11-30-17  
 DATE

Application # 17-50042851

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: MICHAEL J McMAHON Date: 11-30-17

Site Address: 20 SADDLE BROOK DR Phone: 919-944-9652

Directions to job site from Lillington: \_\_\_\_\_  
\_\_\_\_\_

Subdivision: STETSON Lot: \_\_\_\_\_

Description of Proposed Work: 16 X 20 SHED # of Bedrooms: \_\_\_\_\_

Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

OWNER  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work run power from house to shed Service Size: \_\_\_\_\_ Amps T-Pole: Yes No  
DWYER install transfer switch in house and recepticals in garage.

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 / owner 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.

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

11-30-17  
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: MICHAEL S. MCMAHON

Sign w/Title:  Date: 11-30-17

HARMETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: BPETRICH      Type: CP    Drawer: 1  
Date: 11/30/17 51    Receipt no: 166023

Year	Number	Amount
2017	50042851	
94834	TECH 4	
LILLINGTON, NC	27546	
84	BP - ENV HEALTH FEES	\$100.00

EXISTING TANK

MICHAEL MCMAHON

Tender detail	
CP CREDIT CARD	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 11/30/17      Time: 15:22:52

\*\* THANK YOU FOR YOUR PAYMENT \*\*