Initial Application Date: Application #	
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION	CU#
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893	3-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTED	
LANDOWNER: Ward Con Struction Mailing Address: 201 Fay AVE	
City: Rich Cands State: NC Zip: Z8574 Contact No: 910 340-6795 Email: 1	wardcoincognail.co
APPLICANT: Darry Fisher Mailing Address: Coll Wondertown Dr.	
APPLICANT*:	Historthy Byshop com
*Please fill out applicant information if different than landowner ADDRESS: 704 Iris Bryon + Rd. Dunine . 2833 PIN: 0596-77-1808	,00
Zoning: R-15 Flood: Watershed: Deed Book / Page:	
Setbacks - Front: 35' Back: 35' Side: 10' Corner:	
Setbacks - Front: Do Back: Do Side: 10 Corner:	
PROPOSED USE:	Monolithic
SFD: (Size 65.12 49) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath):Garage: Deck:Crawl S D (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in	Space:Slab:_V_Slab: with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: (Is the second floor finished? () yes () no Any other site built additions? () yes ()	On Frame Off Frame) no
Manufactured Home: _SW _ DW _ TW (Sizex) # 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:Clos	ets in addition? () yes () no
Water Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have of (Need to Complete New Well Application at the same time as New 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 as	vew rank)
Does the property contain any easements whether underground or overhead () yes (
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Oth	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation Signature of Owner or Owner's Agent Date	on if false information is provided.
Signature of Owner or Owner's Agent Date Date	t was worthed by the allow best worth limited
It is the owner/applicants responsibility to provide the county with any applicable information about the subject to: boundary information, house location, underground or overhead easements, etc. The county or its employ incorrect or missing information that is contained within these applications.	to are not respond to the

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

- 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 <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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SI	PII	C			
If	appl	ying	for a	authoriz	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{	} .	Acce	pte	d	{ } Innovative { } Conventional { } Any
{	} .	Alter	nati	ive	{ } Other
Th	estio	plica on. If	nt s	hall not	fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{	}Y	ES	{	} NO	Does the site contain any Jurisdictional Wetlands?
{	}Y	ES	{	NO {	Do you plan to have an <u>irrigation system</u> now or in the future?
{	}Y	ES	{.	} NO	Does or will the building contain any drains? Please explain.
{	_}Y	ES	{	_} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{	}Y]	ES	{	NO {	Is any wastewater going to be generated on the site other than domestic sewage?
{	}YI	ES	{	NO {	Is the site subject to approval by any other Public Agency?
{	}YI	ES	{_	_} NO	Are there any Easements or Right of Ways on this property?
{	}YI	ES	{_	_} 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.

Lot BY



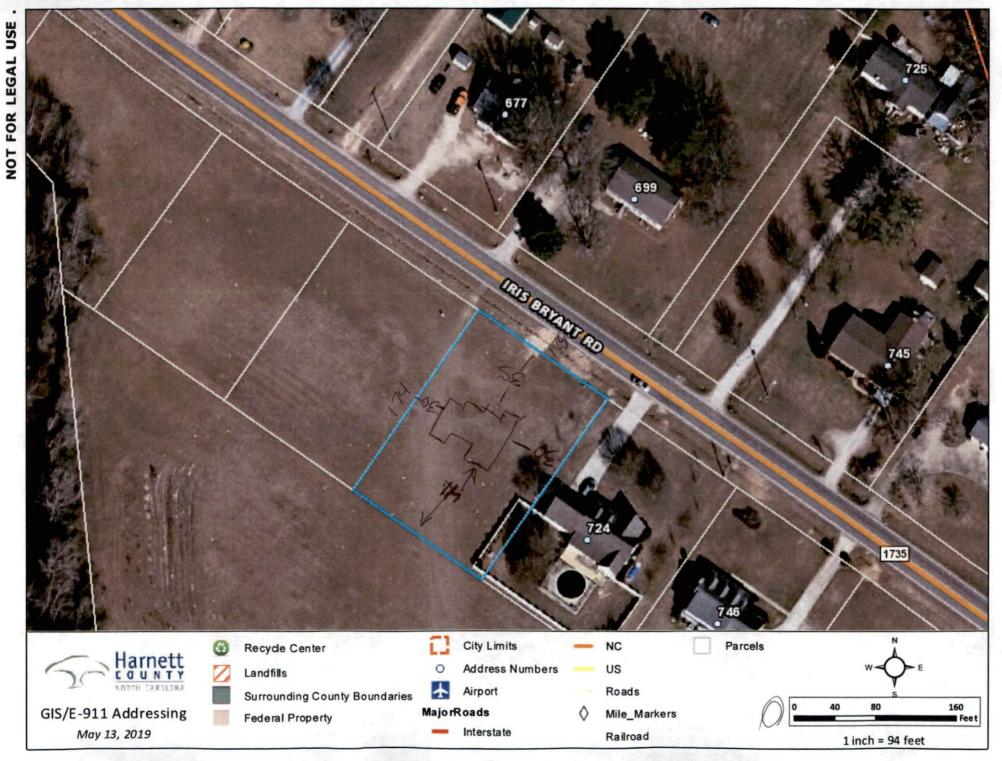
Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

