

Initial Application Date: 5-16-15

Application # 1550036063

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: Jenina Yang Mailing Address: 190 Cameron Pines Dr.
City: Sanford State: NC Zip: 27332 Contact No: 520-508-6690 Email: jenina.e.yang@gmail.com

APPLICANT*: Your Dream Home Improvement, LLC Mailing Address: 1501 Hope Mills Rd
City: Fayetteville State: NC Zip: 28304 Contact No: 910-261-6350 Email: xlhildc@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Rene Marthoz Phone # 910-261-6350 Ext 103

PROPERTY LOCATION: Subdivision: _____ Lot #: 10 Lot Size: 37Ac
State Road # _____ State Road Name: 190 Cameron Pines Dr. Map Book & Page: 2007/1402
Parcel: D39586 0024 48 PIN: 9587-52-88600-000
Zoning: R200R Flood Zone: X Watershed: MA Deed Book & Page: 3209/207 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size ___x___) # Bedrooms:___ # Baths:___ Basement(w/w bath):___ Garage:___ Deck:___ Crawl Space:___ Slab:___ Slab:___
(Is the bonus room finished? (___) yes (___) no w/ a closet? (___) yes (___) no (if yes add in with # bedrooms) Monolithic
- Mod: (Size ___x___) # Bedrooms___ # Baths___ Basement (w/w 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: ___SW ___DW ___TW (Size ___x___) # Bedrooms:___ Garage:___(site built?___) Deck:___(site built?___)
- Duplex: (Size ___x___) No. Buildings:___ No. Bedrooms Per Unit:___
- Home Occupation: # Rooms:___ Use:___ Hours of Operation:___ #Employees:___
- Addition/Accessory/Other: (Size 12x22) Use: New Deck 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: 1 ext SFD Manufactured Homes: _____ Other (specify): proposed New Deck


Required Residential Property Line Setbacks:

Front	Minimum	Actual
Rear		<u>50+</u>
Closest Side		<u>10+</u>
Sidestreet/corner lot		<u>[Handwritten]</u>
Nearest Building on same lot		<u>[Handwritten]</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

