Initial Application Date:_	1/25/	18
Initial Application Date:_	uv	

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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: Jon F Kerin + Lynn J Kerin Mailing Address: 231 Shady Brook Lane
City: Fuguay Varing State: NC zip: 2752 Contact No: 919-618-888 Email:
APPLICANT*: Tarkeel Restaration Inc Mailing Address: 3419 Pea Ridge Rd.
City: New Hill State: NC Zip: 27562 Contact No: 919-796-6472 Email: tar heel, inc @ gmail. a *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Dale Jarman Phone # 919-796-6472
PROPERTY LOCATION: Subdivision: Lot #: 3 Lot Size: 10,29 AC
State Road #State Road Name: 5hady Brook LaneMap Book & Page: 2005 859
Parcel: 080653 0108 01 PIN: 0653-89-7981,000
Parcel: 080653 0108 01 PIN: 0653-89-7981,000 Zoning: RA-30 Flood Zone: Watershed: Cape Fear Deed Book & Page: 2748 0302 Power Company*: France Energy
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic SFD: (Sizex) # 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: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 24 x 24) Use: Swiming Pool Accessory brildi Closets in addition? (_) yes (V) 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 (_V) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: LLT - VOO - 1750041948
Front Minimum Actual 415' XIT Needs to be finaled X
Rear /\sigma
Closest Side
Sidestreet/corner lot
Nearest Building 75'

Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: take 401	N towards Fuguary
turn Right onte Chalybeate Springs Lafayette Rd., turn Right onto Shady	Rd, turn Right onto
Lafayette Rd., turn Right onto Shady	Brook Lane
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina reg I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit	ulating such work and the specifications of plans submitted. It subject to revocation if false information is provided. $ /-24-18 $
Signature of Owner or Owner's Agent	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

	78.0		90 W (,	
NAME:	, i	- 1 1 1		APPLICATION #:	43160
	*	This application to be	filled out when applyi	ng for a septic system insp	
County					horization to Construct
IF THE INFO	DRMATION IN	THIS APPLICATION IS	FALSIFIED, CHANGED	OR THE SITE IS ALTERED	, THEN THE IMPROVEMENT
PERMIT OR	AUTHORIZAT	ION TO CONSTRUCT	SHALL BECOME INVAL	ID. The permit is valid for eith	ner 60 months or without expiration
910	0-893-7525 o	on submitted. (Complete option 1	site plan = 60 months; Cor	rplete plat = without expiration CONFIRMATION #	025882
Enviro	nmental Hea	alth New Septic Sys	temCode 800		
• All	property ire	ons must be made	visible. Place "pink p		orner iron of lot. All property
			mately every 50 feet b		
out	t buildings, sv	vimming pools, etc. I	Place flags per site pla	in developed at/for Centra	
					o assist in locating property.
				es that you clean out the valk freely around site. Do	undergrowth to allow the soil
					turn trip fee may be incurred
					nce lot confirmed ready.
• Aft	er preparing	proposed site call the	voice permitting syst	em at 910-893-7525 option	on 1 to schedule and use code
					lealth inspection. Please note
			recording for proof of	request. oceed to Central Permittin	ng for permits
			spections Code 8		ig for permite.
• Fo	llow above in	structions for placing	flags and card on pro	perty.	
po.	ssible) and th	en put lid back in pl	ace. (Unless inspection	of tank as diagram indic on is for a septic tank in a	ates, and lift lid straight up (ii mobile home park)
 DO Aft 	NOT LEAVE	LIDS OFF OF SEPTIC	TANK	m at 910-893-7525 ontio	n 1 & select notification permit
if r	multiple perm	its, then use code	300 for Environmenta	I Health inspection. Plea	ase note confirmation number
giv	en at end of	recording for proof of	request.		
	e Click2Gov	or IVR to hear results	. Once approved, pro	ceed to Central Permitting	for remaining permits.
SEPTIC If applying to	for authorizatio	n to construct please ind	icate desired system type	(s): can be ranked in order of	preference, must choose one.
{_}} Adde	pted		{} Conventional	{}} Any	
	native				
The application. If	nt shall notify the answer is	the local health departn	nent upon submittal of the	nis application if any of the ING DOCUMENTATION	following apply to the property in N:
{}}YES	{_}} NO	Does the site contain a	ny Jurisdictional Wetlan	nds?	
{}}YES	{}} NO	Do you plan to have a	n irrigation system now	or in the future?	•
{}}YES	{_}} NO	Does or will the build	ng contain any <u>drains</u> ? l	Please explain	
{}}YES	{}} NO /	Are there any existing	wells, springs, waterline	es or Wastewater Systems of	n this property?
()VEC	() NO	Is any westewater goi	or to be generated on the	site other than domestic se	wage?

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.

Does the site contain any existing water, cable, phone or underground electric lines?

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.

