



Initial Application Date: _____

Application # _____

CU# _____

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Carol Construction Homes, Inc Mailing Address: 63 Veron Ct.
City: Willow Springs State: NC Zip: 27592 Contact No: 919-639-3281 Email: _____

APPLICANT: G.C. Adams Construction, Inc Mailing Address: 10000 Raleigh Rd
City: Benson State: NC Zip: 27504 Contact No: 919-868-7700 Email: cameron.adams1087@gmail.com

*Please fill out applicant information if different than landowner

ADDRESS: 168 Plaza Pond Dr. Broadway N 27505 PIN: 039589 1034 73

Zoning: R-20 Flood: _____ Watershed: _____ Deed Book / Page: 2021/335

Setbacks - Front: 35 Back: 25 Side: 10 Corner: _____

PROPOSED USE:

SFD: (Size 30 x 55) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
TOTAL HTD SQ FT 1428 GARAGE SQ FT 464 (Is the bonus room finished? () yes (X) no w/ a closet? () yes (X) no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ TOTAL HTD SQ FT _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no
TOTAL HTD SQ FT _____ GARAGE _____

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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) 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] Signature of Owner or Owner's Agent Date 11/22/2021

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

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 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.

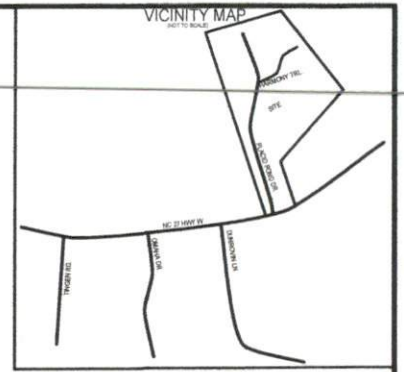
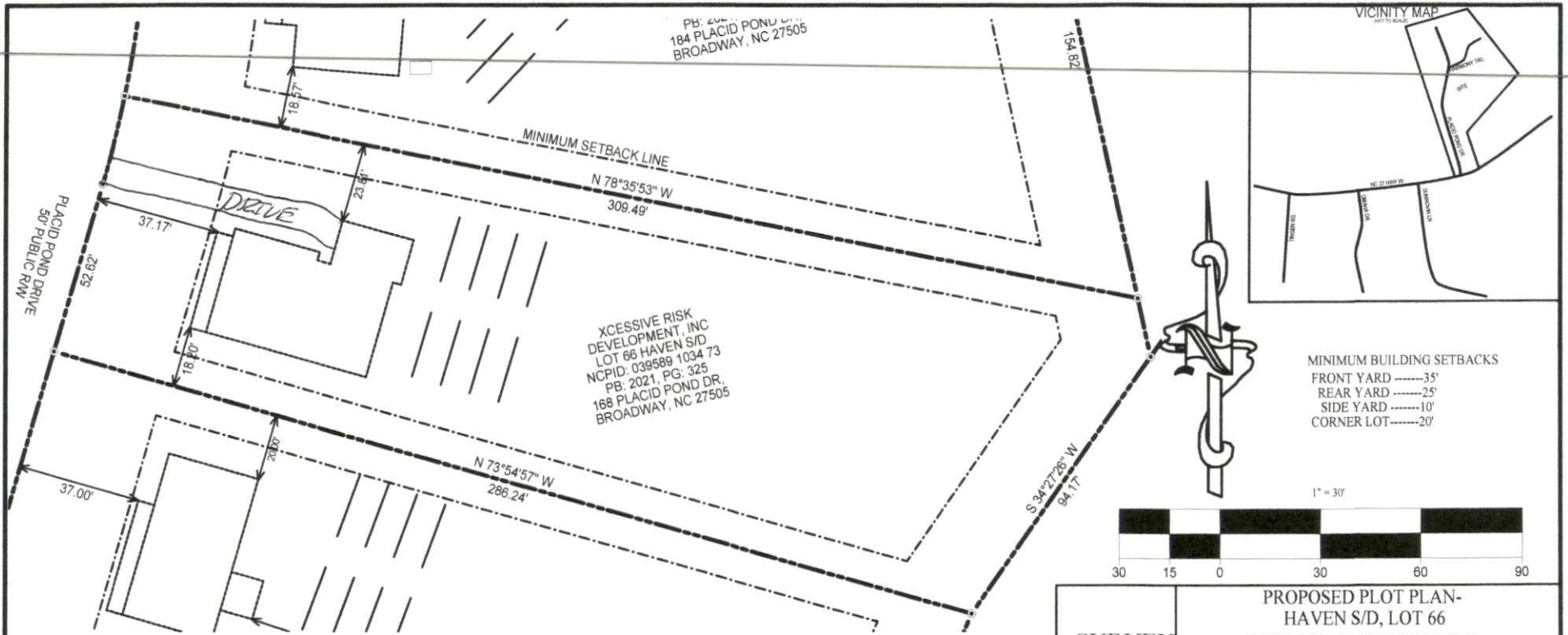
- Accepted Innovative Conventional Any
 Alternative Other 3rd Party Engineer

