

Initial Application Date: 19MAY 15

Application # 1550036173

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: Ron M. Martinez Mailing Address: 56 JAYLIN blvd
City: SPRING LAKE State: NC Zip: 28390 Contact No: 910-301-0431 Email: paragad1979@gmail.com

APPLICANT*: _____ 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: JAYLIN OAKS Lot #: 3 Lot Size: 50AC
State Road # 56 State Road Name: Jaylin Blvd. Map Book & Page: 2005/781
Parcel: 01 0513 0217 03 PIN: 0513-45-2926.000
Zoning: R200m Flood Zone: X Watershed: MA Deed Book & Page: 2735,147 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/wo 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)
- Mod: (Size _____ x _____) # 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: _____ 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 1055 x _____) Use: 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. Manufactured Homes: _____ Other (specify): 1 proposed Deck

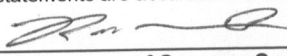
Required Residential Property Line Setbacks:

Front	Minimum	Actual
Rear	<u>25</u>	<u>99</u>
Closest Side	<u>10</u>	<u>21.5+</u>
Sidestreet/corner lot	<u>20</u>	
Nearest Building on same lot	<u>10</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

19 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

5/19/2015 1:15:40 PM

HARNETT COUNTY CAMA WEBVIEWER

MARTINEZ RON MENDOZA

56 JAYLIN BLVD
1400041576

ANDERSON CRK FR ADVALOREM TAX (100), COUNTY WIDE ADVALOREM TAX (100),
SOLID WASTE FEE SOLID WASTE (1)

Reval Year: 2009 Tax Year: 2015

LT#3 JAYLIN OAKS PHI .505MAP#2005-781

Appraised by 22 on 01/26/2011 00150 JAYLIN OAKS

Return/Appeal Notes:

Parcel: 01-0513--0217--

03 PLAT: UNIQ ID
2005/0781 217812
ID NO: 0513-45-2926.000

CARD NO. 1 of 1

1.000 LT

SRC= Inspection

TW-01

CI- FR-EX-

AT-

LAST ACTION 20110126

CONSTRUCTION DETAIL		MARKET VALUE							DEPRECIATION		CORRELATION OF VALUE							
Foundation - 4	Spread Footing	USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB	Standard	CREDENCE TO			MARKET				
6.00	10.00	01	01	2,474	114	70.68	176062	2009	2009	0.01000	%			99.0				
Exterior Walls - 10	Aluminum/Vinyl Siding	TYPE: SINGLE FAMILY RESIDENTIAL							SINGLE FAMILY RESIDENTIAL		DEPR. BUILDING VALUE - CARD				174,300			
30.00	8.00	STYLE: 2 - 1.5 Stories									DEPR. OB/XF VALUE - CARD				0			
Roofing Structure - 03	Gable										MARKET LAND VALUE - CARD				30,000			
Roofing Cover - 03	Asphalt or Composition Shingle										TOTAL MARKET VALUE - CARD				204,300			
3.00	20.00										TOTAL APPRAISED VALUE - CARD				204,300			
Interior Wall Construction - 5	Drywall/Sheetrock										TOTAL APPRAISED VALUE - PARCEL				204,300			
8.00	8.00										TOTAL PRESENT USE VALUE - PARCEL				0			
Interior Floor Cover - 12	Hardwood										TOTAL VALUE DEFERRED - PARCEL				0			
8.00	0.00										TOTAL TAXABLE VALUE - PARCEL				204,300			
Interior Floor Cover - 14	Carpet										PRIOR							
0.00	1.00										BUILDING VALUE				0			
Heating Fuel - 04	Electric										OBXF VALUE				0			
1.00	4.00										LAND VALUE				15,000			
Heating Type - 10	Heat Pump										PRESENT USE VALUE				0			
4.00	4.00										DEFERRED VALUE				0			
Air Conditioning Type - 03	Central										TOTAL VALUE				15,000			
4.00	13.000										PERMIT							
Bedrooms/Bathrooms/Half-Bathrooms	3/2/1										CODE				DATE	NOTE	NUMBER	AMOUNT
13.000	Bathrooms										ROUT: WTRSHD:							
BAS - 3 FUS - 0 LL - 0	Bathrooms										SALES DATA							
BAS - 2 FUS - 0 LL - 0	Half-Bathrooms										OFF. RECORD							
BAS - 1 FUS - 0 LL - 0	Office										BOOK							
Office											PAGE							
											DATE							
											DEED							
											TYPE							
											Q/UV/I							
											INDICATE							
											SALES PRICE							
											02735 0147 4 2010				197500			
											02735 0144 4 2010				0			
											02605 0826 3 2009				252000			
											02415 0481 8 2007				0			
											02319 0399 12 2006				40000			
											02198 0463 3 2006				0			
											02100 0111 7 2005				770500			
											HEATED AREA 2,072							
											NOTES							
											100% FOR 11NEW HSE FOR 010-75% UC FO							
											R 10							
SUBAREA		CODE	QUALITY	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	SIZE FACT	AYBEYB	ANN DEP RATE	% OVR	COND	OB/XF DEPR. VALUE	
TYPE	GS AREA	%	RPL CS	TOTAL OB/XF VALUE														
BAS	1,760	100	124397															
FGD	889	045	28272															
FOP	68	035	1696															
FUS	312	090	19861															
PTO	170	005	636															
FIREPLACE	2 - Pre Fabricated		1,200															
SUBAREA TOTALS	3,199		176,062															
BUILDING DIMENSIONS BAS=W18N2W5S2W5N2W11PTO=N10E16S12W5N2W11S2W16S30E25FGD=S25W25N2W12N22E12N1E25E17S4FOP=W17N4E17S4S2E13N36FUS=312																		
LAND INFORMATION																		
HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRON TAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES RF AC LC TO	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES	
SFR	0100		0	0	1.0000	0	1.0000			30,000.00	1.000	LT	1.000	30,000.00	30000		0	
TOTAL MARKET LAND DATA																		
TOTAL PRESENT USE DATA																		

