



Initial Application Date: 4-16-2019

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: TAMMY Temple Mailing Address: 700 S 15th street
City: ERWIN State: NC Zip: 28339 Contact No: 919-902-1757 Email: tbtemple75@gmail.com

APPLICANT*: SAME AS ABOVE Mailing Address: same as above

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # 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: (Size _____ x _____) # 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: _____ 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 14 x 40) Use: Bottles, old signs, partial storage 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): _____

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.

Tammy Temple
Signature of Owner or Owner's Agent

4-17-2019
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



Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	TAMMY Temple	Property Owner	TAMMY Temple
Home Address	700 S 15th Street	Home Address	SAME
City, State, Zip	Erwin N.C 28339	City, State, Zip	SAME
Telephone	919-902-1757	Telephone	SAME
Email	tttemple75@gmail.com	Email	SAME

Address of Proposed Property	700 S 15th Street Erwin NC 28339		
Parcel Identification Number(s) (PIN)	0547-22-6102	Estimated Project Cost	\$7000.00
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	SPRINKLED Storage / Workshop		
Description of any proposed improvements to the building or property	14x40 cabin WANT to Add Bathroom and Power to bldg.		
What was the Previous Use of the subject property?	Storage		
Does the Property Access DOT road?	NO		
Number of dwelling/structures on the property already	2	Property/Parcel size	1/4 .75
Floodplain SFHA	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Watershed	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
		Wetlands	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
MUST circle one that applies to property	Existing/Proposed Septic System <input checked="" type="checkbox"/> Or Existing/Proposed County/City Sewer <input checked="" type="checkbox"/>		

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Print Name	TAMMY Temple	Signature of Owner or Representative	<i>Tammy Temple</i>	Date	4.16.2019
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For Office Use

Zoning District	R10	Existing Nonconforming Uses or Features	
Front Yard Setback	35	Other Permits Required	Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other <input type="checkbox"/>
Side Yard Setback	10	Requires Town Zoning Inspection(s)	Foundation <input type="checkbox"/> Prior to C. of O. <input type="checkbox"/>
Rear Yard Setback	35	Zoning Permit Status	Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>
		Fee Paid: 10.00	Date Paid: 4/16/19
			Staff Initials: SB

Comments: EXISTING accessory structure on lot just wants to

Signature of Town Representative:	<i>Spencer Beade</i>	Date Approved/Denied:	4/16/19
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add a bathroom and power

PAID

APR 16 2019

560 SF

TOWN OF ERWIN

Palcash

ATTN: 7031



Application # ERTS1904.0037
PRES 1904.0015

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 information on license.

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

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

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.

Jay Zupke
Signature of Owner/Contractor/Officer(s) of Corporation

4-16-2019
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.

Sign w/Title: *Jay Zupke*

Date: *4-16-2019*