Initial Application Date: \\\ | 14 | 17

Application #

CU#

Central Permitting

COUNTY OF HARNETT RESID 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2

Fax: (910) 893-2793 www.hamett.org/permits

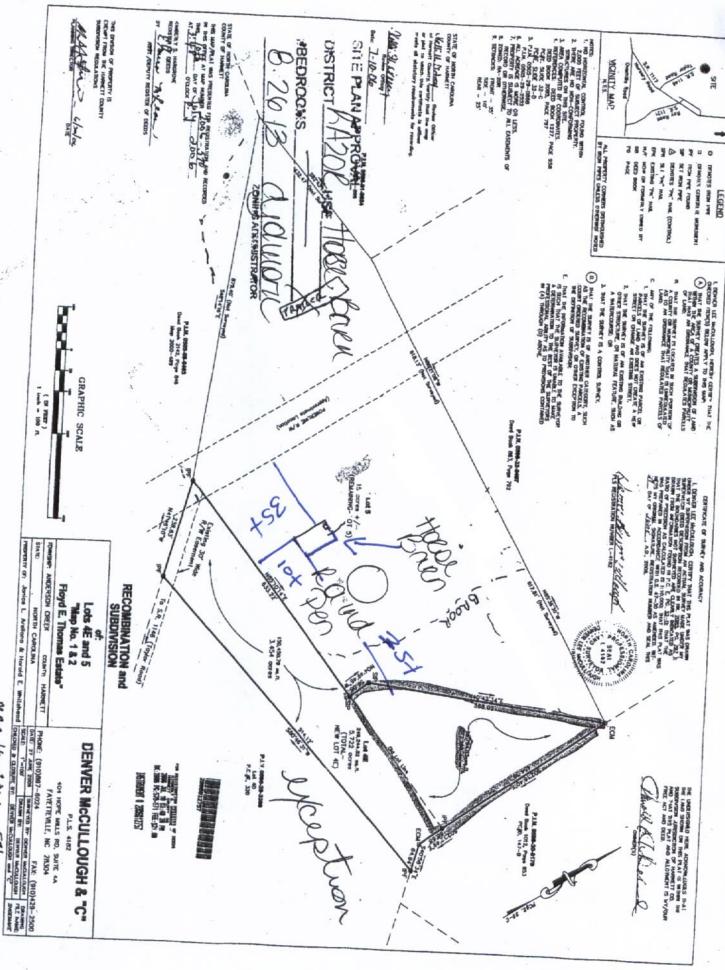
\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

City: SPN/16 LARE State: NC. zip: 28390 Contact No: 910-495-5070 Email:
APPLICANT*: SAMe Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: Lot #14.43 Lot Size: 14.43
State Road # State Road Name: \QY\Lov \RQ \ Map Book & Page: \GTS
Parcel: 01 USOS 062508 PIN: USOS-29-0868.000 PCAE
Zoning RADE Flood Zone: Watershed: NA Deed Book & Page: 2522/145 Power Company*: 36
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic  SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Size 30 x 40) Use: HOYSe Bear 154 Closets in addition? (_) yes (_) no
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) County Sewer
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: 1 447 Other (specify): 1 444
Required Residential Property Line Setbacks:
Front Minimum_ Actual 35+ WSTOMEN VEMOVED Plumbing From Scope of
Rear ast work- he will disconnect from the septic
closest side 10+ system and fill plumbing under slab (done w/o
Sidestreet/corner lot
Nearest Building bn/\www. poww.
Residential Land Use Application Page 1 of 2 03/11  APPLICATION CONTINUES ON BACK

