Initial Application Date:_	6/	6	18	

Application #	18-50044197
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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

Central Permitting 108 E. Front Street, Lillington	n, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OF	R OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Scott Wadde	11 Mailing Address: 112 Joseph Alexander Fein
	Zip: 27506 Contact No: 919279-2959 Email: Scott W1974 @ Me.Ca
APPLICANT*: SAWYE AS ASOUR	Mailing Address:
City:State:	Zip: Contact No: Email:
Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE:	GN Wadell Phone # 9/9279-2959
OUT TO THAILE AT 1 ET THE IN OTT TO E.	
PROPERTY LOCATION: Subdivision:	allard Woods Lot #: 103 Lot Size: . 57
State Road # 1364 State Road Name:	Joseph Alexander Map Book & Page: 2002, 1367
Parcel: 080054 0292 32	
	V
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New structures with Progress Energy as service provider	r need to supply premise number from Progress Energy.
PROPOSED USE:	
•	Monolithic : Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:
· · · · · · · · · · · · · · · · · · ·	d? () 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	d? () yes () no Any other site built additions? () yes () no
Manufactured Hames - SW - DW - TW/Siz	ex)# Bedrooms:Garage:(site built?) Deck:(site built?)
invariduactured HomeSvvDvvTvv (Size	sx) # Deditions Garage(site built?) Deck(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
7. Harra Ossaration # Dassas	Harris of Orangian
Home Occupation: # Rooms:Ose:_	Hours of Operation:#Employees:
Addition/Accessory/Other: (Size 12 x 24) Use:	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 Chec	cklist) 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 under	ground or overhead () yes () no
Structure (existing or proposed): Single family dwellings:	
A	Manufactured Flories. Other (specify).
ACLISSING STRUCTURE Required Residential Property Line Setbacks:	Comments:
Front Minimum 35+	
C1 2C1	
Rear <u>b</u> <u>15</u>	
Closest Side	
Sidestreet/corner lot	
Nearest Building	<u> </u>
on same lot Residential Land Use Application	Page 1 of 2 03/11

PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	· · · · · · · · · · · · · · · · · · ·
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permits are granted I agree to conform to all ordinances and laws of the State of Ninereby state that foregoing statements are accurate and correct to the best of my kind of the state of the best of my kind of the state of the best of	forth Carolina regulating such work and the specifications of plans subminowledge. Permit subject to revocation if false information is provided. $6 - 6 - 18$
Signature of Owner or Owner's Agent	Date
	and the second of the second o

^{***}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**

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NAME:	APPLICATION #: 18-50044197
County Health De IF THE INFORMATION IN PERMIT OR AUTHORIZAT depending upon documentati 910-893-7525 of Environmental He All property ir lines must be cl Place "orange r out buildings, ss Place orange E If property is thi evaluation to be All lots to be a for failure to ur After preparing 800 (after select confirmation nu Use Click2Gov Environmental He Follow above in Prepare for ins possible) and th DO NOT LEAVE	This application to be filled out when applying for a septic system inspection.* Partment Application for Improvement Permit and/or Authorization to Construct THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either of months or without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration) for population on submitted. (Complete site plan = 60 months; Complete plat = without expiration) for population on submitted. (Complete site plan = 60 months; Complete plat = without expiration) for population on submitted. (Complete site plan = 60 months; Complete plat = without expiration) for population on submitted. (Complete site plan = 60 months; Complete plat = without expiration) for population on submitted. (Complete site plan = 60 months; Complete plat = without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration on each corner iron of lot. All property in populations are property. (Complete site plan developed at/for Central Permitting.) Part of the property in population on each corner iron of lot. All property in population in po
if multiple pern given at end of	g outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit nits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> recording for proof of request. or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SKPTIC	
	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {} Conventional {} Any {} Other
{}} Alternative The applicant shall notify question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes" applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	Does or will the building contain any drains? Please explain.
()YES {})YO	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?
{_}}YE\$ {} NO	Are there any Easements or Right of Ways on this property?
{}XES {} 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)

DATE

Application # 18-50044197

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:		
<u> </u>		
Subdivision:	•	
Description of Proposed Work:		
Heated SF: Unheated SF: Finished Bonus Room?		
General Contractor Information	•	
Little River Utility Bosslings (Old Nickory) Building Contractor's Company Name 1403 South Main 84. Illighande	Telephone	
Address	Email Address	
License # Electrical Contractor Information		
Description of Work Service Size:	Amps T-Pole:YesNo	
Electrical Contractor's Company Name	Telephone	
Address	Email Address	
License # Mechanical/HVAC Contractor Information	<u>ation</u>	
Description of Work		
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
License # Plumbing Contractor Information	· L	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telėphone	
Address	Email Address	
License # Insulation Contractor Information	<u>.</u>	
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.

SHALL	6-6-18
Signature of Owner/Contractor/Officer(s) of Corporation	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: Date:

