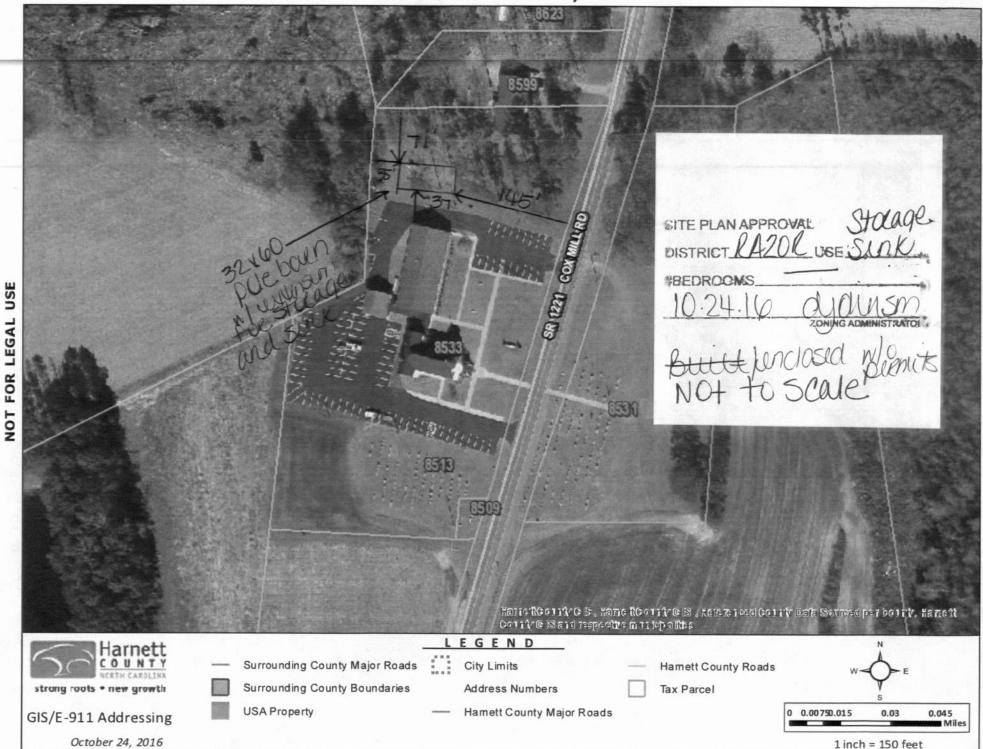
Initial Application Date: <u>20 Oc+ (6</u>	Application #
COMMERCIAL	DRB#CU#
CAMPAGE MADRICT LAND HEE ADDING	ATION
Central Permitting (Physical) 108 E Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) LANDOWNER: Mailing Address: 455	335 (1x Llill Rd
LANDOWNER: NOTE CHARLES AND MAINING AUGUSS.	Email
City: State: Zip: 2732 Contact #	
APPLICANT*:Mailing Address:	
City: State: Zip: Contact # Please fill out applicant information if different than landowner	H-919-258-3270
CONTACT NAME APPLYING IN OFFICE: FARY ROSSER	
PROPERTY LOCATION: Subdivision:	Lot #:Lot Size:
State Road # State Road Name: \$533 Cox Mill R	Map Book&Page:/
Parcel: 039670900 PIN: 96763	30 5241.000
Zoning: KACK Flood Zone: X Watershed: NA Deed Book&Page: 2879,07	13 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
PROPOSED USE: Multi-Family Dwelling No. Units:No. Bedrooms/Unit:	
☐ Business So, Ft. Retail Space: # Emplo	yees; Hours of Operation:
Daycare # Preschoolers: # Atterschoolers: # Employees	: Hours of Operation:
□ Industry Sq. Ft: # Employees	: Hours of Operation:
Church Seating Capacity: # Bathrooms: Kitchen: Kitchen: Accessory/Addition/Other (Size 20 x 30) Use: Processory	on for church
Accessory/Addition/Other (Size x x) Use: Ex technology	
Water Supply: County Existing Well New Well (# of dwellings using well) *MUST have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	ete Checklist) County Sewer
Comments:	
enclosed with permits pole barn was permitted	1550A27157
pole barn was permitted	1350051135
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina re-	guiating such work and the specifications of plans submitted
t hereby state that foregoing statements are accurate and correct to the best of my knowledge. Perm	nit subject to revocation if false information is provided.
Lang & Rophi	2000-16
Signature of Owner or Owner's Agent	Date

