

Initial Application Date: 05-05-2023

initial Application Date: <u>05-05-202</u> 5		Application #		
Central Permitting	COUNTY OF HARNETT 420 McKinney Pkwy, Lillington, NC 27546	RESIDENTIAL LAND USE APPLIC Phone: (910) 893-7525 ext:1		www.harnett.org/permits
A RECORDED S	URVEY MAP, RECORDED DEED (OR OFFER TO P	URCHASE) & SITE PLAN ARE REQUIRE	O WHEN SUBMITTING A LA	ND USE APPLICATION
LANDOWNER: Rober	+ Cooley	Mailing Address: 1564 TV	nomoson Road	1
City: <u>Bunnlevel</u>	State: <u>NC</u> Zip: <u>28323</u>	Contact No: 910 658 8626	Email:	17704
				A.v. 1440000
	wilt Homes LLC Mailing Ad			
*Please fill out applicant inform	State: <u>NC</u> Zip: <u>27546</u> nation if different than landowner	Contact No: 910.890.0555	Email: <u>andrew@n</u>	<u>iltanenterprisesinc</u> com
	pson RdyBunnlevel, NC 28323			
Zoning:RA-20R Floo	d: Min Watershed: De	ed Book / Page; <u>3480:06</u> 95		
Setbacks – Front: <u>215</u>	Back: 82 Side: 475 Corner			
PROPOSED USE:				
□ SFD: (Sizex_ TOTAL HTD SQ FT) # Bedrooms: # Baths: Basemer GARAGE SQ FT (Is the bonus room	nt(w/wo bath): Garage: De n finished? () yes () no w/ a cl	eck: Crawl Space:_ loset? () yes () no	Monolithic Slab: Slab: Slab: (if yes add in with # bedrooms)
☐ Modular: (Size: TOTAL HTD SQ FT	x) # Bedrooms# Baths Basel	ment (w/wo bath) Garage: hed? () yes () no Any other	Site Built Deck:	On Frame Off Frame _) yes () no
☐ Manufactured Home:	SWDWTW (Sizex) # Bedrooms: Garage:	_(site built?) Deck:_	(site built?)
Duplex: (Sizex) No. Buildings: No.	Bedrooms Per Unit:	TOTAL HTD S	ØFT
☐ Home Occupation: # F	Rooms:Use:	Hours of Operation:		#Employees:
Addition/Accessory/Ot	ther: (Size <u>50 x 50</u>) Use: <u>Attache</u> ,	d Garage	Closets in ac	ddition?() yes () no
	GARAGE 2500	-	-	
Sewage Supply: New (Complete I Does owner of this tract of I	V Septic TankExpansion Relocat Environmental Health Checklist on other side and, own land that contains a manufactured	in Existing Septic Tank of application at the formal frame of application if Septic) home within five hundred feet (500)	Same time as New Tan County Sewer	K)
	iny easements whether underground or over			
	osed): Single family dwellings:			
nereby state that foregoing	ee to conform to all ordinances and laws of the g statements are accurate and correct to the	ne State of North Carolina regulating best of my knowledge. Permit subj	g such work and the spe ect to revocation if false	ecifications of plans submitted. information is provided.
	Angle W. Matte		5- <u>05</u> -a3	
	Signature of Owner or Owner's Age	π	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

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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"

<u>SEPTIC</u>				
If applying	for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acc	epted	{}} Innovative {}} Conventional {}} Any		
{}} Alte	rnative	{}} Other		
The application. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "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	$\{ \underline{\checkmark} \}$ 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	{ <u></u> NO	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	{ <u>\oldsymbol</u> 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.

