



Initial Application Date: 7-12-2023

Application # \_\_\_\_\_

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Josh Conley Mailing Address: 3930 Hillman Grove Road  
City: Cameron State: NC Zip: 28326 Contact No: 931-444-9780 Email: Joshc483@gmail.com

APPLICANT\*: Parnell Pool and Spa Mailing Address: 1380 Linkhaw Road  
City: Lumberton State: NC Zip: 28326 Contact No: 910-425-6138 Email: mbaxley@parnellpoolandspa.com  
\*Please fill out applicant information if different than landowner

ADDRESS: 3930 Hillman Grove Rd, Cameron PIN: 9553-89-3708.000

Zoning: RA-20R Flood: 100 yr Watershed: Wetlands <sup>minimal</sup> <sup>590</sup> Deed Book / Page: 4019 / 0945

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

PROPOSED USE: In Ground Swimming Pool

SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/w bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
**TOTAL HTD SQ FT** \_\_\_\_\_ **GARAGE SQ FT** \_\_\_\_\_ (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

Modular: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
**TOTAL HTD SQ FT** \_\_\_\_\_ (Is the second floor finished? ( ) yes ( ) no Any 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: \_\_\_\_\_ **TOTAL HTD SQ FT** \_\_\_\_\_

Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no  
**TOTAL HTD SQ FT** \_\_\_\_\_ **GARAGE** \_\_\_\_\_

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.

Wm J. Baxley  
Signature of Owner or Owner's Agent

7-12-23  
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 **undergrowth** 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 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. Swimming Pool
- 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.**



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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Josh Conley Date 7-12-23  
Site Address: 3930 Hillmon Grove Road Phone 931-444-9780  
Subdivision: NA Lot E3 + E4  
Description of Proposed Work: In Ground Swimming Pool Total Job Cost 85,584.22

**General Contractor Information**

Parnell Pool & Spa Telephone 910-738-8110  
Building Contractor's Company Name  
1380 Linkhaw Rd Lumberton NC 28358 Email Address doug@parnellpoolandspa.com  
Address  
68587 HEATED SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Wire Pool Equipment Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
J Townsend Electric Telephone 910-818-8532  
Electrical Contractor's Company Name  
535 Teds Road Parkton NC 28371 Email Address Wofford B2@earthlink.net  
Address  
25451-L  
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.**





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.**

                    Douglas Smith                      
Signature of Owner/Contractor/Officer(s) 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

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:                     Douglas Smith                    VP                     Date: \_\_\_\_\_

# Harnett County Department of Public Health

PERMIT # CBF16-50039452

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 3930 Hillman Grove Rd (SR 1106)

Name: (owner) Onsite Homes SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: Yellow Dog

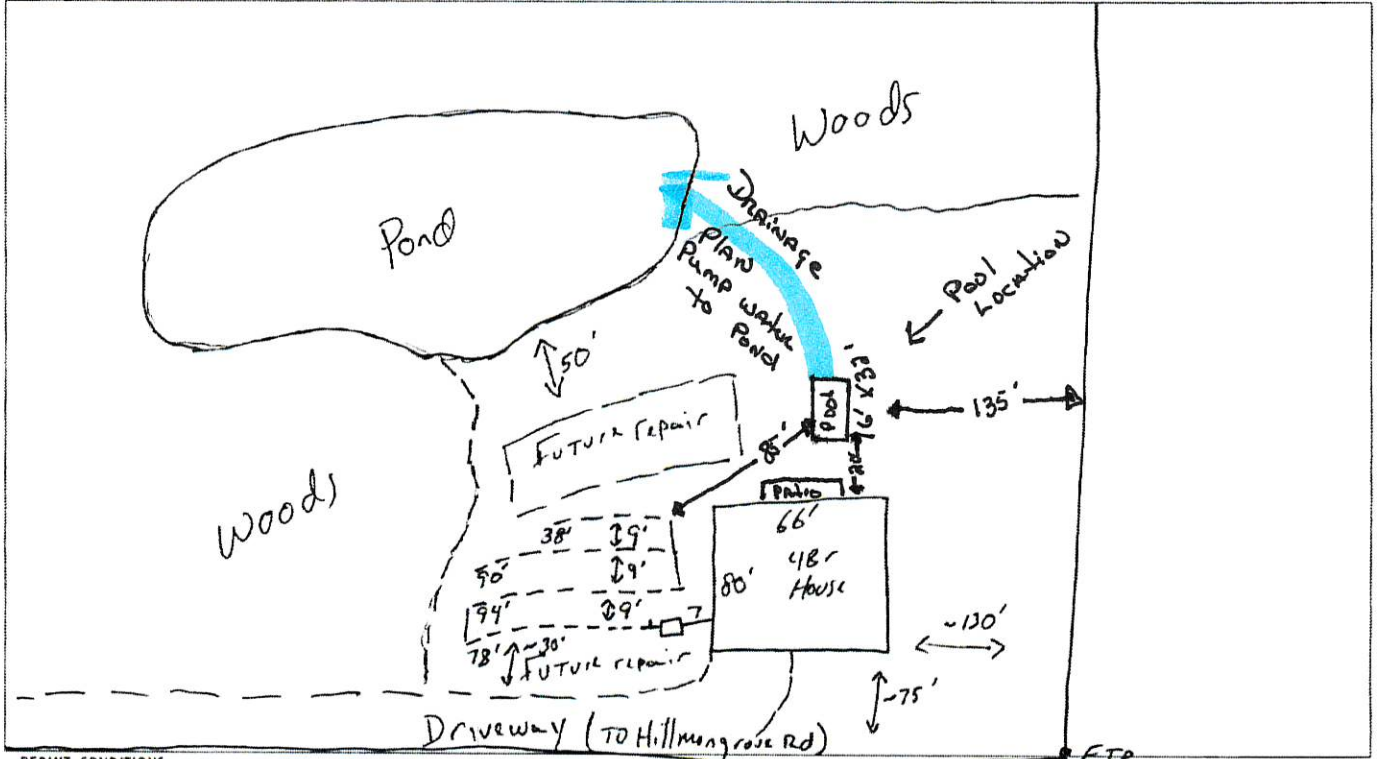
Basement with plumbing:  Garage  Number of Bedrooms 4