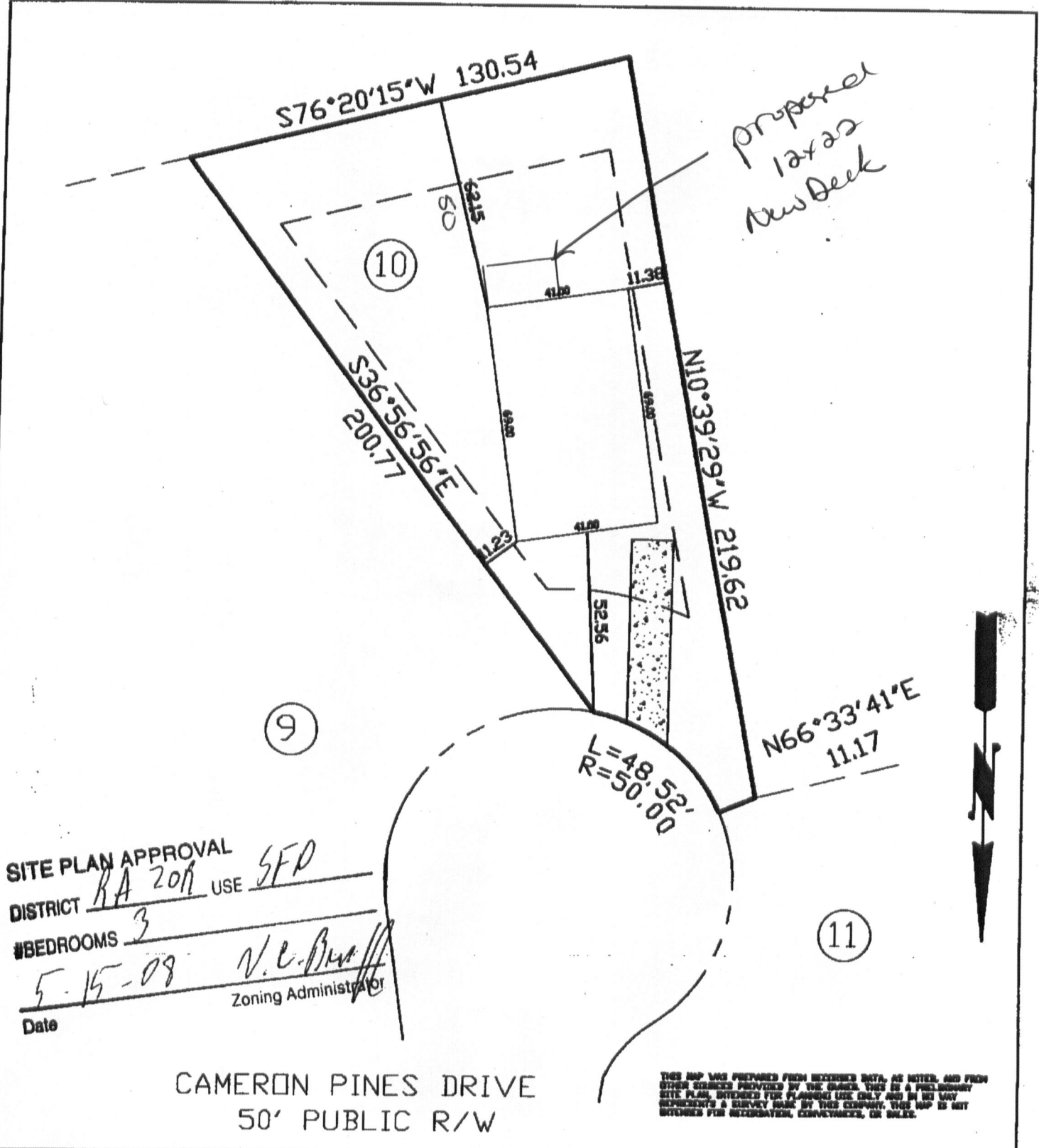


Signature of Owner or Owner's Agent

6 May 15
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****



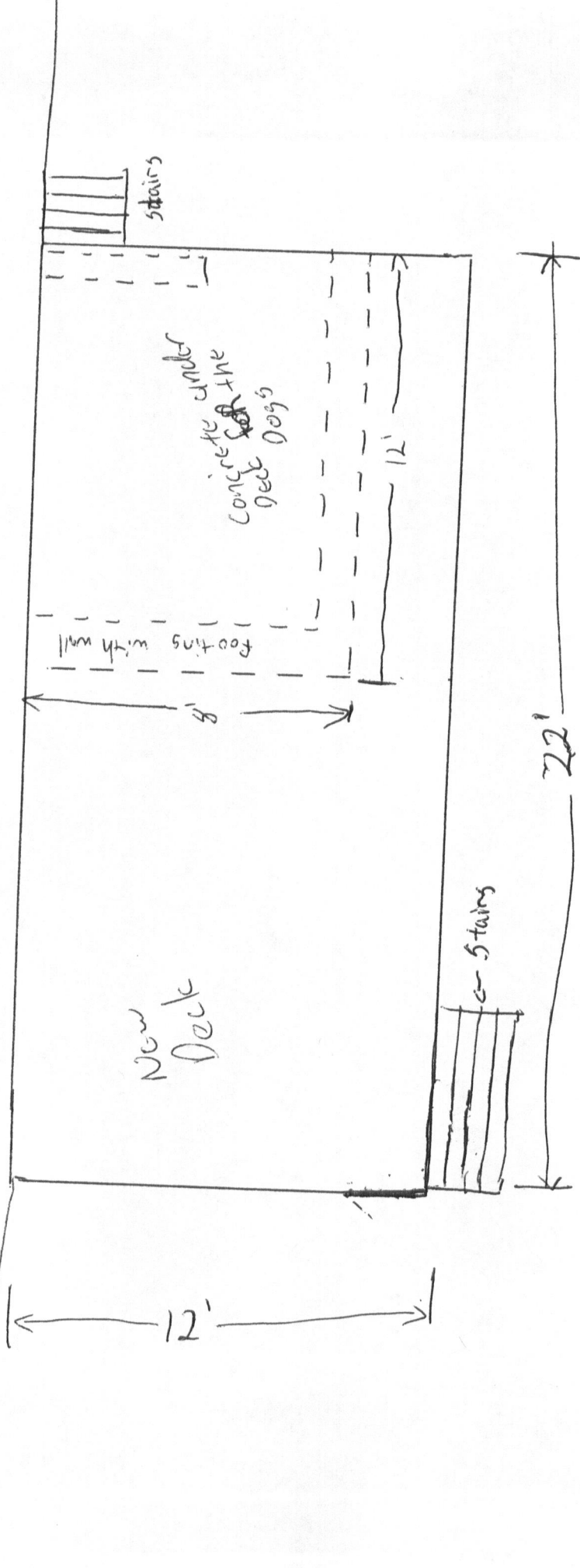
SITE PLAN APPROVAL
 DISTRICT RA 20A USE SFD
 #BEDROOMS 3
 Date 5-15-08
 Zoning Administrator V.C. Bruff

THIS MAP WAS PREPARED FROM RECORD DATA, AS NOTED, AND FROM OTHER SOURCES PROVIDED BY THE OWNER. THIS IS A PRELIMINARY SITE PLAN, INTENDED FOR PLANNING USE ONLY AND IN NO WAY REPRESENTS A SURVEY MADE BY THIS COMPANY. THIS MAP IS NOT INTENDED FOR RECORDATION, CONVEYANCE, OR SALES.