NAME: RON MARTINEZ

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.

Ron Martinez
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

19 MAY 15
DATE

HTE# 08-5-20918RR

Harnett County Department of Public Health

21104

PERMIT # 25335

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: CREEKSVILLE CHURCH RD

Name: (owner) FAMILY INVESTMENTS SUBDIVISION JAYLIN OAKS LOT # 3

System Installer: JOHN DIETRICH Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

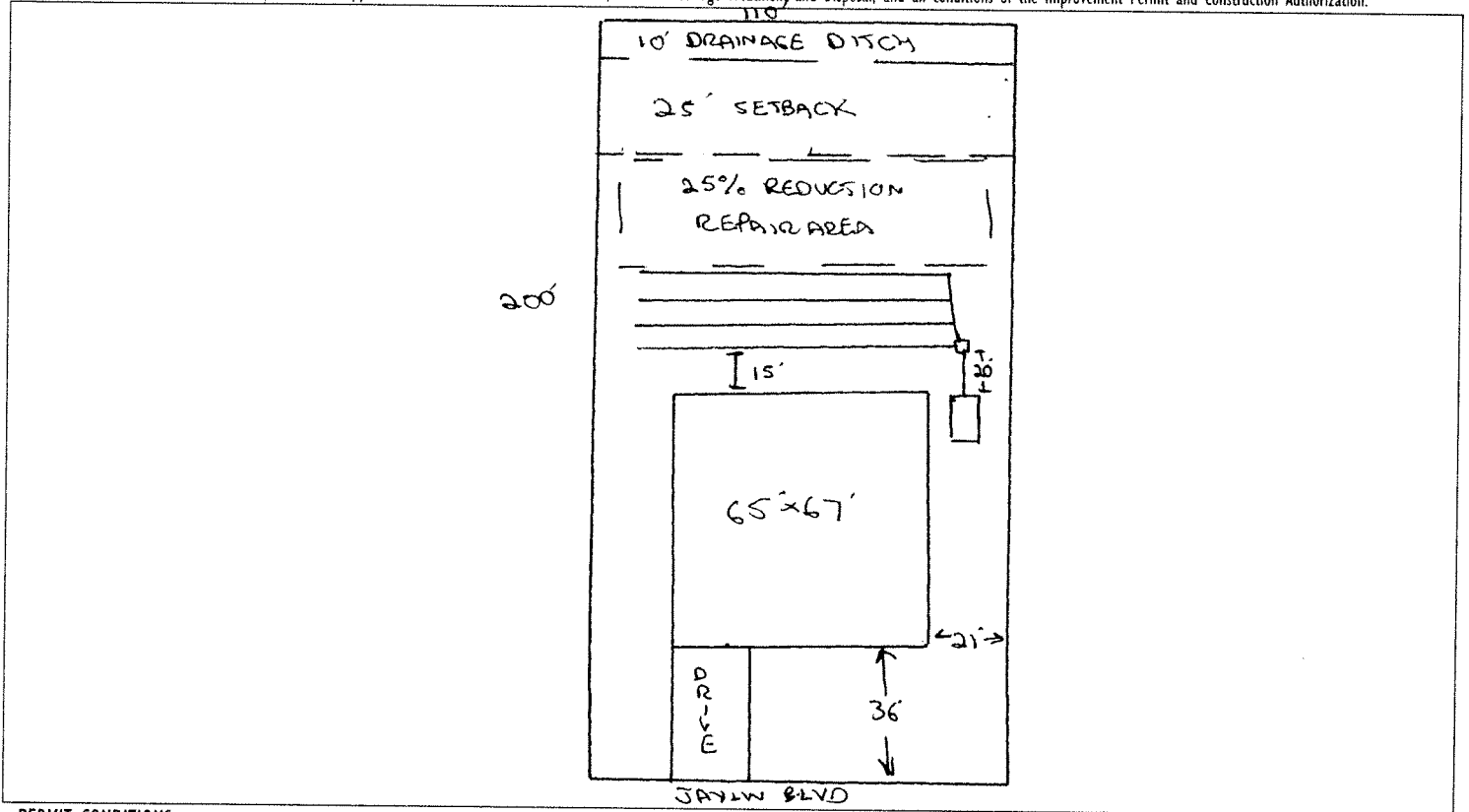
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIg 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: SYSTEM TYPE CHANGED TO NON 25% REDUCTION SYSTEM DURING INSTALLATION. ANY REPAIR WILL REQUIRE ABANDONMENT OF INITIAL SYSTEM DUE TO SETBACKS