{__}}YES

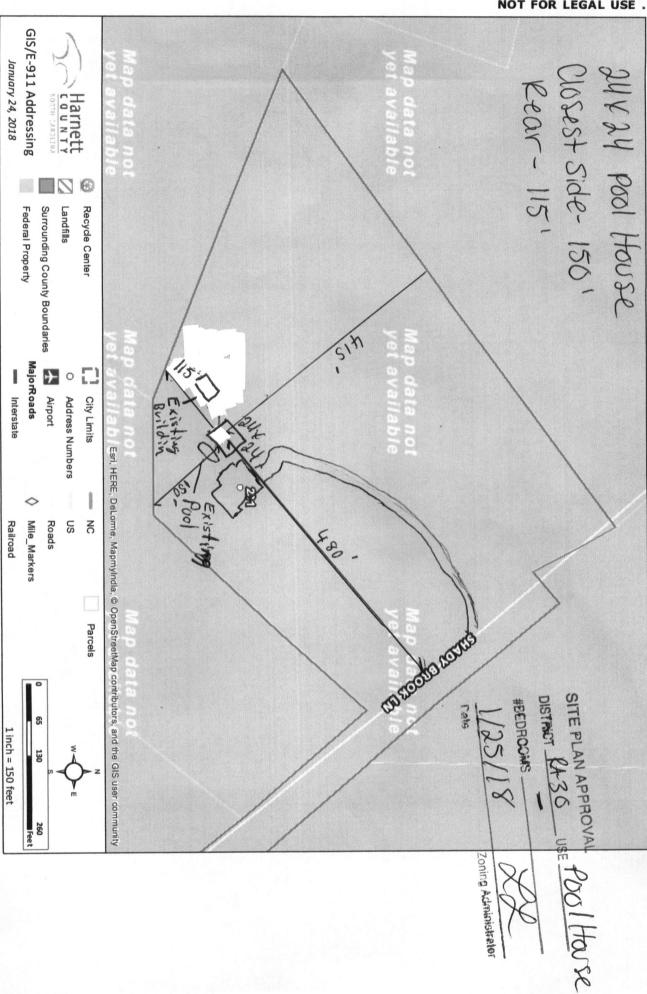
{__}}YES

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Is the site subject to approval by any other Public Agency? Are there any Easements or Right of Ways on this property?

10/10

Harnett GIS





Application # U3 160

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

	1 - 1. 1 4		
Owners Name Jon F Kerin + Lynn T Kerin	Date <u>/-24-18</u>		
Site Address 231 Shady Brook Lane Fravay Varing Phone			
Directions to job site from Lillington			
Take 401 N tomards Frquay, turn 6	light onto Chalybeate		
Springs Rd., turn Right onto La Fayette Rd.	, turn Right onto Shady BROOK Lane		
Subdivision	Lot		
Description of Proposed Work Construct New Pool House			
Heated SF 128 Unheated SF 448 Finished Bonus Room?	<u>Ø</u> Crawl Space <u>Ø</u> _Slab <u>\$76</u>		
General Contractor Information	0 1 1/1-1		
Tarkeel Restoration Inc.	919-796-6472		
Building Contractor's Company Name 3419 Pea Ridge Rd., New Hill, No Address 27562	Telephone tarheeline @ gmail.com Email Address		
3419 Pea Kidge Ra, New Hill, No	Front Address		
540 5 8	Email Address		
License #			
Electrical Contractor Information	n *		
Description of Work wire Pool House Service Size	Amps_T-PoleYes_V_No		
Reliable Home Solutions	99.661.2993		
Electrical Contractor's Company Name	Telephone		
829A Porser Dr. Roleigh NC 27603			
Address	Email Address		
16963-U	4.00 m		
License #	ation		
Mechanical/HVAC Contractor Inform	auon		
Description of Work install mini split system	0.0 261 9311		
Elite Heating + Air	919-261-9311		
Mechanical Contractor's Company Name 4529 wat Kins Rd. Raleigh, NC 27616	Telephone		
	Empl Address		
Address 1/6/2	Email Address		
License #			
Plumbing Contractor Informatio	n		
Description of Work Enstall Bath Room Plumbing	# Baths /		
Todd Alan Gaster	919-542-5652		
Dismbung Contractor a Company Name	Telephone		
P.O. Box 258 Moncure, NC 27559			
Address	Email Address		
16025			
License #			
Insulation Contractor Information Tri-City Insulation, 7204 Becky Circle 919-790-9684 Insulation Contractor's Company Name & Address Raleigh, NC Telephone			
Tri-City Insulation, 7204 Becky Cirds	<u> 419 - 140 - 7684</u>		
Insulation Contractor's Company Name & Address Raleigh, NC	Telephone		
27615			

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 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 Tarkeel Restoration Inc.

Sign w/Title Duliffer President Date 1-24-18

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***
Oper: LLUCAS Type: CP Drawer: 1
Date: 1/25/18 53 Receipt no: 226313

Year Number Amount 2018 50043160 231 SHADY BROOK LN FUQUAY-VARINA, NC 27526 B4 BP - ENV HEALTH FEES \$100.00

EXISTING TANK

BRUCE ROBINSON

Tender detail
CP CKED1T CARD \$100.00
Total tendered \$100.00
Total payment \$100.00

Trans date: 1/25/18 Time: 10:13:39

** THANK YOU FOR YOUR PAYMENT **