

Initial Application Date: 2 2 2023

Application #	
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COUNTY OF HARNETT RESIDENTIAL LAND BOSE AND ACCUMENT AND ACCUMENTAGE COUNTY OF HARNETT RESIDENTIAL LAND BOSE AND ACCUMENT
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: GIWARD & JAVOUNIE CARTOZ Mailing Address: 20 ETHM ALLEN CT. 3
City: FUCUAY - VARINA State: NC Zip: 27526 Contact No: 919 - 694 - 5172 Email:
APPLICANT : JUSEPH KALER Mailing Address: 267 TIMBER DRIVE, WIT 1657
City: GARNER State: NC Zip: 27529 Contact No: 919-578-8225 Email: SEPH, M. KELLOR CHAIL. (2) *Please fill out applicant information if different than landowner
ADDRESS: 20 ETHAN ALLOW CT, FUGUAY-VARINAMPIN: 0652-04-3563.000
Zoning: RA-40 Flood: Manage Watershed: NA Deed Book / Page: 4173, 2099
Setbacks - Front: Back: Side: Corner: PW ADDITIONAL APPROACHS STRUCTURE  PROPOSED USE:  Sold: Corner: PW ADDITIONAL APPROACHS STRUCTURE  BYNG & ADDITIONAL APPROACHS STRUCTURE
PROPOSED USE:  Stem Wall Monolithic
□ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame  TOTAL HTD SQ FT (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: TOTAL HTD SQ FT
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Sizex) Use: ADDITION OF POPTOP SOLAZ Closets in addition? () yes () no TOTAL HTD SQ FT_2057 GARAGE7
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 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):
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  ***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, bodse 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

strong roots • new growth



## \*\*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	
<ul> <li>All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines m</li> </ul>	ıust
be clearly flagged approximately every 50 feet between corners.	
<ul> <li>Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.</li> </ul>	out
<ul> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.</li> </ul>	
<ul> <li>If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation.</li> </ul>	tion
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 failure to unaccompanied lide 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.	
<ul> <li>Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possion and the post is released).</li> </ul>	ble)
and then put Iid back in place. (Unless inspection is for a septic tank in a mobile home park)  • DO NOT LEAVE LIDS OFF OF SEPTIC TANK	,
5 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 learned 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 <u>irrigation system</u> 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	
{}}YES	
{}YES	
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 Sta	ate
Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. 1	
Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Si	te
Accessible So That A Complete Site Evaluation Can Be Performed.	



Application #	

Harnett County Central Permitting

\* Each section below to be filled out by whomever performing work.
Must be owner/occupier or licensed contractor. Address, company name & phone must match informatio

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

on on license.	1.1
Owner's Name: EOWARD & JAVOUNIE CARTOR	Date: 2/2/2023
Owner's Name: EOWARD & JAVOUNIE (ARTOR  Site Address: 20 ETHAN ALLOW CT, FUQUAY-VARNA, A	oc Phone: 919-699-5172
Subdivision: BIRCHWOOD GROVE	Lot: 104
Subdivision: BIRCHWOOD GROVE  Description of Proposed Work: ADDITION OF ROOFTUP SOLAR	_ Total Job Cost: 431, oo
General Contractor Information	
JOSOPH KOLLOR	919-578-8225
Building Contractor's Company Name	Telephone
Address	Email Address
L80151 HEATED SQ FT 2077 GARAGE SC	PET ?
License #	
Electrical Contractor Informatio	n 2000 Amns T-Pole: Yes X' No
Description of Work ADO 1700 of POOPED SUAR Service Size:	919-578-8225
Electrical Contractor's Company Name	Telephone
Electrical Contractor's Company Name	
267 774B42 OR, WIT 1657, GARNUR NC 27529 Address	Email Address
L. 34921	
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
Mechanical Contractor's Company Name	Telephone
	Email Address
Address	Email Address
/	
License # Plumbing Contractor Informati	<u>on</u>
	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Name	
Address	Email Address
7.100.000	
License #  Insulation Contractor Information	tion
No. 20 Address	Telephone
Insulation Contractor's Company Name & Address	Totophono
	ly are of this application
NOTE: General Contractor / owner must fill out and sign th	e 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.

ner/Contractor/Officer(s) of Corporation

Signature of Oy

2 | z | 202 3 Date

ACCIDING TO A LINE OF THE PROPERTY OF THE PROP				
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.  Sign w/Title:  Date: 2/2/2023				
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