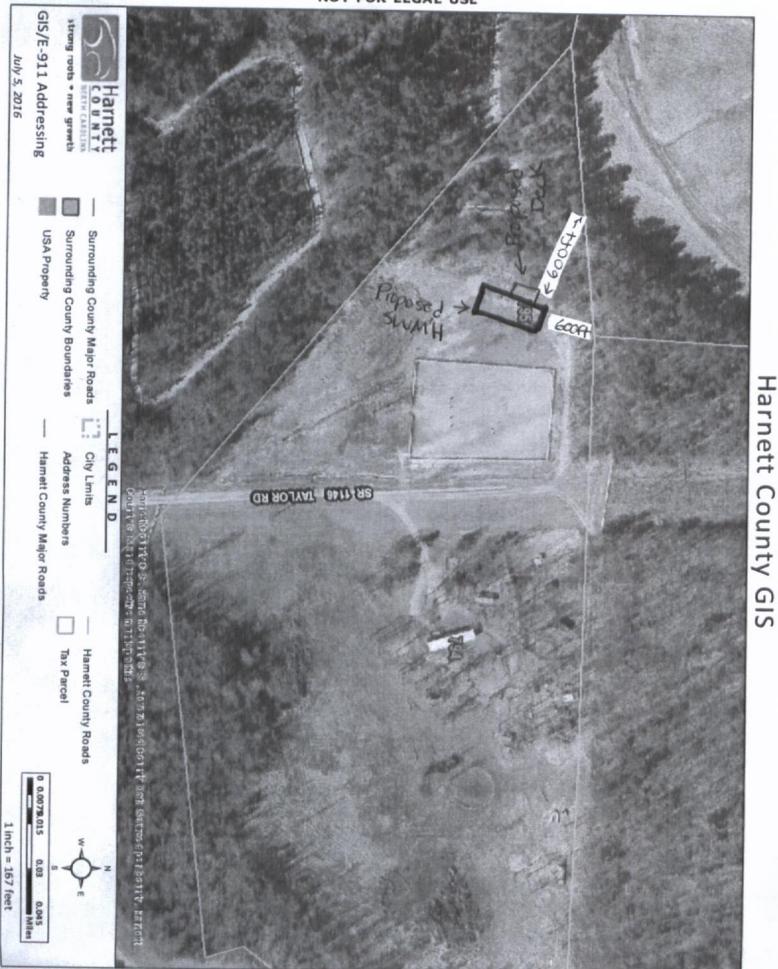
SPECIFIC DIRECTIONS TO T	HE PROPER	TY FROM LIL	LINGTON:				1	
Smiles HIWAY	27	TO LE	Turseny	BD	6 miles	TO	RIGHT	ON
TAYLOR PO	TO	THE	END					
IN JULY BU	10	100	7,00.					
				0,74		-		
			2 17			-		
				1			_	
				1-1-12				
permits are granted I agree thereby state that foregoing st	o conform to	all ordinances	and laws of the Stat	e of North Ca f my knowled	arolina regulating such voge. Permit subject to re	work and the evocation if	e specifications false information	of plans subm n is provided.
lereby state that foregoing st	atomonts are	1/1/1	lt	,	11/14	117		
	Signature	of Owner or	Owner's Agent		Date			
EP+4	CH.H.							
**It is the owner/applicants	responsibili	ty to provide	the county with any	annlicable	information about the	subject p	roperty, includi	na but not lim
to; boundary informatio	n, house loc	ation, underg	round or overhead	easements,	etc. The county or its within these applicat	employee	s are not respo	nsible for any
9	incor	rect or missi	ng information that	is contained	A CA	ions.	1	Adju.
	**This app	lication expire	es 6 months from t	he initial date	e if permits have not b	een issue	d**	
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						25		
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	. 1				
NAME	: KURT A	Haushallen		APPLICATION #:	
		*This application to be	filled out when applying for	r a septic system inspection.*	
Co	unty Health l	Department Applicat	ion for Improvement P	ermit and/or Authorizati	ion to Construct
IF THE	INFORMATION	IN THIS APPLICATION IS I	FALSIFIED, CHANGED, OR T	THE SITE IS ALTERED THEN TO	HE IMPROVEMENT
PERMI	ΓOR AUTHORIZ	ATION TO CONSTRUCT S	HALL BECOME INVALID. TI	he permit is valid for either 60 mon	ths or without expiration
dependi	ng upon document	ation submitted. (Complete s	ite plan = 60 months; Complete		
	910-893-7525			CONFIRMATION #	
Er	Nironmental F	lealth New Septic System	emCode 800		
•	lines must be	clearly flagged engraving	risible. Place "pink proper	rty flags" on each corner iro	n of lot. All property
	Place "orange	house corner flags" at	nately every 50 feet between	en corners.	
. •	out huildings	swimming nools atc. P	lace flags per site plan do	ed structure. Also flag drivew veloped at/for Central Permitt	vays, garages, decks,
	Place orange	Environmental Health of	ard in location that is easily	veloped altroit Central Permitt v viewed from road to assist i	ling.