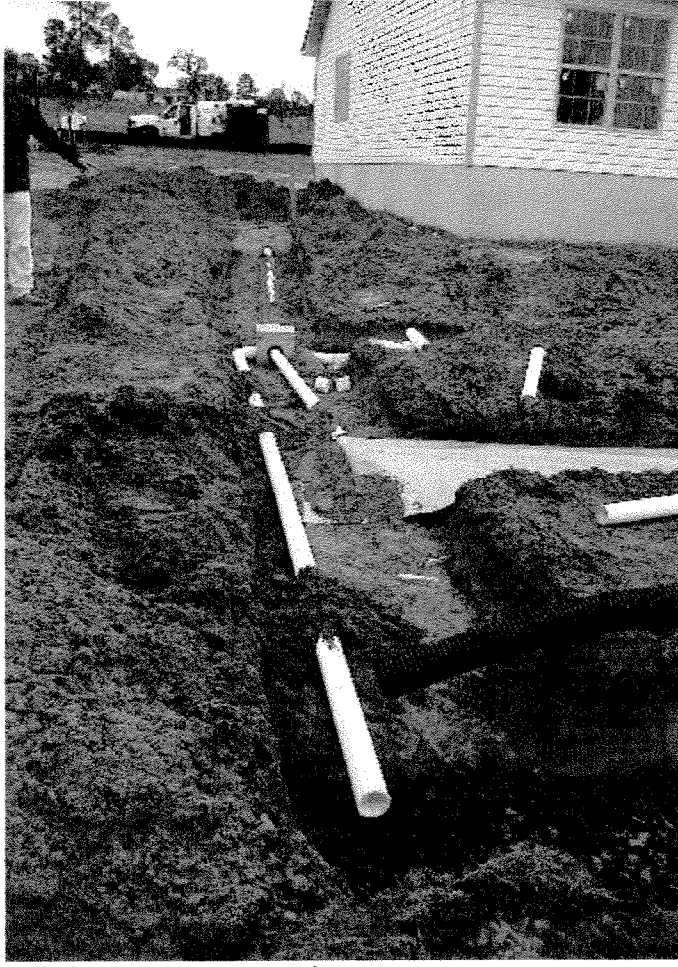
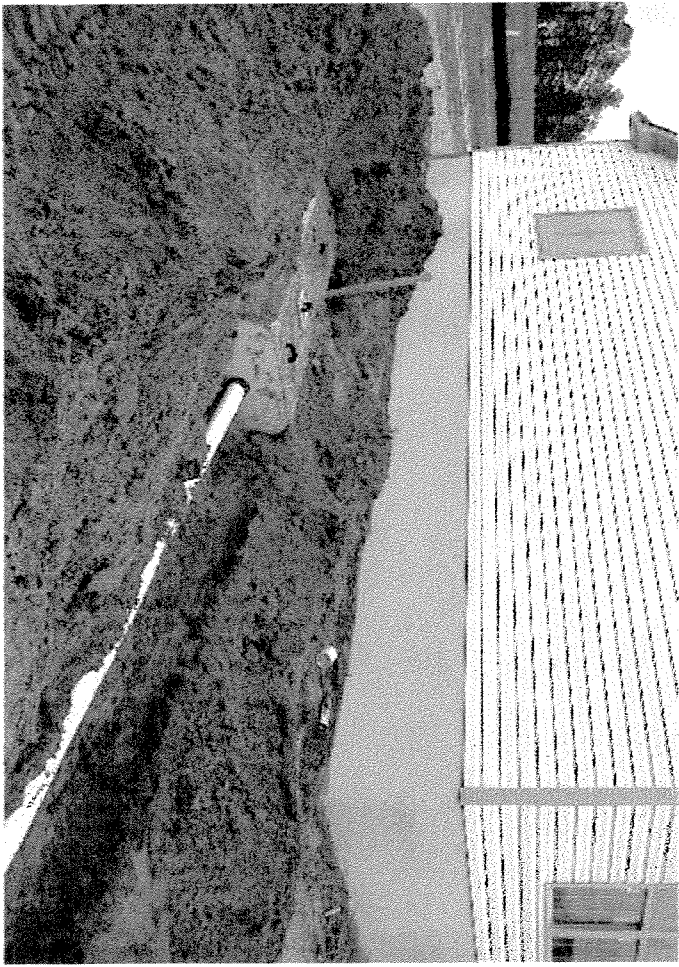
Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other TIRE GRIPS Septic Tank: 1000 gallons Pump Tank: _____ gallons

