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## HARNETT COUNTY CENTRAL PERMITTING

### RESIDENTIAL BUILDING PERMIT GUIDE

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#### STORAGE BUILDINGS/ DECKS/ POOLS

**STEP ONE:** Complete the Residential Land Use Application, using Harnett County's GIS.

- Quick Access Link: <https://gis.harnett.org/gisviewer/>
- If GIS does not reflect a matching Owner, an updated Deed or Offer to Purchase will be required.
- If the Zoning Jurisdiction populates as Coats or Erwin, a Zoning Permit will need to be obtained from the respective Town Office *before* any forms can be submitted to Harnett County.
- Residents located in Angier, Dunn, or Lillington's Zoning Jurisdiction will obtain their building permits from their respective Towns, but they will go through Harnett County for their Septic Permit. However, a Zoning Permit from their Town Office will be required *before* any forms can be submitted to Harnett County.

**STEP TWO:** Draw a detailed Site Plan, using Harnett County's GIS.

- Quick Access Link: <https://gis.harnett.org/gisviewer/>
- The Site Plan needs to show all existing & proposed structures to include any dwellings, driveways, walkways, steps, porches, patios, decks, pools, wells, easements etc. with distances from the proposed structure to all property lines.
- *If proposed structures are within 10% of minimum setback requirements, a Setback Verification Survey will be required.*
- For pools, a water discharge plan needs to be shown on the Site Plan.
- For properties on septic sewage, a Septic Tank Inspection is required to ensure the proposed structure will not encroach on the system. If the location of the entire septic system is known, the owner may complete a notarized Wastewater Affidavit in lieu of the Environmental Health inspection.

*Septic Tank Inspection applications are processed through Central Permitting.  
Steps One & Two must be completed and the fee must be paid before Environmental Health's review begins.*

**EXISTING SEPTIC FEE \$100.00**  
**REVISIONS WILL INCURE FEES**

**STEP THREE:** Submit Building Plans for Plan Review with specifications to demonstrate code compliance.

- Detached Garage/Storage Building with livable space OR over 400 square feet —*Professional drawings required*; all floor & roof truss documents shall include framing layouts from supplier.
- Metal Storage Building—Engineered plans required.
- Deck—See supplemental 2018 NC Residential Code Build a Wood Deck on the Central Permitting website.
- *Prefabricated Storage Shed under 400 square feet—No plans are required; skip to step 4.*
- *Pool—No plans are required; skip to step 4.*

**STEP FOUR:** Complete Residential Building Application to include a full list of contractor information.

- Sign the Affidavit of Workman's Compensation or provide a copy of Workman's Compensation Insurance.
- If the project is being completed by Owner, a notarized Owner Exemption Affidavit will be required.



## Site Plan Submittal Guide

When applying for a permit to construct a structure on a parcel of property, a Site Plan of the proposed development is **required** in order to ensure developmental standards and guidelines are met. All features for the lot that are identified on the recorded plat shall be identified on the site plan, including but not limited to easements, wetlands, and building setbacks. The Administrator shall assume no responsibility for any errors or absent information on the site plan, nor will the Administrator assume responsibility for drawing or assisting in the creation of the site plan. Residential site plans shall be approved by the Administrator and professionally drawn site plans may be required as determined by the Administrator.

A Setback Verification Survey will be required in certain circumstances as an attempt to avoid any untimely delays or situations that might affect the inspection approval process; the survey shall include all components of the building footprint including porches, decks, patios, etc...

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## Conditions & Requirements

The Site Plan shall be drawn to scale if the following conditions apply:

- The applicant is a licensed general contractor; or
- The proposed lot contains a recorded easement, other than for ingress/egress.

A professionally drawn As-Built Survey (Setback Verification Survey) performed and certified by a North Carolina Land Surveyor shall be **required** in cases in which the following conditions apply:

- The proposed lot is less than 15,000 square feet; or
- The proposed structure is within 10% of the required building setbacks; or
- In cases where it cannot be determined that building setbacks are being met on nonresidential lots; or
- The Floodplain Administrator is unable to determine whether or not the proposed structure is located within a floodplain; or
- The proposed lot is located within an identified watershed with impervious surface limitations.

