

Initial Application Date: 2-12-19

Application # BRES1902-0023

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: Humberto Morales Mailing Address: 10 High Standard Ln.
City: Angier State: NC Zip: 27501 Contact No: 919-285-6183 Email: jordanjg10@gmail.com

APPLICANT*: Same as landowner Mailing Address: Same

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

*Please fill out applicant information, if different than landowner

ADDRESS: 10 High Standard Ln. Angier, NC PIN: _____

Zoning: RA302 Flood: minimal Watershed: NO Deed Book / Page: 3399: 0763

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: X Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ closet () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Are there 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 16.5 x 17.5 Use: Rear Deck Extension Closets in addition? () yes () no

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 Overhead Power

Structures (existing or proposed): Single family dwellings: 1 Existing Manufactured Homes: _____ Other (specify): 1 Metal Building

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]
Signature of Owner or Owner's Agent

02-12-19
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



Application # BRES 19102-0023

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

Application for Residential Building and Trades Permit

Owner's Name: Humberto Morales Date: _____
Site Address: 10 High Standard Ln Phone: 919-285-6183
Subdivision: Hunters Point Lot: 32
Description of Proposed Work: Rear Deck Extension/Addition

General Contractor Information

Self
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

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.**



CURVE	RADIUS	LENGTH	DELTA	CHORD	CH. BEARING
C-1	25.00'	39.30'	90°04'48"	35.38'	S 63°02'54"E
C-2	335.00'	48.90'	8°21'46"	48.85'	S 22°11'59"E

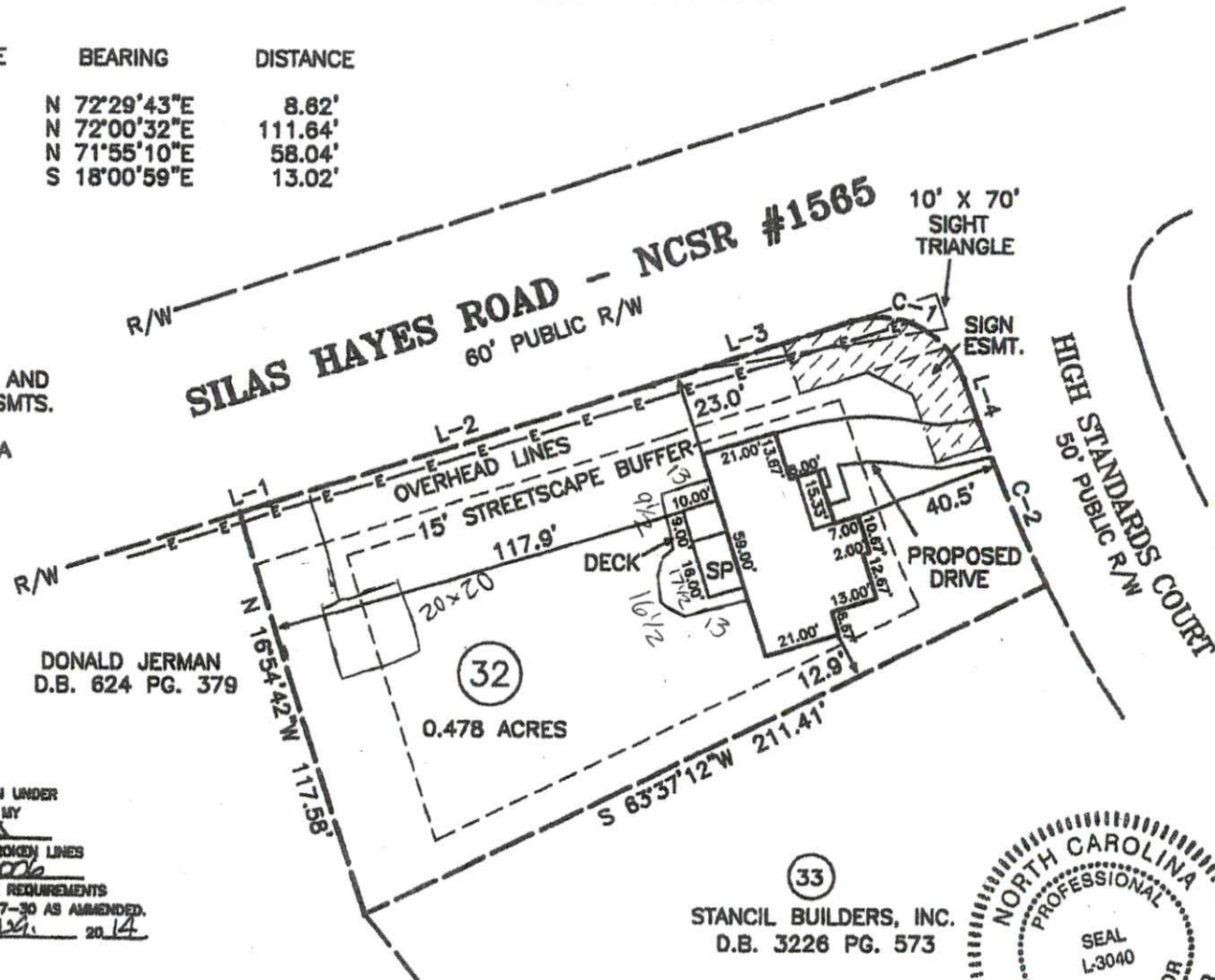
COURSE	BEARING	DISTANCE
L-1	N 72°29'43"E	8.82'
L-2	N 72°00'32"E	111.64'
L-3	N 71°55'10"E	58.04'
L-4	S 18°00'59"E	13.02'