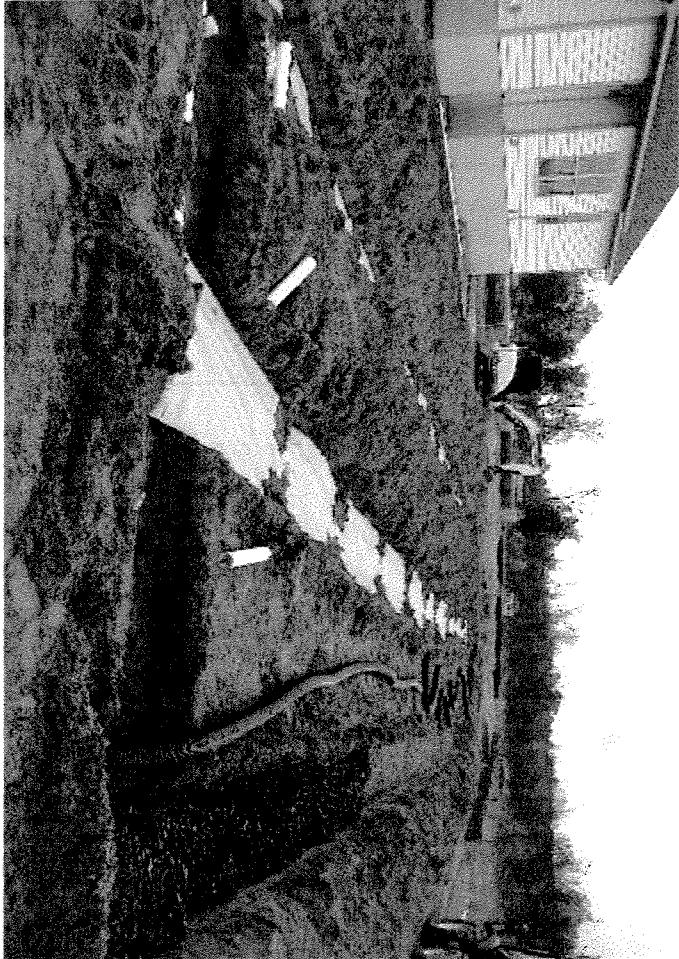
Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 90 feet width of ditches 3 feet depth of ditches 18-12 inches

French Drain Required: _____ linear feet

Authorized State Agent [Signature] REHS Date 11/19/09



08-5-2091RR



Central Carolina Holding, LLC
1616 McKoy Town Road
Cameron, NC 28326

Ticket: 40015218
Date: 11/19/2009
Time: 09:28:01 - 09:44:08
A O

Truck: GATE
Customer: 400000/GATE CUSTOMER

Gross: 31280 LB M Out Manual Wt
Tare: 22400 LB M In Manual Wt
Net: 8880 LB

Materials & Services	Truck Type: Pickup Quantity	Unit Rate	Amount
100% of DEM2T/2 inch DEM To	4.14	Tons \$22.00/Ton	\$97.68
Total Amount:			\$97.68

Driver: H. [Signature]

Deputy Weighmaster: [Signature] CJC
Libby Cameron

Pd. Cash

This load of fire chips is from the Fuel Grade location and meets the Nc specification as stated in Innovative Wastewater system approval IWS-002-03R for fire chip Substitution for Rock Aggregate in Nitrification Fields.