20071

"This application expires 6 months from the initial date if permits have not been issued"

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION











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

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

Application for Residential Building and Trades Permit

Owner's Name	Date
te Address 8533 Cax Mill Rd	Phone
rections to job site from Lillington	
ubdivision	Lot
Description of Proposed Work	# of Bedrooms
lested SF Unheated SF Finished Bonus Room	2 Crawl Space Slab
✓ General Contractor inform	agen & 1200
David Johnson Building Contractor's Company Name	Telephone
Sulding Contractor's Company Name	
Address	Email Address
NA	
icense #	Istion 1900 IZEAmps T-PoleYesNo
Description of Work Service S	izeAmps T-PoleYesNo
PR Faulk Electrical Comp	9197751990
	Telephone CCOOpera praul
3103 Hal 5; Ler Sonford 27330	Email Address
Address	Email Address
1\335-U	
Mechanical/HVAC Contractor In	<u>formation</u>
Description of Work	
Jescription of vvoik	
Mechanical Contractor s Company Name	Telephone
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor a Company Name	Telephone Email Address
Mechanical Contractor s Company Name Address License #	Telephone Email Address
Mechanical Contractor a Company Name	Telephone Email Address attion \$1,400 # Baths 0
Address Icense # Description of Work	Telephone Email Address ation \$1900 # Baths 0 919775 3511
Mechanical Contractor s Company Name Address Jeanse # Description of Work Sink Plumbing Contractor inform Plumbing Contractor s Company Name	Telephone Email Address attion \$1,400 # Baths 0
Mechanical Contractor a Company Name Address Icense # Plumbing Contractor Inform Description of Work Sink New Howard Plumbing Contractor's Company Name 513Wicker St. Surfard 21350	Telephone Email Address ation \$1400 # Baths 0
Mechanical Contractor s Company Name Address Jeanse # Description of Work Sink Plumbing Contractor inform Plumbing Contractor s Company Name	Telephone Email Address ation \$1900 # Baths 0 919775 3511
Mechanical Contractor's Company Name Iddress I	Telephone Email Address ation \$1400 # Baths
Mechanical Contractor's Company Name Iddress Iddress Idense # Plumbing Contractor inform Plumbing Contractor's Company Name Idense Stationard Idense Stationar	Telephone Email Address ation \$1400 # Baths
Mechanical Contractor a Company Name Address Description of Work Sink Plumbing Contractor inform Plumbing Contractor & Company Name Plumbing Contractor & Company Name Sink Stationard Plumbing Contractor & Company Name	Telephone Email Address ation \$1400 # Baths

*NOTE General Contractor must fill out and sign the second page of this application

Greasetrap

b 800

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 Hamett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below! 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. & Rossen 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

Date ___

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

Has no more than two (2) employees and no subcontractors

Company or Name

covering themselves

carrying out the work

Sign w/Title

HARNETT COUNTY INSPECTIONS DEPARTMENT COMPLAINT RECORD

DATE OF COMPLAINT 10-19-16 TIME 2:00 PW
COMPLAINT MADE BY
PHONE NUMBERS 919-499-4485
NATURE OF COMPLAINT NO Plumbing Dermit purchased for Polebarn 44 the Church
LOCATIONS & DIRECTIONS 8533 COXMILLS Rd Morris Chapel Church
DATE OF SITE VISIT 10/20/16 BY Jung CONDITIONS/VIOLATIONS ON SITE Francis, plumbing electrical, Scwer, Water Line
ACTION TAKEN Attached Stop work Order. to structure

Walk yaques of som 250 Corr 919

NAME: MOCUS	Chapel Chiuch	APPLICATION #:	39971
	= r		

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) 910-893-7525 option 1 CONFIRMATION #_ Environmental Health New Septic SystemCode 800 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. After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request. Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Environmental Health Existing Tank Inspections Code 800 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 After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request. Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. 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: Does the site contain any Jurisdictional Wetlands? {__}}YES [__] NO { _ }\YES 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. Are there any existing wells, springs, waterlines or Wastewater Systems on this property? YES YES ŁŃO Is any wastewater going to be generated on the site other than domestic sewage? YES /i NO Is the site subject to approval by any other Public Agency? 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.

ROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)