	If property is	hickly wooded. Environ	mental Health requires the	it you clean out the <u>undergra</u>	n locating property.
	evaluation to	be performed. Inspector	s should be able to walk for	reely around site. <i>Do not gra</i>	de property
	All lots to be	addressed within 10 b	ousiness days after confi	irmation. \$25.00 return trip	fee may be incurred
	for failure to	uncover outlet lid, mai	k house corners and pro	pperty lines, etc. once lot co	onfirmed ready.
•	After preparin	g proposed site call the	voice permitting system at	910-893-7525 option 1 to so	chedule and use code
	800 (after sele	ecting notification permit	t if multiple permits exist) f	for Environmental Health insi	pection. Please note
	confirmation r	number given at end of re	ecording for proof of reque	st.	
•	Use Click2Go	v or IVR to verify results	<ul> <li>Once approved, proceed</li> </ul>	to Central Permitting for per	rmits.
<u>En</u>		ealth Existing Tank Ins			
0.	Follow above	instructions for placing f	lags and card on property.		
•	Prepare for in	spection by removing s	oil over outlet end of tan	nk as diagram indicates, and	lift lid straight up (if
200	possible) and	then put lid back in pla	ce. (Unless inspection is for	or a septic tank in a mobile h	ome park)
		E LIDS OFF OF SEPTIC T		010 000 7505	
	if multiple per	mits then use code 80	of for Environmental Hea	910-893-7525 option 1 & sele lth inspection. <u>Please note</u>	ect notification permit
	given at end o	of recording for proof of re	equest	ill inspection. Flease note	communation number
				to Central Permitting for rema	aining permits
SEPTIO	<u> </u>				
If apply	ing for authorizat	ion to construct please indic	ate desired system type(s): car	n be ranked in order of preference	e, must choose one.
{_}}{ A	Accepted	{}} Innovative	{}} Conventional	() Any	
{}} A	Alternative	{}} Other			
The app question	licant shall notif	y the local health departme s "yes", applicant MUST	ent upon submittal of this app ATTACH SUPPORTING D	lication if any of the following a	apply to the property in
{_}}Y	S {_} NO	Does the site contain any	y Jurisdictional Wetlands?	^	
{_}}YE	S {_} NO	Do you plan to have an j	irrigation system now or in th	ne future?	
{_}}YI	S {_} NO	Does or will the building	g contain any <u>drains</u> ? Please e	explain.	
}YE	S {} NO	Are there any existing w	ells, springs, waterlines or W	astewater Systems on this propo	erty?

