

Initial Application Date: 10/22/18

Application # SFD 1810-0052

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: Aaron & Tamara Wilkins Mailing Address: 277 Cokesbury Park Lane
City: Fuquay-Varina State: NC Zip: 27526 Contact No: _____ Email: onesaret1@yahoo

APPLICANT*: Same 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: 0635-19-6437.000

DEED OR OTP: 3601:846

PROPOSED USE:

SFD: (Size 76 x 78) # Bedrooms: 5 # Baths: 3.5 Basement(w/wo bath): Garage: Deck: ^{COV. PORCH} 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/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 _____ x _____) Use: _____ 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: 1 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.

Tamara Wilkins

10-22-18

Signature of Owner or Owner's Agent

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.

* 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: Aaron ~~Wilkins~~ Wilkins Date: 10/22/18
Site Address: _____ Phone: 919-815-3241
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: _____ # of Bedrooms: _____
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

owner 919-815-3241
Building Contractor's Company Name Telephone
277 Cokesbury Park Lane onesource1@yahoo.com
Address Email Address
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
Dawsons electric 919-552-0246
Electrical Contractor's Company Name Telephone
111 E Vance St. Suite D Fuquay Varina NC
Address Email Address
25948
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Contract Plumbing of NC Inc 919-427-6931
Mechanical Contractor's Company Name Telephone
919 Magnolia Ridge Way Fuquay Varina NC ContractPlumbing@msn.com
Address PO Box 1924 Fuquay Varina Email Address
25373 class 1
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 3.5
Quality Comfort Services, Inc 919-217-5640
Plumbing Contractor's Company Name Telephone
725 Bethlehem Rd, Knightdale NC 27545 info@qualitycomfortservicesinc.com
Address Email Address
21368
License # _____

Insulation Contractor Information

Insulating Inc (919) 772-9000
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.

 David Wilkins
Signature of Owner/Contractor/Officer(s) of Corporation

 10/22/18
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.

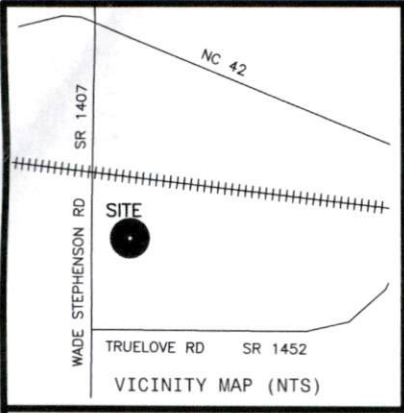
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

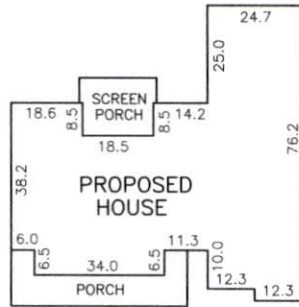
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: _____

Sign w/Title: _____ Date: _____



Course	Bearing	Distance
L1	N 01°56'50" W	62.25'
L2	N 01°03'36" W	89.81'
L3	N 01°01'58" W	101.63'
L4	N 00°13'53" W	66.82'



INSET (NTS)

- LEGEND**
- NTS NOT TO SCALE
 - EIP EXISTING IRON PIPE
 - PP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
 - CP&L TRANSFORMER
 - CATV CABLE TV BOX
 - L POLE LIGHT POLE
 - OHPL OVERHEAD POWER LINE
 - F.E.S. FLARED END SECTION (PIPE)
 - RCP REINFORCED CONC. PIPE
 - B.O.C. BACK OF CURB
 - F.H. FIRE HYDRANT
 - C/O SEWER CLEAN OUT
 - EIS EXISTING IRON STAKE
 - M.H. MANHOLE
 - ECM EXISTING CONCRETE MONUMENT
 - P.K. PARKER KALON NAIL

ROBERT R. TRUELOVE
D.B.1660, PG.433
M.B.2002, PG.771

THURMAN E. PERRY
BARBARA C. PERRY
D.B.1798, PG.467



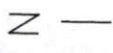
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AARON WILKINS
TAMARA WILKINS
D.B.3601, PG.846
M.B.2018, PG.309

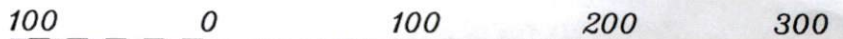
SITE PLAN APPROVAL
 DISTRICT PA-30 USE SPD
 #BEDROOMS 5 bd 3.5 ba
 10/22/18 [Signature]

WADE STEPHENSON ROAD
(60' PUBLIC R/W - S.R.1407)

PLAT NORTH
(REF: M.B.2018, PG.309)



NOTE: SHOWN IS LOT 5 OF
AARON & TAMARA WILKINS S/D
REF: M.B.2018, PG.309



STATE OF NORTH CAROLINA

**OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)**

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, Aaron Wilkins
(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. AW I 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 corporation: _____);

2. AW I will personally superintend and manage all aspects of the construction or alteration 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. AW 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. AW I understand that a copy of this 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.

Aaron Wilkins

(Signature of Affiant)

10/22/18

Date

Sworn to (or affirmed) and Subscribed before me this the 22nd day of October, 2018

Beth Anne Petrich
Signature of Notary Public

Beth Anne Petrich
Printed Name of Notary Public



My Commission Expires: 5/31/22

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

7

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To Whom it May Concern,

There will be no financing involved
for the building of the single family dwelling located
on Wade Stephenson rd. pin # 0635-19-6437.000

Aaron Wilkins

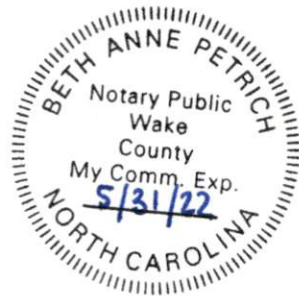
Aaron Wilkins 10/22/18

I certify that Aaron Wilkins
personally appeared before me
on this 22nd of October 2018.

Beth Anne Petrich

Beth Anne Petrich

My commission expires 5/31/22



#61 4ft JE Womble Delivery included B in reinforced concrete
910-893-4347

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