



KCO08

Initial Application Date: _____

Application # _____

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: Adams Homes AEC, LLC Mailing Address: 149 US HWY 70 W.
City: Garner State: NC Zip: 27529 Contact No: 9192336747 Email: raleighpermits@adamshomes.comAPPLICANT: Amanda Allen - Permit coordinator

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 111 Decatur Dr. PIN: 052-52-2146.000Zoning: 0623 Flood: NO Watershed: NO Deed Book / Page: 4245:0135Setbacks - Front: 22' Back: 54' Left: 14.8' Right: 20.3'

PROPOSED USE:

☒ SFD: (Size 30'x59') #Bedrooms: 5 #Baths: 3 Basement (w/wo bath): NO (Deck or Garage) NO (Crawl Space, Stem Wall, Mono Slab) NO
3030 435 (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 _____
(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 () noWater 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 (X) no

Structures (existing or proposed): Single family dwellings: Proposed 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.Amanda Allen
Signature of Owner or Owner's Agent

Date

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 _____

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

Application for Residential Building and Trades Permit

Owner's Name: Adams Homes AEC, LLC Date: 9/26/25
Site Address: 119 Decatur Dr. Phone: 919-233-6747
Subdivision: THE PRESERVE AT KIPLING CREEK Lot: 8
Description of Proposed Work: NEW Single family home Total Job Cost: 250,000 .00

General Contractor Information

Adams Homes AEC, LLC 919-233-6747
Building Contractor's Company Name Telephone
149 US HWY 70 W. Garner, NC 27529 raleighpermits@adamshomes.com
Address Email Address
59785 HEATED SOFT 3030 GARAGE 435 FT
License #

Electrical Contractor Information

Description of Work: KEARNS ELECTRICAL Service Size: 200 Amps T-Pole: X Yes No
Electrical Contractor's Company Name Telephone
GARNER, NC 919-369-7852
Address Email Address
22899
License #

Mechanical/HVAC Contractor Information

Description of Work: CARL MECHANICALS 980-210-9548
Mechanical Contractor's Company Name Telephone
RALEIGH, NC
Address Email Address
22084
License #

Plumbing Contractor Information

Description of Work: Titans # Baths: 919-902-0990
Address Telephone
Raleigh, NC
Address Email Address
34800

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone
TRI-CITY 919-790-9684

***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.

Amarda Allen

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

9/26/25

Date

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

The undersigned applicant being the:

_____ General Contractor _____ Owner X 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:

 X 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: *Amarda Allen*

Date: *9/26/25*

K C008.

Fax#910-814-4002 or upload to www.sendthisfile.com/harnett, recipient utilitybilling@harnett.org

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.
*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date _____	Contract Date _____	Fees Due: Deposit, Owner, Water \$25	Set Up Fee, all accounts: \$15
		Deposit, Owner, Sewer \$25	
		Deposit, Rental, Water \$50	
		Deposit, Rental, Sewer \$50	Meter Fee: \$70
Date Service Requested _____			

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 119 Decatur Dr.
Owner ☒ Renter _____ (PROPERTY OWNER & PHONE NO.) Adams Homes (customer # 228967)
raleighpermits@adams homes.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Amanda Allen permit coordinator</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>100 W. Garden St. (att. 2nd floor admin) Pensacola, FL, 32502</u>			
SOCIAL SECURITY # OR TIN	CONTACT PHONE # <u>9192336747</u>	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME <u>Adams Homes AEC, LLC</u>		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE # <u>9192336747</u>	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Amanda Allen

FOR OFFICE USE ONLY
FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$50 Meter Fee \$70 Damage \$ _____ Other \$ _____

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: _____ LID: _____ WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____