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**:

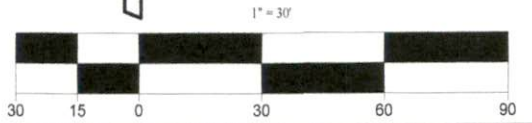
- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 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.



MINIMUM BUILDING SETBACKS
 FRONT YARD -----35'
 REAR YARD -----25'
 SIDE YARD -----10'
 CORNER LOT -----20'



SURVEY OF	PROPOSED PLOT PLAN- HAVEN S/D, LOT 66	
	258 PLACID POND DR., BROADWAY, N.C. 27505	
TOWNSHIP: BARBECUE		STATE: NORTH CAROLINA
COUNTY: HARNETT		DATE: NOVEMBER 16, 2021

ZONED R-20R	TAX PARCE ID# 039589 1034 73
OWNER: XCESSIVE RISK DEVELOPMENT, INC P.O. BOX 4580. EMERALD ISLE, NC 28954	

**ON THE LEVEL .
LAND SURVEYING, PLLC.**

JAMES LONNIE PEACOCK, PLS
 NC Reg. Land Surveyor No. L-5141
 1646 DENNING RD. BENSON, N.C. 27504
 TELEPHONE: 919-422-3580

SCALE 1" = 30' FEET

- LEGEND**
- POB Point of Beginning
 - New Iron Set
 - Iron Pin Found
 - Wooden Bollard
 - ▲ Found Stone
 - ▲ Found Stake and Stone
 - ⊕ Cotton Spindle Set
 - ⊠ Record Stone Not Found
 - Property Lines
 - - - Fence Line
 - Centerline of Road
 - - - Edge of Asphalt
 - ⌒ Woodline
 - - - Edge of Concrete
 - E- Overhead Electric