VICINITY MAP NTS

NOTES

AREA BY COORDINATES
 NOT AN ACTUAL SURVEY
 PROPERTY SUBJECT TO BOTH ABOVE AND
 BELOW GROUND UTILITIES AND/OR ESMTS.

THIS PROPERTY IS NOT LOCATED IN A
 FLOOD HAZARD AREA PER
 F.E.M.A. MAP #3720068000J
 EFF. DATE: 10/3/2006 ZONE X



DONALD JERMAN
 D.B. 624 PG. 379

32
 0.478 ACRES

33
 STANCIL BUILDERS, INC.
 D.B. 3226 PG. 573



SITE PLAN APPROVAL
 DISTRICT PA-30 USE deck extension

#BEDROOMS 2/12/19
2-12-19
 ADMINSTRATOR

I, BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER
 MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY
 SUPERVISION; THAT THE RATIO OF PRECISION IS 1: N/A
 THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES
 PLOTTED FROM INFORMATION FOUND IN BOOK MAP 2006
 PAGE 128-181; THAT THIS PLAT DOES NOT MEET SIZE REQUIREMENTS
 FOR RECORDING IN THE REGISTER OF DEEDS, PER G.S. 47-30 AS AMENDED.
 LICENCE NUMBER AND SEAL THIS 31 DAY OF APRIL 20 14

Benton W. Dewar
 PROFESSIONAL LAND SURVEYOR L-3040

THIS PLAT IS OF A BOUNDARY SURVEY OF AN EXISTING
 PARCEL OF LAND THAT IS REGULATED BY A COUNTY OR
 MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.



PROPO
 STAN
 10 HIGH
 ANGIER
 LOT 32
 MAP #
 DEED #
 PIN #
 GROVE
 HARNE
 SCALE:
 BENTON
 PROFES
 6320 H
 HOLLY
 (919)-

Print this page



Property Description:

LOT#32 HUNTERS POINT S/D MAP#2006-1128

Harnett County GIS

PID: 070691 0023 31

PIN: 0691-48-8267.000

REID: 0066561

Subdivision:

