

EPES1810-0020

BRES1810-0041

Initial Application Date: 10/12/18

Application # \_\_\_\_\_

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: Harley's <sup>Rush</sup> Frame Mailing Address: 1296 Young Rd  
City: Angier State: NC Zip: 27501 Contact No: 919-639-1058 Email: rframe@dembarghai.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PIN: \_\_\_\_\_

DEED OR OTP: \_\_\_\_\_

PROPOSED USE:

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement (w/w/o 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/w/o 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 12 x 36) Use: storage building Closets in addition?  yes  no

Water Supply: \_\_\_\_\_ County  Existing Well  New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation  Existing Septic Tank \_\_\_\_\_ County Sewer (Complete Environmental Health Checklist on other side of application if Septic)

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): storage building

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.

Ruth Frame  
Signature of Owner or Owner's Agent

10/12/18  
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\*\*

APPLICATION CONTINUES ON BACK

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

**\*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)

**Environmental Health New Septic System**

- **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.**

**Environmental Health Existing Tank Inspections**

- 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**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

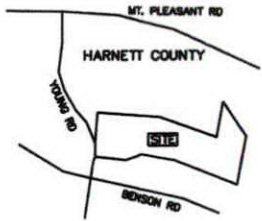
- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

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?

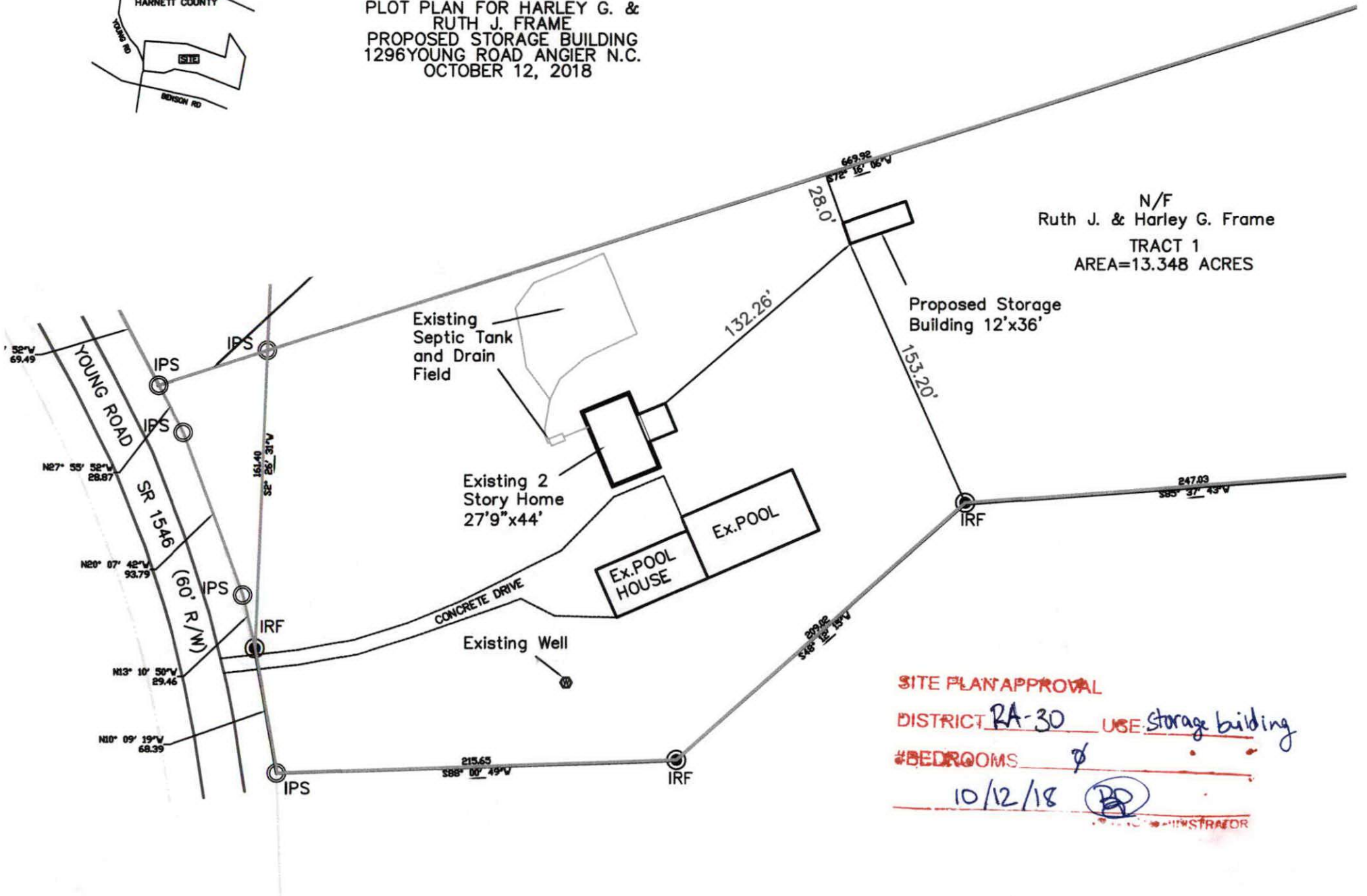
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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.**



