



Application # \_\_\_\_\_  
CU# \_\_\_\_\_

Initial Application Date: 12-19-24

CENTRAL PERMITTING  
420 McKinney Pkwy, 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: CAROLYN GRADY Mailing Address: 10325 NC 210N  
City: Angier State: NC Zip: 27521 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

ADDRESS: 205 THAMES AVE PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: \_\_\_\_\_  
Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**PROPOSED USE:**

SFD: (Size    x   ) # Bedrooms:     # Baths:     Basement(w/wo bath):     Garage:     Deck:     Crawl Space:     Slab:     Slab:      
TOTAL HTD SQ FT     GARAGE SQ FT     (Is the bonus room finished?  yes  no w/ a closet?  yes  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?)      
TOTAL HTD SQ FT    

Duplex: (Size    x   ) No. Buildings:     No. Bedrooms Per Unit:     #Employees:    

Home Occupation: # Rooms:     Use:     Hours of Operation:     Closets in addition?  yes  no

Addition/Accessory/Other: (Size 16x16) Use: deck 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  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.

Carolyn Grady  
Signature of Owner or Owner's Agent  
Date: 12/19/24

**\*\*\*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**

**SEPTIC**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

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.**



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: Caden Gregory Date \_\_\_\_\_

Site Address: 205 Thomas Rd. Phone \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_ Total Job Cost \_\_\_\_\_

**General Contractor Information**

Caden Gregory 419 621 4558  
Building Contractor's Company Name Telephone  
10325 NC 210 N Angier NC 27501 Cgregory@harnett.org  
Address Email Address

License # \_\_\_\_\_ HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: \_\_\_Yes \_\_\_No

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I 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 application is correct as known to me and that **by signing below I have obtained all subcontractors to obtain these permits** and if **any** changes occur including listed contractors, site plan, floor plans, 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 such changes.

**PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is \$300.00. See permit fee schedule.

*Cash W. Syon*  
Owner/Contractor/Officer(s) of Corporation

12/19/24  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

signed applicant being the:

General Contractor  Owner  Officer/Agent of the Contractor or Owner

I, Cash W. Syon, 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: *Cash W. Syon* Date: 12/19/24