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

Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Robert Cooley	Date <u>05-05-203</u> 3
Site Address: 1564 Thompson Road, Bunnlevel, NC 28323	Phone 910 658 8636
Subdivision:	Lot
Description of Proposed Work: Attached Garage Addition	Total Job Cost 1\$ 100,000
General Contractor Informat	·
Milton Built Homes, LLC Building Contractor's Company Name	910.890.0555 Telephone
P.O. Box 451, Lillington, NC 27546 Address	andrew <u>emitton enterprisesinc</u> com Email Address
<u>87180</u> HEATED SQ FT GARAGE	SQ FT 2500
Electrical Contractor Informat	ion
Description of Work Attached Garage Addition Service Size	e: <u>acco_</u> Amps_T-Pole:Yes <u>//</u> No
Dawson's Electric, Inc. Electrical Contractor's Company Name	<u> 919.55ର.02५6</u> Telephone
280 Jarro Drive, Fuquay-Varina, NC 27526 Address	•
25948	Email Address
License #	
Mechanical/HVAC Contractor Infor	<u>rmation</u>
Description of Work Attached Garage Addition	
J+M Heating and Air Condition Co., Inc. Mechanical Contractor's Company Name	<u>910.897.5501</u> Telephone
724 Turlington Rd., Dunn, NC 28334	тетернопе
Address	Email Address
Icense #	
Plumbing Contractor Informati	on
Description of Work Attached Garage Addition	
Camden's Plumbing + Repair, Inc. Plumbing Contractor's Company Name	919.557.1584 Telephone
7229 Oak Uillage Way, Fuguay-Varina, NC 27526 Address	Email Address
18903	Email Address
License #	
Insulation Contractor Informati	
Friends Insulation, LLC 2001 Blount Creek Est., Clayton, NC 275 Insulation Contractor's Company Name & Address	790 <u>919. 291. 2438</u> Telephone

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

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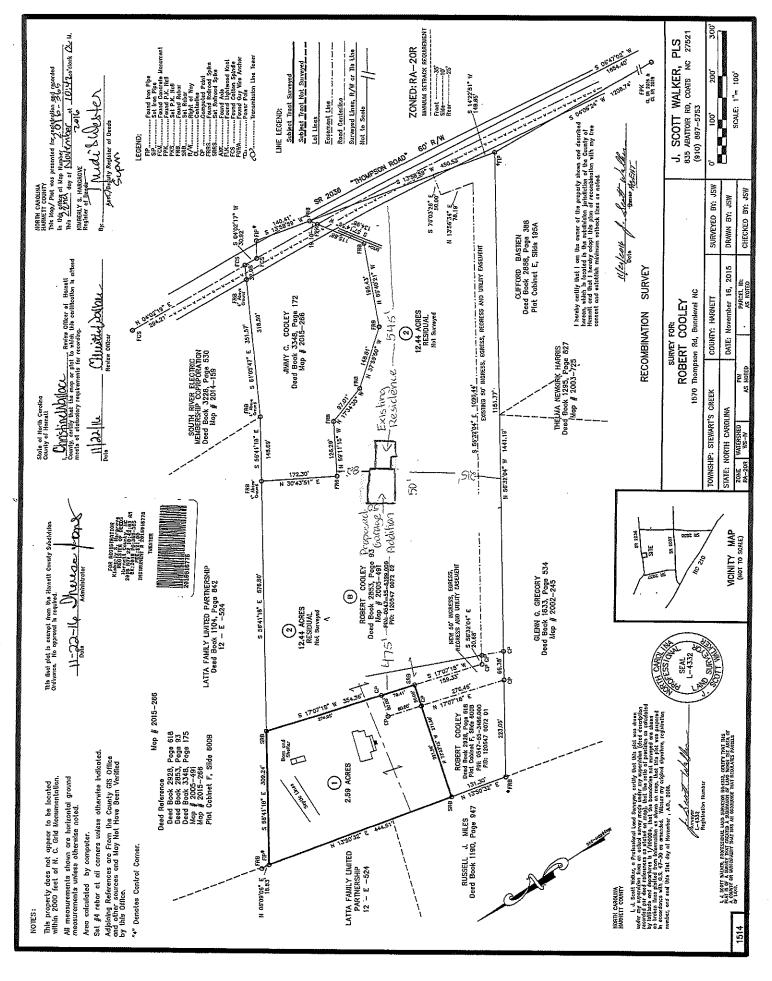


I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above 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.

Amd W. V. 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 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: And W. Project Manager Date: 05-05-2023



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1913094

Filed on: 05/08/2023

Initially filed by: MiltonBuiltHomes

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com.http://www.deesng.com/

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 **Phone:** 888-690-7384 **Fax:** 913-489-5231

Email: support@liensnc.com முன்ற அழக்கள் போ

Project Property

1564 Thompson Road Bunnlevel, NC 28323 Harnett County

Property Type

1-2 Family Dwelling

Contractors:

Print & Post

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this

project.

Owner Information

Date of First Furnishing

Milton Built Homes, LLC P.O. Box 451 Lillington, NC 27546 United States

Email: andrew@miltonenterprisesinc.com

Phone: 910-890-0555

05/08/2023

View Comments (0)

Technical Support Hotline: (888) 690-7384