

Initial Application Date: 1/15/19

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: T+L COats, LLC Mailing Address: 165 Sommerville Park Rd.
City: Raleigh State: NC Zip: 27603 Contact No: (910) 890-3256 Email: Wibarefoot@yahoo.c
APPLICANT*: Mailing Address:
City:State:Zip:Contact No:Email:* *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: ROBERT BARREGOT Phone # (910) 890 - 3256
contact NAME APPLYING IN OFFICE: Robert Barefoot Phone # (910) 890-3256 ADDRESS: Old Stage Rd. S, Erwin, NC PIN: 0587-99-6118,000
DEED OR OTP: 3635 : 0521
PROPOSED USE:
SFD: (Size 57 x 48 4 # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: Deck: Slab:
Mod: (Sizex) # 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: (Sizex) No. Buildings:No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Water Supply:CountyExisting WellNew 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 TankExpansionRelocationExisting Septic TankCounty 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.

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

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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

Accessible So That A Complete Site Evaluation Can Be Performed.

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC If applying for	or authorizatio	n 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 local health department upon submittal of this application if any of the following apply to the property in "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	{	Is any wastewater going to be generated on the site other than domestic sewage?				
{_}}YES	{	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 Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State				
Officials Are	Granted Righ	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules, I				

strong roots · new growth

Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site

SURVEY FOR: T & L COATS, LLC DUKE TWP., HARNETT COUNTY, N.C. SURVEY BY: JOYNER PIEDMONT SURVEYING
License No. F-0712
401 North Wilson Avenue, P.O. Box 115, Dunn, N.C. 28334
Phone 19101 892-2511 AUGUST 01, 2018 SCALE: I" = 40' ZONE: REVISION: Site Plan - NOVEMBER 20, 2018 REVISION: JANUARY 08, 2019 NOTE: Survey being all of Lot No. 3 of "Camelot, Phase I" as recorded in Plat Cabinet "C", Silde 187-C, Harnett County Registry. PIN # 0587-99-6118.000 Bobby G. Byrd Deed Book 3208 Page 877 "Camelot, Phase I" Plat Cabinet "C", Slide 187-C Benny H. Godwin Deed Book 865, Page 414 John Suralik Deed Book 3604, Page 688 (2) 3 (3) = 1.231 Acres 35 Ben C. Godwin Deed Book 2487, Page 473 (4) r FIP 30.00 N 54° 56' 04" W 150.06 60' R/W "Old Stage Road S" NCSR 1769



Application #	
---------------	--

* 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Pro Colonia de Colonia					
Owner's Name: T+L Coats, LLC	Date:				
Site Address: Old Stage Rd. S , Erwin, NC	· <u>28339</u> Phone: <u>(910) 890 - 3</u> 256				
	Lot: N/A				
Description of Proposed Work: construction of single.	family dwelling				
General Contractor Information					
William Robert Barefoot	(910) 890-3256				
Building Contractor's Company Name	Telephone				
P.O. Box 1411, Coats, NC 27521 Address	Email Address Yahoo, com				
49822					
License #	-				
Description of Work installation of electrical Service Size:	1 200 Amps T-Pole: Yes \(\text{No}\)				
Wester + Pace Electric, Inc. system	(919) 499-5389				
Electrical Contractor's Company Name	Telephone				
614 Leslie Rd					
Address	Email Address				
U. 12007					
License # Mechanical/HVAC Contractor Inform	ation				
Description of Work installation of HVAC system	ation				
	(910) 897-5501				
Mechanical Contractor's Company Name	Telephone				
724 Turlington Rd., Dunn, NC 28334					
Address	Email Address				
L. 17164					
License # Plumbing Contractor Information	1				
Description of Work installation of plumbing system					
Fred Arthur Chris Lecuyer III	(910) 676-1925 / 919-894.7270				
Plumbing Contractor's Company Name	Telephone Telephone				
115 Keyman Drive, Coats, NC 27521	·				
Address	Email Address				
L: 30173 License #					
Insulation Contractor Information					
Parker Bros., Inc. P.O. Box 1045 Clinton, NC	(910) 564-4132				
Insulation Contractor's Company Name & Address 28329	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.

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

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:						



Town of Erwin Zoning Application & Permit

Permit #

Planning & Inspections Department

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot

shape, existing and proposed limensions.	ouildings, parking and load	ing areas, access driv	ves and front, rear	, and side yard
Name of Applicant		Property Owner	Tari	(364) 116
Home Address		Home Address		merville Pa
City, State, Zip		City, State, Zip		
Telephone		Telephone		J- 3256
Email		Email		12 + 6) Yahoo. (
Address of Proposed Propert	y Old Stude A	. 0	10.00(1.70	1311 6) 70103.1
Parcel Identification Number		(O.	1.1D : 10 . T	
What is the applicant request	0 . , ,		ited Project Cost	
the proposed use of the subje		Duild a	Stilk su	14 5/2
Description of any proposed imp to the building or property	rovements			
What was the Previous Use of		Vacant		
Does the Property Access DO		Xe)		
Number of dwelling/structure		Prop	erty/Parcel size	1.23
7	No WatershedYes X	No Wetlands	Yes No	
MUST circle one that applies to p	0 1		Or	
	Owner/Applicant M	d County/City Sewer		
answers, statements, and other inf and belief. The undersigning part application. Upon issuance of this regulations, and the laws of the Sta The undersigning party authorizes to this application as approved.	y understands that any incorred permit, the undersigning party ate of North Carolina regulating	ct information submitt y agrees to conform to g such work and to the	ed may result in the all applicable town especifications of pl	e revocation of this ordinances, zoning ans herein submitted
William Robert Barf	+ 1111	01	1-11-	10
Print Name	Signature of Owner o	or Representative		
For Office Use				
Zoning District RD	Existing Nonconforming	ng Uses or Features		
Front Yard Setback		Other Permits RequiredConditional UseBuildingFire Marshal \Qther		
40	Requires Town Zonin	111		rior to C. of O.
Side Yard Setback (a.)	ApprovedDenied			
Rear Yard Setback	Fee Paid: 60	Date Paid: // // //	9 Staff Initials:	CP
Comments Obtain NC	Dot Dille way	point	D	ATT
Signature of Town Representative	" Som Bouch	Date A	pproved/Denied:	
obtain perm	it from Ha	mett con	MY JAN	1 2019 Ptx 10