

Initial Application Date: 10-15-19

Application # SFD1910-0037

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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: KMB Building LLC Mailing Address:

City: State: Zip: Contact No: Email:

APPLICANT: KMB Building LLC Mailing Address:

City: State: Zip: Contact No: Email:

\*Please fill out applicant information if different than landowner

ADDRESS: 1500 Old US 401 PIN:

Zoning: RA-30 Flood: Watershed: WS-IV Deed Book / Page:

Setbacks - Front: Back: Side: Corner:

PROPOSED USE:

[X] SFD: (Size 34 x 46) # Bedrooms: 3 # Baths: 2 Basement(w/w bath): Garage: Deck: [X] Crawl Space: [X] 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/w 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: [X] 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: [X] 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.

Signature of Owner or Owner's Agent: Keith Brewer

Date: 10-15-19

\*\*\*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.**

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: KMB Building LLC Date: 10-15-19  
Site Address: 1500 old us Hwy 421 Lillington NC Phone: 919-669-7140  
Subdivision: N/A Lot: 3  
Description of Proposed Work: New SFD

**General Contractor Information**

Keith Michael Brown 919-669-7140  
Building Contractor's Company Name Telephone  
5609 Stewart Rd, Raleigh NC 27603 KMBC11@gmail.com  
Address Email Address  
51713

**Electrical Contractor Information**

Description of Work New SFD Service Size: 200 Amps T-Pole:  Yes  No  
The Alpha & Omega Electric Co of NC LLC 919-669-3418  
Electrical Contractor's Company Name Telephone  
1084 Lake Ridge Dr, Creedmoor NC 27522 Ludwigelectrical@gmail.com  
Address Email Address  
24828

**Mechanical/HVAC Contractor Information**

Description of Work New Residential SFD  
Certified Heating & Air Conditioning 910-858-0000  
Mechanical Contractor's Company Name Telephone  
PO Box 1071 Hope Mills NC 28348 Certifiedheatair@gmail.com  
Address Email Address  
20012 H2CL

**Plumbing Contractor Information**

Description of Work New SFD # Baths 2  
Thornton's Plumbing INC 919-550-4833  
Plumbing Contractor's Company Name Telephone  
3160-A Vinson Rd Clayton NC 27527 TPI office 2@gmail.com  
Address Email Address  
22152

**Insulation Contractor Information**

Tatum Insulation II Garner NC 919-661-0999  
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

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

10-15-19  
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: *[Signature]* Member

Date: 10-15-19