PLOT PLAN FOR HARLEY G. &  
RUTH J. FRAME  
PROPOSED STORAGE BUILDING  
1296 YOUNG ROAD ANGIER N.C.  
OCTOBER 12, 2018

N/F  
Ruth J. & Harley G. Frame  
TRACT 1  
AREA=13.348 ACRES



**SITE PLAN APPROVAL**  
 DISTRICT RA-30 **USE** Storage building  
 #BEDROOMS 0  
 10/12/18 **BP**  
 STRAFOR

\* 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: Frame Date: 10/12/18  
Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: metal storage building # of Bedrooms: \_\_\_\_\_  
Heated SF: \_\_\_\_\_ Unheated SF: \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_

**General Contractor Information**

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_ Yes \_\_\_ No  
OWNER  
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.

*Ruth J. Frame*  
Signature of Owner/Contractor/Officer(s) of Corporation

10/12/18  
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: \_\_\_\_\_



VICINITY MAP (NTS)

LEGEND:  
 EIP = EXISTING IRON PIPE  
 EIS = EXISTING IRON STAKE  
 ISS = IRON STAKE SET  
 EPK = EXISTING P.K. NAIL

NOTES:  
 AREA BY COORDINATES  
 THIS PROPERTY DOES NOT LIE IN A FLOOD HAZARD AREA PER FEMA MAP #37085C0050 D, ZONE X EFFECTIVE DATE: APRIL 16, 1990  
 NO NCGS CONTROL WITHIN 2000'  
 PROPERTY ZONED RA-30  
 ALL CORNERS NOT MARKED ARE COMPUTED

REFERENCES:  
 DEED BOOK 1387 PAGE 66  
 MAP #2006-950  
 OTHERS AS SHOWN

CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION

I (ONE) HEREBY CERTIFY THAT I AM (THE ONE), THE OWNER(S) OR AGENT OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (ONE) HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OURS) FREE CONSENT, ESTABLISH THE MINIMUM BUILDING SETBACK LINES AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED, ALL OF THE LAND SHOWN HEREON IS WITHIN THE SUBDIVISION JURISDICTION OF HARNETT COUNTY EXCEPT:

1-18-07  
 (DATE)  
 Danny Watkins  
 OWNER

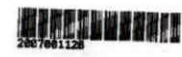
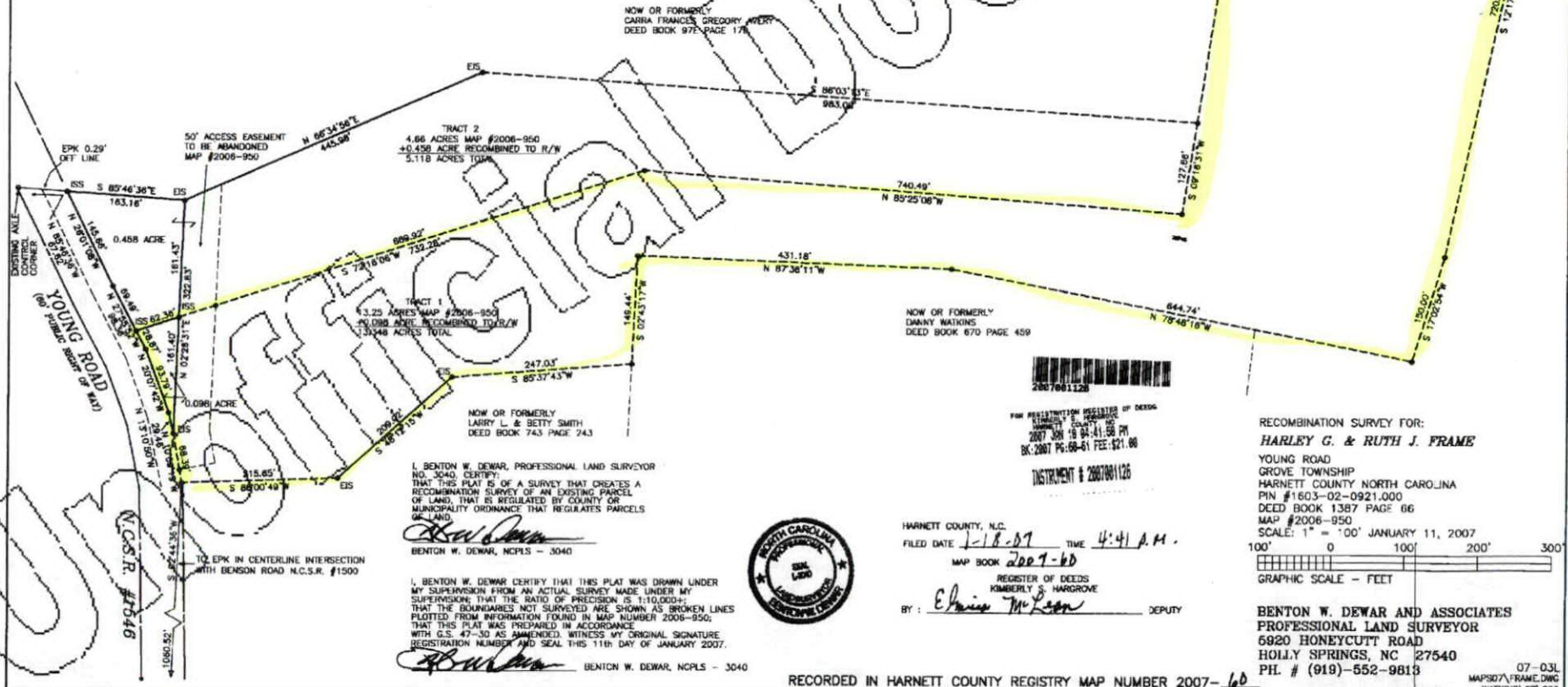
TAX PARCEL ID. NUMBER  
 OWNER  
 OWNER

I HEREBY CERTIFY THAT THIS RECORD PLAT COMPLIES WITH THE SUBDIVISION REGULATIONS OF HARNETT COUNTY, NC AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS IN HARNETT COUNTY.

01/18/07 *Danny Watkins*  
 (DATE) REGISTERING DIRECTOR

REVIEW OFFICER'S CERTIFICATE  
 STATE OF NORTH CAROLINA  
 COUNTY OF HARNETT  
 I, *Kelli H. D'Arcy* REVIEW OFFICER OF HARNETT COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS APPLIED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

*Kelli H. D'Arcy*  
 REVIEW OFFICER  
 1-18-07  
 DATE



FOR REGISTRATION REGISTER OF DEEDS  
 HARNETT COUNTY, NC  
 2007 JAN 18 04:41:58 PM  
 BK. 2007 PG. 68-61 FEE: \$21.00  
 INSTRUMENT # 2007001128



HARNETT COUNTY, N.C.  
 FILED DATE 1-18-07 TIME 4:41 A.M.  
 MAP BOOK 2007-60  
 REGISTER OF DEEDS  
 KIMBERLY S. HARGROVE  
 BY: *Ernie McLean* DEPUTY

RECOMBINATION SURVEY FOR:  
**HARLEY G. & RUTH J. FRAME**  
 YOUNG ROAD  
 GROVE TOWNSHIP  
 HARNETT COUNTY NORTH CAROLINA  
 PIN #1603-02-0921.000  
 DEED BOOK 1387 PAGE 66  
 MAP #2006-950  
 SCALE: 1" = 100' JANUARY 11, 2007

100' 0 100' 200' 300'  
 GRAPHIC SCALE - FEET

BENTON W. DEWAR AND ASSOCIATES  
 PROFESSIONAL LAND SURVEYOR  
 6920 HONEYCUTT ROAD  
 HOLLY SPRINGS, NC 27540  
 PH. # (919)-552-9818

RECORDED IN HARNETT COUNTY REGISTRY MAP NUMBER 2007-60

MAP # 2007-60