

strong roots - new growth

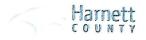
Pool House

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 987 Coirson Greyory Bd PIN: 0691-64-0546.000
LANDOWNER: Ever Morales Baufista Mailing Address: 987 Parson Gregory Rd
City: Angier State: NC Zip: 27501 Phone: (914) 520-9260 Email: Mordles. B4@ Live. com
*Please fill out applicant information if different than landowner.
APPLICANT: Mailing Address:
City: State: Zip: Phone: Email:
PROPOSED USE:
Single Family Dwelling: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch
TOTAL HTD SQ FT: GARAGE SQ FT: Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement: Basement: Older One)
Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch
TOTAL HTD SQ FT:(Circle One)
■ Manufactured Home: SW □ DW □ TW □ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio
ZONING: (Circle One)
□ Duplex: (Sizex) # Buildings: # Bedrooms Per Unit: TOTAL HTD SQ FT:
Addition/Accessory/Other: (Size 16 x 16) Use: Pool house and Pool equipment one baths - one toyler and a shower
UTILITIES:
Water Supply: County ☑ Existing Well □ New Well (# of dwellings using well) □
Sewage Supply: New Septic Tank □ Expansion □ Relocation □ Existing Septic Tank □ County Sewer □
(Complete Environmental Health Checklist on other side of application if Septic is selected)
GENERAL PROPERTY INFORMATION:
Does the landowner own another tract that contains a manufactured home within 500 feet? YES \Box NO \Box N/A
Does the property contain any contain any
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify): Pool Louse
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. hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
Ever Morales Bautista 5/19/25 Signature of Owner or Owner's Agent

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.



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Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

	 NEW SEPTIC SYSTEM INSPECTION All property irons must be made visible. Place on each corner of lot & approximately every 50 feet between corners. Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting. Post orange Environmental Health sign in location that is visible from road to assist in locating property. If property is thickly wooded, you will be required to clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. DO NOT GRADE PROPERTY. 							
	 EXISTING TANK INSPECTION Follow above instructions for placing flags and sign on property. Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (if possible), and then put lid back in place. DO NOT LEAVE LIDS OFF OF SEPTIC TANK 							
<u>SEF</u>	PTIC	CHECK	LIST					
If a	oplyir	ng for Aut	horizati	on to Construct, please indicate de	sired system type(s): Ca	n be ranked in ord	ler of preference, must choose one.	
		☐ Accep	oted	☐ Innovative	☐ Conventional	☐ Any	☐ Alternative	
		□ Other				,		
The prop	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 ju	risdictional wetlands?			
	,	YES 🗆	NO 🗆	Do you plan to have an irrig		the future?		
	,	YES 🗆	NO 🗆	Does or will the building cor				
	,	YES 🗆	NO 🗆	Are there any existing wells,				
	,	YES 🗆	NO 🗆	Is any wastewater going to b				
	`	YES 🗆	NO 🗆	Is the site subject to approva				
	`	YES 🗆	NO 🗆	Are there any easements or				
	YES □ NO □ Does the site contain any existing water, cable, phone, or underground electric lines?							
				If yes, please call No Cuts a				
hav	e rea	ad this ar	nlication					
State	Offi	icials are	grante	d right of entry to conduct neces	sary inspections to det	e, complete, and	correct. Authorized County and ce with applicable laws and rules.	21
ınde	rsta	nd that I	am sole	ely responsible for the proper ide	entification and labeling	of all property li	nes and corners and making the	ı
site a	acces	ssible so	that a	complete site evaluation can be	performed. I understand	that a \$25.00 re	turn trip fee may be incurred for	
ailuı	e to	uncover	outlet l	id, mark house corners and prop	perty lines, etc. once lot	is confirmed to	be ready.	
				Signature of Owner or Owner's Age	nt	Date		



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RESIDENTIAL BUILDING APPLICATION

Site Address: 987 Parson Gregory Rd	PIN: 0691-64-0546, 000
Owner: Ever Morales Bautista Phone (919) 520 -92	260 Email: Morales, 840 Live com
Description of Proposed Work: Pobl house 16 X16	Total Job Cost: \$ 10, 12.00
	10tal 000 00st. <u>5</u> 700 0
GENERAL CONTRACTOR	
* Must be owner or licensed contractor. Address, company nar	ne & phone must match information on license.
Ever Mordes Boutista General Contractor's Company Name	Phone
	Priorie
Address	Email
License #	
ELECTRICAL CONTRACTOR	RINFORMATION
Electrical Contractor's Company Name	Service Size: Amps T-Pole: YES NO
Electrical Contractor's Company Name	Di
	Phone
Address	Email
License #	
MECHANICAL/HVAC CONTRAC	TOP INCOPMATION
Description of Work:	
Mechanical Contractor's Company Name	
Medianical Contractor's Company Name	Phone
Address	Email
License #	
PLUMBING CONTRACTOR I	NEORMATION
	<u></u>
Description of Work:	# of Fixtures:
Ever Mordles Bautista Plumbing Contractor's Company Name	
Fidinibility Contractor's Company Name	Phone
Address	Email
License #	
INSULATION CONTRACTOR	INFORMATION
nsulation Contractor's Company Name	Phone

APPLICATION CONTINUES ON BACK

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT

COUNTY OF HARNETT

PURSUANT TO G.S. 87-14(a)(1)

TOWN OF ANGIER INSPECTIONS DEPARTMENT

ANTINENT CONTROL OF ARTIVIENT
Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:
987 Carson Gregory Rd Angier NC 77501 Pin#
187 Carson Gregory Rd Angier NC Z7501 Pin# LEVer Morales Bautista
(Print Full Name)
hereby claim an exemption from licensure under (G.S. $87-1(b)(2)$ by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:
1. $F_1M.B_1$ certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above(name of firm or coporation:);
2. E.M.B.I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
3. E.M.B.I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
4. F.M.B I understand that a copy of the AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.
Ever Mordles Bautista 5/19/25
(Signature of Affiant) Date
Sworn to (or affirmed) and subscribed before me this the
Notary Public: Printed Name of Notary Public: 1044 Obando Moreno WAKE CONTROL WATER WAT
My commission Expires: 10/14/28 Seal My Commission Expires (0/14/28)
(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law-G.S. 14-209)



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Ever Movales Bevtista

Signature of Owner/Contractor/Officer of Corporation

5/19/25

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						
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:						
Has 3 or more employees and has obtained workers' compensation insurance to cover them,						
Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,						
Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,						
Has no more than 2 employees and no subcontractors,						
While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.						
Ever Horales Bautista 5/19/25 Signature of Owner/Contractor/Officer of Corporation Date						