Taxable Acreage: 1.000 LT ac

Cacluated Acreage: 0.47 ac

Account Number: 1500019275

Owners: VENTURA HUMBERTO MORALES & ALVARADO IRAN ANGELES

Owner Address : 10 HIGH STANDARD LN ANGIER, NC 27501

Property Address: 10 HIGH STANDARD LN ANGIER, NC 27501

City, State, Zip: ANGIER, NC, 27501

Building Count: 1

Township Code: 07

Fire Tax District: Coats Grove

Parcel Building Value : \$124400

Parcel Outbuilding Value : \$2800

Parcel Land Value : \$30000

Parcel Special Land Value : \$0

Total Value : \$157200

Parcel Deferred Value : \$0

Total Assessed Value : \$157200

Neighborhood: 00769

Actual Year Built: 2015

TotalAcutalAreaHeated: 1303.63 Sq/Ft

Sale Month and Year: 5 / 2016

Sale Price: \$155000

Deed Book & Page: 3399-0763

Deed Date: 2016/05/09

Plat Book & Page: 2006-1128

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value : \$111460

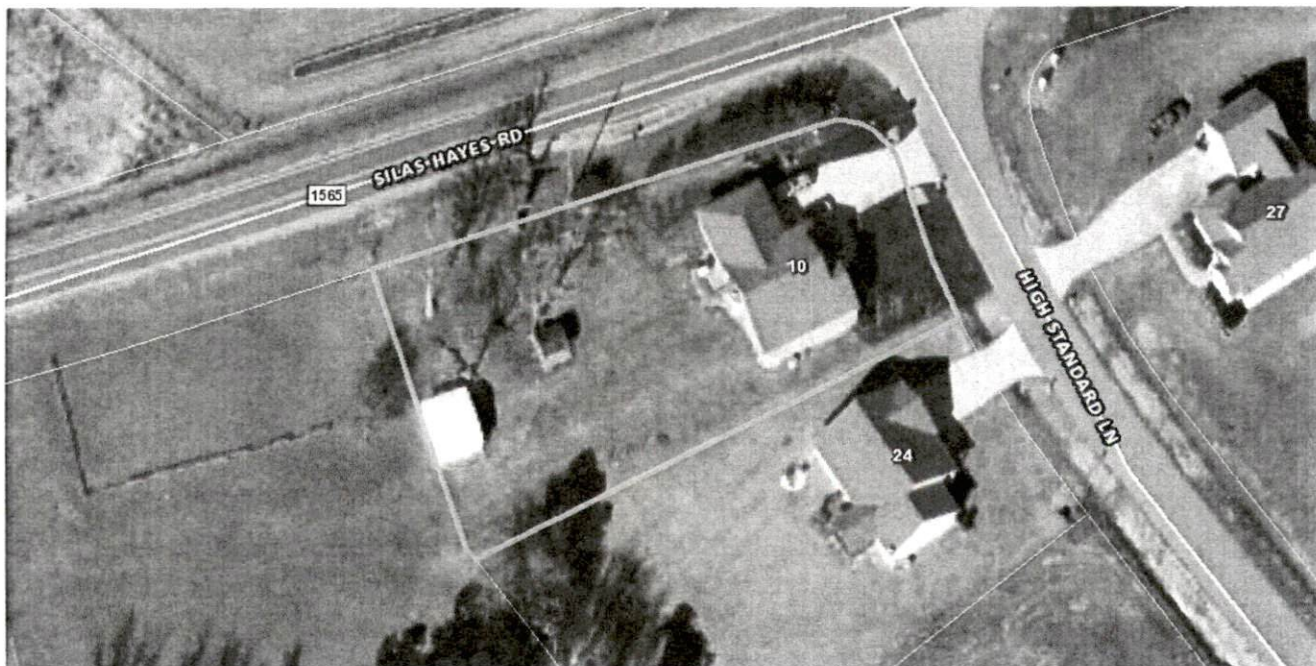
Prior Outbuilding Value : \$0

Prior Land Value : \$30000

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$141460



HTE# 07-5-16830

Harnett County Department of Public Health

23511

PERMIT # 23730

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SR 1565 Silas Hager RD

Name: (owner) SAC Holdings INC SUBDIVISION Hunters Point LOT # 32

System Installer: STANLEY BUILDERS Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

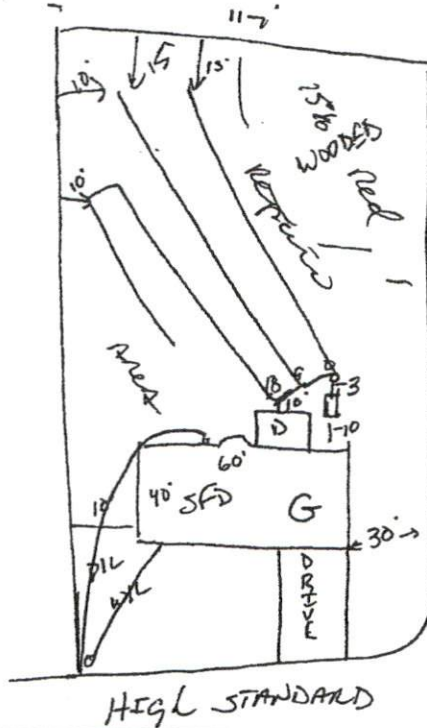
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCED SYSTEM - TYPE III G Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% REDUCED Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 24-318 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Marshall

Date 3-13-15