

Initial Application Date: 8/7/18

Application # BRES 1808-0009

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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
City: Lilligton State: NC Zip: 27546 Contact No: 919-353-5501 Email: tonyast aler of grait. com
APPLICANT*: Same Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Tonya Toles ADDRESS: 32 Shady Pine in PIN: 0(001-18-2390.000) DEED OR OTP: 3(020/76) RA-30
PROPOSED USE:
Monolithic SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off F
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 1) x 91 Use: adding second bathroom Closets in addition? (V) yes (_) no (none size Vextrior not charging)
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. Signature of Owner's Agent Signature of 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 <u>undergrowth</u> 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 fo	or authorizatio	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Accep	ted	{} 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 <u>irrigation system</u> 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.

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits RRES 1808-0009

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owners Name Sheepdag Investments UC	Date 8 · 2 · 18			
Site Address 32 Shady Pine Lo Broodury NC 27505 Phone 919-353-5501				
Directions to job site from Lillington hallow 421 towards Sanford, two				
right on Holly Springs Ch. Rd, two left on Cool Springs Rd,				
have a left (1 mile or less day) - Shady Pine Lo				
Subdivision Cool sprips rd	Q _{ot}			
Description of Proposed Work Ramade)	# of Bedrooms 3			
Heated SF Unheated SF Finished Bonus Room? NO Crawl Space Slab				
Jony Lee Builders HC 99-669-4871				
Building Contractor's Company Name	Telephone			
7228 hack Service Station Rd Raleigh, NC	tange builders Equal lon			
Address	Email Address			
79016				
License #	√			
Description of Work install new electrical known Service Size Amps T-Pole Yes No				
Pioneer Cleatric + Massterance Co. Inc.	919-499-7767			
Electrical Contractor s Company Name	Telephone			
80 Neill Thomas Rd Lillendon, NC 27546	Dioneerelectric Dearth link			
Address	Email Address			
21643-U				
License # Mechanical/HVAC Contractor Information				
Description of Work install 3 ton split heat pump & ductwork				
Terry Long Clertrical Service	910-529-2711			
Mechanical Contractors Company Name	Telephone			
2810 Helltown Rd Garland DC 28441	+ lelectrical SVC O yahoo.			
Address	Email Address			
16800 H31, H21				
Plumbing Contractor Information				
Description of Work Remodel, Replace interior plumbing	# Baths			
Rushin Plumbing LLC	919-410-5967			
Plumbing Contractor's Company Name	Telephone			
1711 Rock Piller Rd. Clayton, NC 27520	rushin flumbing @ gmail. com			
Address 33242	Email Address			
License #				
Insulation Contractor Information				
WILL CEE Insulation 8813 Gulf c+ halesty, NC 919-457-3989				

Insulation Contractor's Company Name & Address

Telephone

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

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Officer/Agent of the Contractor or Owner 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 Company or Name Sign w/Title