

Initial Application Date: 11-19-09

Application # 0950023302

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Donald & Christine Denison Mailing Address: 170 Micro Tower Rd
City: Lillington State: _____ Zip: _____ Home #: 910 814-3878 Contact #: 910-302-4562

APPLICANT: Christine Denison Mailing Address: same
City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

CONTACT NAME/APPLYING IN OFFICE: Same Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: Highland Hills Lot #: 8 Lot Acreage: 1.60
State Road #: 1141 State Road Name: Micro Tower Rd Map Book & Page: 20, 76
Parcel: 03 9597 0180 PIN: 0507-11-1356,000
Zoning: R# 209 Flood Zone: X Watershed: N/A Deed Book & Page: 1205, 588 Power Company*: _____

*New homes with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: get on 27 West to Dec Road.
Turn left. 2 miles to Micro Tower road. turn right. 1st
house on right.

PROPOSED USE:

Circle:

- SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab
(Is the bonus room finished? _____ w/ a closet _____ if so add in with # bedrooms)
- Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
(Is the second floor finished? _____ Any other site built additions? _____)
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? _____) Deck _____ (site built? _____)
- Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
- Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____
- Addition/Accessory/Other (Size _____ x _____): Use Storage Closets in addition (____) yes (____) no (____)

Water Supply: County () Well (No. dwellings _____) **MUST** have operable water before final
Sewage Supply: () New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () County Sewer
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES () NO
Structures (existing & proposed): Stick Built/Modular _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:

Comments: _____

Front	Minimum	<u>35</u>	Actual	<u>145</u>
Rear		<u>25</u>		<u>300</u>
Closest Side		<u>10</u>		<u>90</u>
Sidestreet/corner lot				

Nearest Building on same lot _____

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.

Christine Denison

11-19-09

Signature of Owner or Owner's Agent

Date

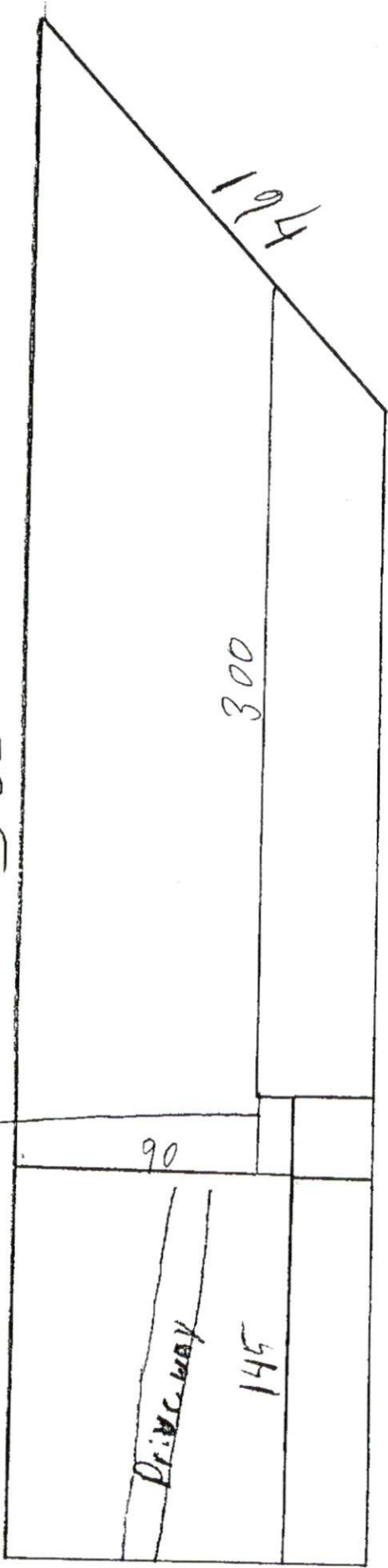
This application expires 6 months from the initial date if no permits have been issued

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

Please use Blue or Black Ink ONLY

2x26
Addition

576



135

300

194

430

Driveway

145

90

NAME: Christine + Donald Denison

APPLICATION #: 0950023302

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 # 104635

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 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 close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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**:

- 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. _____
 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.

Christine Denison

11/19/09

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

HTE #: 09-5-23302

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

Name: Christine Denison Phone #: 322-4562

Address: 170 Micro Tower Rd Lillington, NC 27546

Name of Mobile Home Park or S/D: _____

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 1141 Micro Tower Rd

Purpose of Inspection: Storage Addition

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

1. the intended use of the septic system should change, and/or
2. the system should fail or malfunction, and/or
3. the owner or tenant of the property change, and/or
4. after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM


Signature of Environmental Health Specialist

12/01/09
Date

November 30, 2009

Donald and Christine Denison
170 Micro Tower Road
Lillington, NC 27546

RE: Existing Septic System Inspection HTE# 09-5-23302

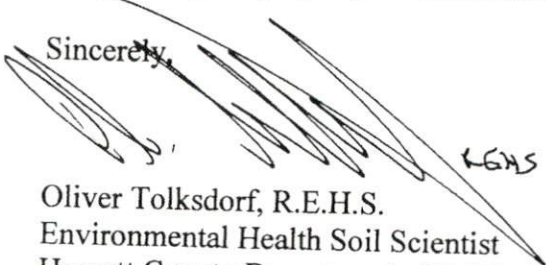
Dear Mr. and Mrs. Denison,

An attempt was made to evaluate your property for the purpose of issuing an Existing Tank Permit. The evaluation could not be completed for one or more of the following reasons.

- 1. Uncover outlet lid on septic tank and break seal (*\$25.00 fee incurred*)
- 2. Have system pumped out
- 3. Replace sanitary T**
- 4. Other

Your application will be put on hold until the selected items above have been addressed. When completed **call 893-7547 to confirm** that the items mentioned have been corrected, we will then reschedule your property for evaluation.

