

Initial Application Date: 12-8-202	Application #
	DRB # CU #_
COUNTY OF HARNETT LAND USE APPL	
Mailing Address:	1927 Cumain 0/ 2
City: Lilling for State: NC Zip: 27576 Contact # 910 63	5 8965 Email: 94876 4 m 7800 m 27 m
APPLICANT*:Mailing Address:	
City:State:Zip:Contact #*Please fill out applicant information if different than landowner	Email:
CONTACT NAME APPLYING IN OFFICE: VICTOR M GULLE	
Address: On Pack (1) with 1	Phone # 9/0 653 8765
Address: On Rock LN. Lilleyton PIN: 0621	1.5919
Deed Book Page:/	
PROPOSED USE:	
Multi-Family Dwelling No. Units: No. Bedrooms/Unit:	
Business Sq. Ft. Retail Space:Type:# Em	ployees: Hours of Operation:
Daycare # Preschoolers: # Afterschoolers: # Employee	es: Hours of Operation:
☐ Industry Sq. Ft: # Employee	es: Hours of Operation:
Church Seating Capacity: # Bathrooms:	
Accessory/Addition/Other (Size 60 x60) Use: GAzebo for Core.	
Water Supply: County Existing Well New Well (# of dwellings using) *Must have operable water before final
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank (Complete Environmental Health Checklist on other side of application if Septic	on at the same time as New Tank)
Comments: Burldy GAZabo on Existing Agricultur	al land for weddy Geremon's
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina r	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. Pe	mit subject to revocation if false information is provided.
20/1/2	12-8-2024
Signature of Owner or Owner's Agent	Date

This application expires 6 months from the initial date if permits have not been issued
RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

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

OR AUTH documents	NFORMATION THORIZATION Tation submitted.	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT O CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon (Complete site plan = 60 months; Complete plat = without expiration			
Env.	fironmental HAII property in the clearly flag Place "orange buildings, swith Place orange of property is evaluation to the AII lots to be	rons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must ged approximately every 50 feet between corners. house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out mming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property. thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil performed. Inspectors should be able to walk freely around site. Do not grade property. addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for over outlet lid, mark house corners and property lines, etc. once lot confirmed ready.			
☐ <i>Envi</i> • F	 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	g for authorizati	On to construct please indicate desired and and			
{□} Acc	cepted	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {			
{☐} Alte	ernative	Other NOT Reguestry Septic			
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	ON 🔀	Does the site contain any Jurisdictional Wetlands?			
{□}YES	(D) 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	ON {\bar{\bar{X}}}	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	ES {\frac{\frac{1}{2}}{2}} NO Is the site subject to approval by any other Public Agency?				
{[]}YES	$\{ \overline{\mathbf{M}} \}$ NO	Are there any Easements or Right of Ways on this property?			

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.

Does the site contain any existing water, cable, phone or underground electric lines?



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 of Owner/Contractor/Officer(s) of Corporation

Date

12-8-2024

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: Duner Date: 12-8-2025			



Application # _____

 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. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

<u>Application for Residential Building and Trades Permit</u>

1/-1/ 1/ 1/ 1/	
Owner's Name: #16+Vx 14 Gullig	Date: 12-8-2028
Owner's Name:	Phone: 910 638 896 5
Subdivision:	Lot:
Description of Proposed Work: 6 42060	Lot: # 9,000.00
General Contractor Information	
Building Contractor's Company Name	910 635 8965
Building Contractor's Company Name	Telephone
1032 Cummins nd	Telephone Sueria Um 786 smailwa Email Address
License # HEATED SQ FT_ GARAGE SQ	
Description of Work	197
Description of Work Service Size: _	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work	
	CONTRACTOR
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	1
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	1
Insulation Contractor's Company Name & Address	Telephone

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



Victor M Guerra 9/0 635 8965 Pin: 0621-27-59/9 60x60 Pad for Gazebo