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

System Type: TYPE III 9 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% reduction (FOU) Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface No. of exact length width of depth of  
Drainage Field ditches 1 of each ditch 300 feet ditches 3 feet ditches 12 inches  
French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Mah REHS Date 4-27-22









KIMBERLY S. HARGROVE  
REGISTER OF DEEDS, HARNETT  
305 W CORNELIUS HARNETT BLVD  
SUITE 200  
LILLINGTON, NC 27546

\*\*\*\*\*  
**Filed For Registration: 04/21/2011 02:19:06 PM**

**Book: PLAT 2011 Page: 251-252**

**Document No.: 2011005800**

**MAP 2 PGS \$21.00**

**Recorder: ANGELA J BYRD**

**State of North Carolina, County of Harnett**

**KIMBERLY S. HARGROVE , REGISTER OF DEEDS**

**DO NOT DISCARD**

**2011005800**





**DO NOT REMOVE!**

# Details: Appointment of Lien Agent

Entry #: 1956680

Filed on: 07/12/2023

Initially filed by: pps1380

## Designated Lien Agent

Chicago Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) ([mailto:support@liensnc.com](mailto:mailto:support@liensnc.com))

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) ([mailto:support@liensnc.com](mailto:mailto:support@liensnc.com))

## Project Property

3930 Hillmon Grove Road  
Cameron, NC 28326  
Harnett County

## Print & Post



### Contractors:

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

Josh Corley

3930 Hillmon Grove Road  
Cameron, NC 28326

United States

Email: [joshc483@gmail.com](mailto:joshc483@gmail.com)

Phone: 931-425-6138

## Date of First Furnishing

09/04/2023

## Property Type

1-2 Family Dwelling

[View Comments \(0\)](#)

**Technical Support Hotline: (888) 690-7384**

## Mickey Baxley

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**From:** LiensNC Support [donotreply@liensnc.com]  
**Sent:** Wednesday, July 12, 2023 2:18 PM  
**To:** Undisclosed recipients:  
**Subject:** LiensNC Notice of Appointment of Lien Agent - Address: 3930 Hillmon Grove Road, Cameron, 28326

A(n) Appointment of Lien Agent was filed on July 12, 2023, 02:18:20 PM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

### Project Property

3930 Hillmon Grove Road  
Cameron, NC 28326  
Harnett County

Entry Number: [1956680 \(entry search, view related filings\)](#)

Date of Filing: July 12, 2023, 02:18:20 PM

### Lien Agent

Chicago Title Company, LLC

- **Online:** [www.liensnc.com](http://www.liensnc.com)
- **Address:** 223 S. West Street, Suite 900 / Raleigh, NC 27603
- **Phone:** 888-690-7384
- **Fax:** 913-489-5231
- **Email:** [support@liensnc.com](mailto:support@liensnc.com)

### Owner Information

Josh Corley  
3930 Hillmon Grove Road  
Cameron, NC 28326  
United States Email: [joshc483@gmail.com](mailto:joshc483@gmail.com)  
Phone: 931-425-6138

### Design Professionals

### Date of First Furnishing

September 04, 2023

[Click to view full filing details](#)

Scan for instant access on your mobile phone