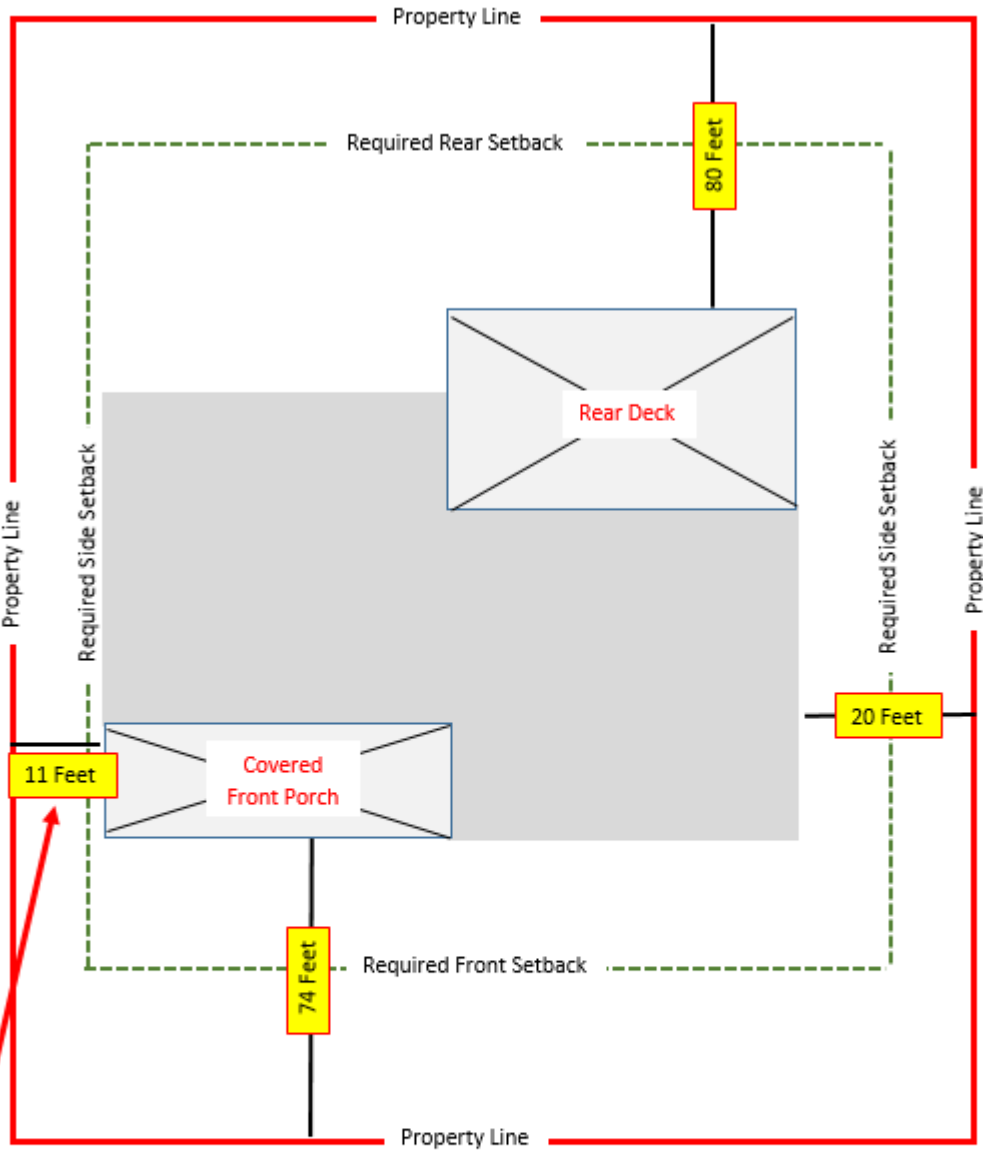
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## Standard Residential Setbacks

