Initial Application Date: 12-28-10

Application #	165004	10466
DRR #	CIL#	494

COMMERCIAL
COUNTY OF HARNETT LAND USE APPLICATION

County OF HARNETT LAND USE APPLICATION  Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits  LANDOWNER: TVV VICTOR Deliverore Taber Mailing Address:
City: Cawuv Contact # Email:
APPLICANT*: Or. CONVICE SUSSOMS VI. Mailing Address: PO BOX 43065
City: Fault to the State: No Zip: 26309 Contact # 910 - 241-0472 Email: 186550mS@nc. 11. CON*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Dr. CONNIC SUSSOMS Jr. Phone # 910 24 0072
PROPERTY LOCATION: Subdivision: Lot Size: 2.87
State Road #State Road Name: 319 Brower Rd
Parcel: 99 19 900   PIN: 90 19 - 2 1 - 99 1 - 000
Zoning: \$\frac{20K}{20K}\text{Flood Zone: Watershed: Deed Book&Page \frac{545}{138} Power Company*:
*New structures with Progress Energy as service provider need to supply premise number
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Trawl towards Johnson VIIIE
Sport springs - turn left on Marks Kd go one mile
and turn light on Brower Rd Und is 319 Brower
Rd on lett
PROPOSED LISE.
PROPOSED USE:
□ Multi-Family Dwelling No. Units: No. Bedrooms/Unit:
□ Multi-Family Dwelling No. Units:       No. Bedrooms/Unit:         □ Business       Sq. Ft. Retail Space:       Type:       # Employees:       Hours of Operation:
□ Multi-Family Dwelling No. Units:       No. Bedrooms/Unit:         □ Business       Sq. Ft. Retail Space:
Multi-Family Dwelling No. Units: No. Bedrooms/Unit:   Business Sq. Ft. Retail Space: Type: # Employees: Hours of Operation:   Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation:   Industry Sq. Ft: Type: # Employees: Hours of Operation:
Multi-Family Dwelling No. Units: No. Bedrooms/Unit:   Business Sq. Ft. Retail Space: Type: # Employees: Hours of Operation:   Daycare # Preschoolers: # Afterschoolers: # Employees: Hours of Operation:   Industry Sq. Ft: Type: # Employees: Hours of Operation:
Multi-Family Dwelling No. Units:
Multi-Family Dwelling No. Units:No. Bedrooms/Unit:
Multi-Family Dwelling No. Units:

\*\*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

Date

Signature of Owner or Owner's Agent

NAME: Dr. Connie Stssoms, JA

APPLICATION #: 40440

\*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 # 61979 1-LB-12-28-14

Environmental Health New Septic System Code 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 <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.
- 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. <u>Please note confirmation number given at end of recording for proof of request.</u>
- 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 auth	norization 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 question. If the an	I notify the local health department upon submittal of this application if any of the following apply to the property 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 A	Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County An
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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

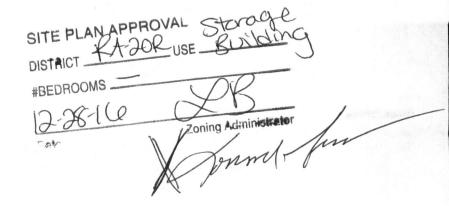
The Site Accessible So That A Complete Site Evaluation Can Be Performed.

10/10

Harnett County GIS



## 14x40 Storage Building



\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

## **Application for Building and Trades Permit**

Owner's Name:	Date: /4/30/16
Site Address:	
Directions to job site from Lillington:	
Subdivision:	Lot:
Description of Proposed Work:	
Heated SF Unheated SF	
General Contractor Information: Building Cost \$	0 0
LEON MACKEThan	410-354-6753
Building Contractor's Company Name	Telephone
5134 FOX fire Polytaxterile NC	teon makethan 1956 eg
Address Jenne Jersony	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost	\$
Description of Work Agent Return Wiring of buildy Service Size:	Amps #T-Poles
Action Electric/ STEVE Bullock	910-476-6586
Electrical Contractor's Company Name	Telephone
1925 BOXWOOD dane Fayetteville, N.C.	
Address	Email Address
	19277
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical Contractor Information:	License # Cost \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information: Plumbing Cost	License #
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone

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