	Charlie T. Carpenter, P.L.S. Professional Land Surveyor 1940 Juniper Church Road Four Oaks, NC 27524 (919) 963-2909 (919) 320-5281	PRELIMINARY SITE PLAN FOR: WYNN CONSTRUCTION
	PIN 9587-52-8860.000 PARCEL ID 039586 0024 48 LOT 10 CAMERON PINES S/D PB2007 PG1002 5/08/08 1"=40'	190 CAMERON PINES DRIVE SANFORD, NC 27330

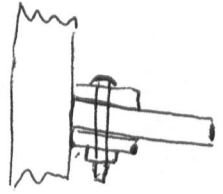
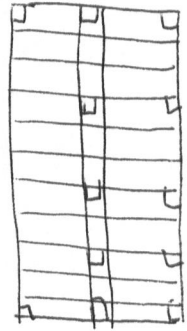
12x22' Deck

House



2x10 Bands

4x4 Post



Dotted lines is the concrete with retaining wall this is for Dogs not structure for Deck

HTE# 08-5-20072

Harnett County Department of Public Health

PERMIT # 22854

Operation Permit

21579

New Installation Septic Tank Nitrification Line Repair Expansion

Name: (owner) WYNN CONST. PROPERTY LOCATION: BUFFALO LAKES RD
SUBDIVISION CAMERON PINES LOT # 10

System Installer: RANDY BATTEN Registration # _____

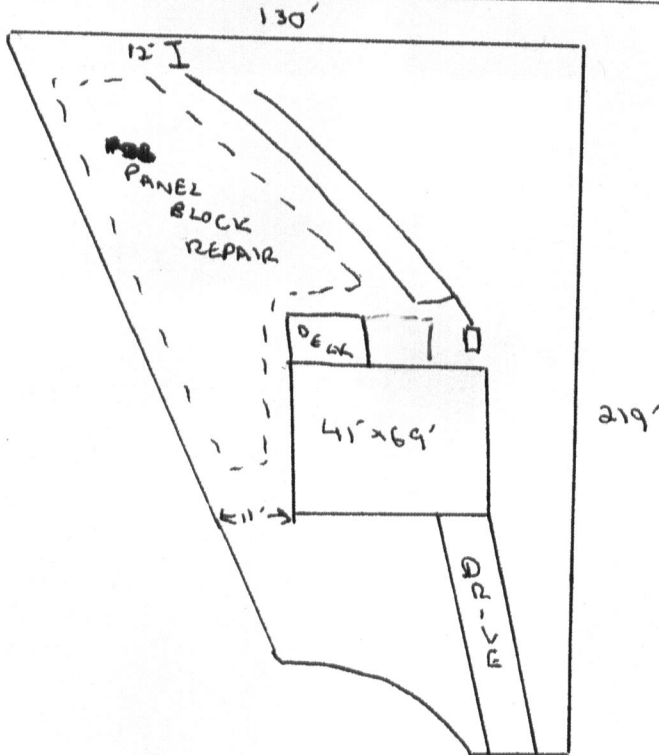
Basement with plumbing: Garage Number of Bedrooms 3
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: III 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 CHAMBER (QUICK 4) Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 75 feet width of ditches 3 feet depth of ditches 24-30 inches
French Drain Required: _____ Linear feet

Authorized State Agent

RAMS

Date 8/6/10



075587240 08-5-2007



NAME: _____

APPLICATION #: _____

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 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 **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**:

- { } 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6 May 15
DATE

09/09/11

Application # _____

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

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

Application for Residential Building and Trades Permit

Owner's Name Jessica Young Date 6 May 15
Site Address 190 Cameron Pines Dr. Sanford NC 27332 Phone 520-508-6690
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work Build a Deck # of Bedrooms _____
Heated SF _____ Unheated SF 264 Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Your Dream Home Improvement, LLC 910-261-6350
Building Contractor's Company Name Telephone
15021 Hope Mills Rd Fayetteville, NC 28304 yelhillc@gmail.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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 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


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

6 May 2015
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 Your Dream Home Improvement, LLC

Sign w/Title  owner Date 6 May 2015