- Front – 35 Feet
- Side – 10 Feet
- Rear – 25 Feet
- Corner Side – 20 Feet

*\*Note: Private Deed Restrictions, Recorded Subdivision Plats, Restrictive Covenants, or Homeowners Association Regulations might require setbacks that exceed those above—the more restrictive requirements will govern the setbacks.*

**Site Plan Example:**



Harnett County Avenue North

\*A Setback Verification Survey will be required for this example because one of the following criteria was met:

- Setback (Located Within 10% of Required Setback)
- Floodplain Administrator Cannot Determine / Verify Floodplain
- Lot Size (Less Than 15,000 sq. ft.)
- Located Within Watershed w/Impervious Surface Limitations
- Setback Cannot Be Determined / Verified

## RESIDENTIAL LAND USE APPLICATION

**SITE ADDRESS:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**LANDOWNER:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Please fill out applicant information if different than landowner.*

**APPLICANT:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPOSED USE:**

**Single Family Dwelling:** (Size \_\_\_\_x\_\_\_\_) # Bedrooms:\_\_\_\_ # Baths:\_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio, Porch  
(Circle One) (Circle One)

**TOTAL HTD SQ FT:** \_\_\_\_\_ **GARAGE SQ FT:** \_\_\_\_\_ **Foundation Type:** Crawl Space  Stem Wall  Mono Slab  Basement

**Modular:** (Size \_\_\_\_x\_\_\_\_) # Bedrooms:\_\_\_\_ # Baths:\_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio, Porch  
(Circle One) (Circle One)

**TOTAL HTD SQ FT:** \_\_\_\_\_

**Manufactured Home:** SW  DW  TW  (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ **Garage:** Attached, Detached **Accessory:** Deck, Patio  
(Circle One) (Circle One)

**ZONING:** \_\_\_\_\_

**Duplex:** (Size \_\_\_\_x\_\_\_\_) # Buildings: \_\_\_\_\_ # Bedrooms Per Unit: \_\_\_\_\_ **TOTAL HTD SQ FT:** \_\_\_\_\_

**Addition/Accessory/Other:** (Size \_\_\_\_x\_\_\_\_) Use: \_\_\_\_\_

**UTILITIES:**

**Water Supply:** County  Existing Well  New Well (# of dwellings using well \_\_\_\_\_)

**Sewage Supply:** New Septic Tank  Expansion  Relocation  Existing Septic Tank  County Sewer

(Complete Environmental Health Checklist on other side of application if Septic is selected)

**GENERAL PROPERTY INFORMATION:**

Does the landowner own another tract that contains a manufactured home within 500 feet? 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 the 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

\_\_\_\_\_  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*



**Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

**NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

**EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**  
*\*Does not apply to septic tank in a mobile home park\**
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**SEPTIC CHECK LIST**

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 rights-of-way 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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.**

\_\_\_\_\_  
Signature of Owner or Owner's Agent

\_\_\_\_\_  
Date

## RESIDENTIAL BUILDING APPLICATION

Site Address: \_\_\_\_\_ PIN: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### GENERAL CONTRACTOR INFORMATION

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

General Contractor's Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: YES  NO

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

### MECHANICAL/HVAC CONTRACTOR INFORMATION

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

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

### INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name \_\_\_\_\_

Phone \_\_\_\_\_

**APPLICATION CONTINUES ON BACK**



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

\_\_\_\_\_  
Signature of Owner/Contractor/Officer 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ Has 3 or more employees and has obtained workers’ compensation insurance to cover them,

\_\_\_\_\_ Has 1 or more subcontractors and has obtained workers’ compensation insurance to cover them,

\_\_\_\_\_ Has 1 or more subcontractors who has their own policy of workers’ compensation insurance covering themselves,

\_\_\_\_\_ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers’ compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

\_\_\_\_\_  
Date