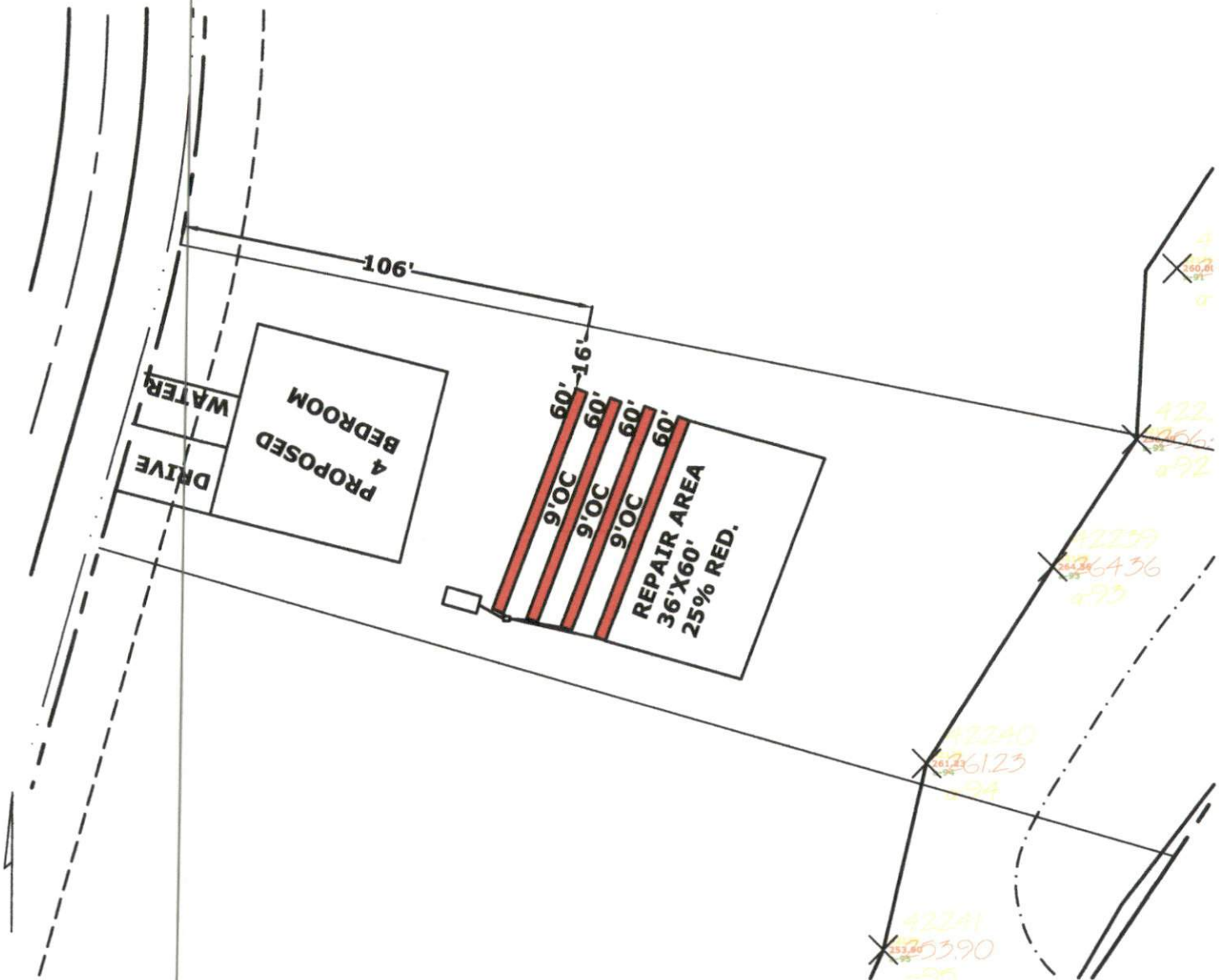
NOTES:

1. All EIS and EIPs are "Control Corners".
2. No NCGS Monuments found within 2000' of the Property.
3. All bearings are referenced to Plat Bk 2021, Pg 325 all distances are horizontal.
4. Deed references as noted on map.

This survey in of another category,
not for recordation sales or conveyances

Owner: HAVEN S/D
 Address: LOT 66
 Location: PLACID POND DRIVE

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com



- INITIAL**
 4 BEDROOM
 LTAR .5
 4-60' 25% REDUCTION
 12-18" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM
- REPAIR AREA**
 4 BEDROOM
 LTAR .5
 4-60' 25% REDUCTION
 12-18" TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=40'



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Carroll Construction Homes, Inc Date 11/22/2021
Site Address: 160 Placid Pond DR. Phone 919-868-7700
Subdivision: HAVEN Lot 66
Description of Proposed Work: NEW RESIDENTIAL Total Job Cost 240,000

General Contractor Information

G.C. ADAMS Construction, INC. 919-868-7700
Building Contractor's Company Name Telephone
10000 Raleigh Road Benson NC 27504 carroll.adams1057@gmail.com
Address Email Address
81270 HEATED SQ FT 1428 GARAGE SQ FT 484
License #

Electrical Contractor Information

Description of Work NEW RESIDENTIAL Service Size: 200 Amps T-Pole: Yes No
R.A. JACKSON Electric 919-894-5367
Electrical Contractor's Company Name Telephone
9261 Raleigh Road Benson NC 27504
Address Email Address
211445FD
License #

Mechanical/HVAC Contractor Information

Description of Work NEW RESIDENTIAL
Stephenson Heating : AIR INC 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash DR GARNER NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work NEW RESIDENTIAL # Baths 2
Ambit Plumbing 919-934-1379
Plumbing Contractor's Company Name Telephone
755 Rock Pillar RD CLAYTON NC 27520
Address Email Address
20823
License #

Insulation Contractor Information

TATUM INSULATION II 519 OLD BUG STORE RD 919-661-0999
Insulation Contractor's Company Name & Address Telephone
GARNER NC 27529

*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.

[Handwritten Signature]

11/22/2021

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: *[Handwritten Signature]*

PRESIDENT

Date: 11/22/2021