Permit #	

Rev Sep2014							
Each application should	d be submitted	d with an attached plo	ot/site plan wi	th the	proposed use/str	ucture showing	g lot
shape, existing and pro							
dimensions.		cla			h = 1, 27 1		
Name of Applicant	Rickywar	d Danny fisher	Property O	wner	ward co	nst raction	1
Home Address	604 WO	Werton D	Home Add	ress	201 Fax		
City, State, Zip	Erwin NO	28339	City, State,	Zip	Richlands 1	N 285	79
Telephone	910 89	0 1504	Telephone		910-340	-6795	
Email	d fisher	ftg Dyoho.com	Email		rwardco	INCAGM	al.
Address of Proposed	Property	June					
Parcel Identification N	-	V) 059/ 77-	1008 00	Estima	ated Project Cost	T Y	2"
		1) US /6- //	1800.00		77	~ ~~	
What is the applicant the proposed use of the		perty? Be specific.	puill a	St	ick Swill	SPO	
Description of any propo	osed improvem	ents			A. Carrier		
to the building or proper				-			
What was the Previou			vacent				-
Does the Property Aco			105		The state of the s		511
Number of dwelling/s	tructures on t	he property already		Prop	erty/Parcel size	- 50	1 13
Floodplain SFHA	Yes No	WatershedYes <u></u>	No Wetlan	nds	Yes No		1
MUST circle one that ap			d Septic Syste	m	Or		1.1
		Existing/Propose	d County/City	Sewe	r	K	
		Owner/Applicant N	Just Read and	1 Sign			
The undersigned property							
inswers, statements, and							
and belief. The undersign							
pplication. Upon issuan egulations, and the laws							
The undersigning party a							
o this application as appr		own of Livin to review	- A	a corra	act u site inspection	it to endare comp.	
5 -1			2. li	37.7	Tur	7-19	1
Danny Fisher		Simbon	an Rammoontative		Data	11/	
Print Name V	-	Signature of Owner	or Kepresentative	2	Date		_
For Office Use				1.0		A	
Zoning District	R-15	Existing Nonconform					
Front Yard Setback	35'	Other Permits Require			Use Building _		
- 1		Requires Town Zoni			The second second second	Prior to C. of O.	
Side Yard Setback	10'	Zoning Permit Status	- /	proved			Tri.
Rear Yard Setback	35'	Fee Paid: 60	Date Paid:	1.5	Staff Initial	s:	
Comments New	- St/LA	t Duilt	SFO				1 1
Cionatura of Torra Bonn	accontations O	0 10		Data /	Approved/Denied:	= (12/11	0.07
Signature of Town Repr	esentative:	now Bould	~	Date F	Approved/Deriled.	5/13/19	
Call 910-	893-	7523 t	o get	te	in addr	es,	
Condact Ho	inet C	anti resp	or love		A Ler	MAT	Dal





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

dudi on incense.	5-17-14
Owner's Name: Ward Construction	Date: 5-7-19
Site Address:	Phone: 910-340-6195
Subdivision:	Lot:
Description of Proposed Work:	
General Contractor Information	on .
ward Construction	910.890-1504
Building Contractor's Company Name	Telephone
201 FAY AVE Richlands NC 28574	disher by o yahoo com
Address	Email Address
58859	
License #	
Electrical Contractor Information	Amps T-Pole: YesNo
Description of Work New Ekc Instr. Service Size:	919 820 0837
Jason H. Pope Elec contrators LLC	
Electrical Contractor's Company Name	Telephone
81 Heaven creek Dr. DUNN NC 28334	Thereofricale holmail com
Address	Email Address
27284	
License #	and lane
Mechanical/HVAC Contractor Inform	nation
Description of Work New HVAC INSTAR	20/11
KANDY LEE JACKSON	910 242-2941
Mechanical Contractor's Company Name	Telephone
100 N 13th st. guite ISW Erwin, NC 78339	
Address	Email Address
H-3-1 # 18515	
License # Plumbing Contractor Information	in .
Description of Work NEW Physling Install	# Baths C
Shown HOUEP	919-868-0959
Diumbing Contractor's Company Name	Telephone
304 QUAIL hollow Sow ford NC 27333	glowErphonting & Factot mail.
Address	Email Address
23160	
License #	
Insulation Contractor Information	910-737-9446
PAROMO	110 70.
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 thave 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: Ward Construction Keely word Date: 5-7-19