Sincerely,

 KGS

Oliver Tolksdorf, R.E.H.S.
Environmental Health Soil Scientist
Harnett County Department of Public Health
Environmental Health

OT/sgs
Copy - Central Permitting

CC SALE

MID: xxxxxxxx2888
TID: xxxx8677
Ref #: 1242985474
Batch #: 28689493
Date/Time: 04/08/24 03:51:03 PM
Inv/Tkt #: 90fb3fe3-feec-48fd-85b5-c9
620754f76e
Appr Code: 006928
Visa
4xxxxxxxxxxx2757
Keyed
Address: No Match & 5 Digit Zip: No Match

Amount USD\$ 500.00

Approved

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

x _____
Cardholder Signature

Mode: Card
Network: VISA

MERCHANT COPY

CC SALE

MID: xxxxxxxx2888
TID: xxx8677

Ref #: 1242985474
Batch #: 28689493
Date/Time: 04/08/24 03:51:03 PM
Inv/Tkt #: 90fb3fe3-feec-48fd-85b5-c9
620754f76e
Appr Code: 006928
Visa
4xxxxxxxxxx2757
Keyed
Address: No Match & 5 Digit Zip: No Match

Amount USD\$ 500.00

Approved

Mode: Card
Network: VISA

CUSTOMER COPY

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

Application # 0950023302
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

3
Owner's Name: Donald + Christine Denism Date: 11-19-09
Site Address: 170 Micro Tower Rd Phone: 910-814-3878
Directions to job site from Lillington: 27 West to Dix Road. Turn left on Dix Road - go approx 2 miles to Micro Tower Rd. Turn Right. First house on right.
Subdivision: _____ Lot: _____
Description of Proposed Work: _____ #Bedrooms: _____
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

As Owner
Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Christine Denism

Must sign & fill out second page

Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no

As Owner
Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Christine Denism

Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____

As Owner
Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Christine Denism

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____ # Baths _____

As Owner
Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information

As Owner Christine Denism
Insulation Contractor's Company Name & Address _____ Telephone _____

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
3. Do you intend to directly control & supervise construction activities? yes no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? yes no

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 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.

Christine Olson
Signature of Owner/Contractor/Officer(s) of Corporation

11-19-09
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.

Company or Name:

Signature/Title: Christine Olson

Date: 11-19-09

Addition

Plan Box Number File

Job Name Donald Demson

Date: 4-26-10

Required Inspections for SFA/SFD

Appl. # 9-500 23302

Valuation \$21830

Sq. Feet 336

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20		Address Confirmation
30-999	<u>✓</u>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40	<u>✓</u>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60	<u>✓</u>	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999		Envir. Operations Permit



Cash Register Receipt

Harnett County

Receipt Number
R26761

DESCRIPTION	QTY	PAID
PermitTRAK		\$500.00
PCOM2404-0002 Address: 14396 NC 210 S APN: 0513-75-4335.000		\$500.00
		\$500.00
COMMERCIAL BUILDING FEES	0	\$500.00
TOTAL FEES PAID BY RECEIPT: R26761		\$500.00

Date Paid: Monday, April 08, 2024
Paid By: Danielle Walsh
Cashier: DJ
Pay Method: EMV 1242985474



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 09-50023302 Date 11/08/10
 Property Address 170 MICRO TOWER RD
 PARCEL NUMBER 03-9597- - -0180- - -
 PIN 0507-11-1356.000
 Application type description CP ADD & ALTER RESIDENTIAL
 Subdivision Name HIGHLAND HILLS
 Property Zoning PENDING

Owner Contractor

 DENISON DONALD D & CHRISTINE OWNER

170 MICRO TOWER ROAD
 LILLINGTON NC 27546
 (910) 814-3878

Applicant

 DENISON CHRISTINE #8

--- Structure Information 000 000 12X26 ADDITION STORAGE
 Flood Zone FLOOD ZONE X
 Other struct info SEPTIC - EXISTING? EXISTING
 WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
 Additional desc
 Phone Access Code 810572
 Issue Date 11/08/10 Valuation 21850
 Expiration Date 11/08/11

Permit RESIDENTIAL ELECTRICAL PERMIT
 Additional desc
 Phone Access Code 844407
 Issue Date 11/08/10 Valuation 0
 Expiration Date 11/08/11

Permit RESIDENTIAL INSULATION PERMIT
 Additional desc
 Phone Access Code 844415
 Issue Date 11/08/10 Valuation 0
 Expiration Date 11/08/11

Permit LAND USE PERMIT
 Additional desc

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	09-50023302	Page	2
Phone Access Code	844431	Date	11/08/10
Issue Date	11/08/10	Valuation	0
Expiration Date	5/07/11		

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	844456		
Issue Date	11/08/10	Valuation	0
Expiration Date	11/08/11		

Special Notes and Comments

T/S: 11/20/2009 09:04 AM VBROWN ----
170 MICRO TOWER ROAD LILLINGTON 27546.
27W, LEFT ON DOC ROAD 2MI, RIGHT ON
MICRO TOWER RD 1ST HOUSE ON RIGHT.

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	09-50023302	Page	3
Property Address	170 MICRO TOWER RD	Date	11/08/10
PARCEL NUMBER	03-9597- - -0180- - -		
PIN	0507-11-1356.000		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	HIGHLAND HILLS		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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Permit type RESIDENTIAL BUILDING PERMIT

999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	329	R329	THREE TRADE FINAL	_____	___/___/___
999	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___

Permit type RESIDENTIAL INSULATION PERMIT

999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
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