Is any/wastewater going to be generated on the site other than domestic sewage? {\_}} NO {\_}} 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 \_}YES Does the site contain any existing water, cable, phone or underground electric lines? {\_\_} NO 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. OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



MAN # 2006-578



	Application #
	Harnett County Central Permitting PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)  Owner (s) of Structure: Archive State Phone: 910 ) 584-7814  Owner (s) Mailing Address: 794 Tour Ion Road  Spring Wake N
	Land Owner Name (s): Arne Stacky Phone:
	Construction or Site Address: 794 Taylor Road Jonny Lake NC
	Job Cost: 9987-58 Description of Work to be done
	. 50
	Subdivision:Lot #:
	Selven will provide the electrical labor on this structure.  (Contractors Name)  (Trade)  I am the building owner or my NC state license number is 23/50-0, which entitles me to
	perform such work on the above structure legally. All work shall comply with the State Building Code and all
	other applicable State and local laws, ordinances and regulations.
/	14. L. Stoner Electric, Inc. Contractor's Company Name.  3216 Howkins Avt Sanford NC Address 23150-U  License #  919 774-8877  Telephone  elaine of mystonere locatric. Email Address  Com
,	Structure Owner / Contractor Signature: Cont
	By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

\*Company name, address, & phone must match information on license

**Harnett County Central Permitting** 

Application # 17-500421003

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor Kurl Haushhalter & (Individual Trade Application) Owner (s) of Structure: Owner (s) Mailing Address: Land Owner Name (s): ガ Phone! Construction or Site Address: 389-33 Description of Work to be done In 57a pl Mechanical: New Unit With Ductwork \_\_\_ New Unit Without Ductwork \_\_\_ Gas Piping \_\_\_ Other 200 Amp \_\_\_ <200 Amp \_\_\_ Service Change \_\_\_ Service Reconnect \_\_\_ Other \_\_\_ Electrical\*: For Progress Energy customers we need the premise number Plumbing: Water/Sewer Tap Number of Baths Water Heater Specific Directions to Job from Lillington Subdivision: will provide the I am the building owner or my NC state license number is  $\frac{23/50}{2}$ perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. Structure Owner / Contractor Signature: By signing this application you affirm that you have obtained permission from the above listed license holder to

\*Company name, address, & phone must match information on license

purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell

the listed property for 12 months after completion of the listed work.

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Page 2 Date 10/23/17 Application Number . . . . . 17-50042603 Property Address . . . . . . . 794 TAYLOR RD

Subdivision Name . . . . .

Property Zoning . . . . . . PENDING

Permit . . . . . COMMERCIAL ELECTRICAL PERMIT

Additional desc . .

Phone Access Code . 1215615

## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	265	E265	C*ELEC FINAL		//
999	257	E257	C*ELEC OVERHEAD		_/_/_
999	263	E263	C*ELEC RECONNECT		_/_/_
999	253	E253	C*ELEC TEMP POWER CERT		_/_/
999	261	E261	C*ELEC UND POOL		_/_/_
999	259	E259	C*ELEC UNDER SLAB		//
999	255	E255	C*ELECTRICAL UNDERGROUND		//
999	251	E251	C*ELEC ROUGH IN		/_/_
999	267	E267	C*ELEC TEMP SERVICE POLE		_/_/_

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number . . . . . 17-50042603 Date 10/23/17 Application type description CP STANDALONE TRADE - COMMERCIAL Subdivision Name . . . . . Property Zoning . . . . . . PENDING Owner Contractor STACEY ANNE & HAUSHHALTER KURT M R STONER ELECTRIC COMPANY PO BOX 938 280 WEST DOVE RIDGE LANE SPRING LAKE NC 28390 SANFORD NC 27330 (919) 774-8877 Applicant M R STONER ELECTRIC, INC 3216 HAWKINS AVE SANFORD NC 27332 (919) 774-8877 Structure Information 000 000 INSTALL ELECTRIC TO BARN & SHOP Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . PROPOSED USE \_\_\_\_\_\_ Permit . . . . . COMMERCIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1215615
Issue Date . . . 10/23/17
Expiration Date . . 10/23/18 Valuation . . . . 17390 Special Notes and Comments T/S: 10/23/2017 01:10 PM BPETRICH --794 TAYLOR ROAD SPRING LAKE 28390

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: BPETRICH Type: CP Drawer: 1
Date: 18/23/17 51 Receipt no: 127863

Year Number 2017 50042603 794 TAYLOR RD SPRING LAKE, NC 28398 B1 8P - PERMIT FEES

Amount

\$380.80

ELECTRICAL

M R STOMER ELECTRIC

Tender detail CP CREDIT CARD Total tendered Total payment

\$300.00 \$300.00 \$300.00

Trans date: 18/23/17

Time: 13:32:86

\*\* THANK YOU FOR YOUR PAYMENT \*\*