

Initial Application Date: 9/15/15

Application # 15-50037109

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****

HTE: 5 mins & 1 min

LANDOWNER: Arise Melanis Mailing Address: 101 Canterbury Drive
City: Dunn State: NC Zip: 28334 Contact No: 910-890-2160 Email: _____

APPLICANT: Jeremy M. Strickland Mailing Address: 1330 Lane Road
City: Dunn State: NC Zip: 28334 Contact No: 910-890-2160 Email: jstrickland@yahoo.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jeremy M. Strickland Phone # 910-890-2160 *se km*

PROPERTY LOCATION: Subdivision: 461 Hodges Chapel rd Lot #: _____ Lot Size: 2 ACRES
State Road # 1709 State Road Name: HODGES CHAPEL RD Map Book & Page: 2001, 0689
Parcel: 021529 0021 01 PIN: 1529 54 6747.000
Zoning: RA-40 Flood Zone: X Watershed: NA Deed Book & Page: 03137 / 0632 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) Monolithic
- 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 15' x 30') Use: Bedroom & Bathroom ^{10x11} 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: proposed bedroom & bath Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>40'</u>
Rear		<u>25'</u>		<u>110'</u>
Closest Side		<u>10'</u>		<u>120'</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: SITE HAS EXISTING TANK
WANT TO MOVE TANK & ADD LINE
FOR ROOM ADDITION (BEDROOM
& BATHROOM)

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: FROM LILLINGTON TAKE
HWY 27 TOWARD BERTON. TURN RIGHT ON
HODGES CHAPEL ROAD. SITE ON LEFT @
461 HODGES CHAPEL ROAD

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]
Signature of Owner or Owner's Agent

9/15/15
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

NAME: JEREMY M. STRICKLAND

APPLICATION #: 155037109

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 # 012028

Trans # 002718633

X

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.

Jeremy M. Strickland
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/15/15
DATE

WARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

01-5-2425
No 13433

OPERATIONS PERMIT

Name: (owner) James Roubly E/more

New Installation Septic Tank

Property Location: SR# 1709 Hedges Chapel Rd

Repairs Nitrification Line

Subdivision _____

Lot # _____

TAX ID# _____

Quadrant # _____

Contractor: Ray Moore

Registration # _____

Basement with Floorobing: Garage:

Water Supply: Well Public Community

Distance From Well: 20' ft.

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

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

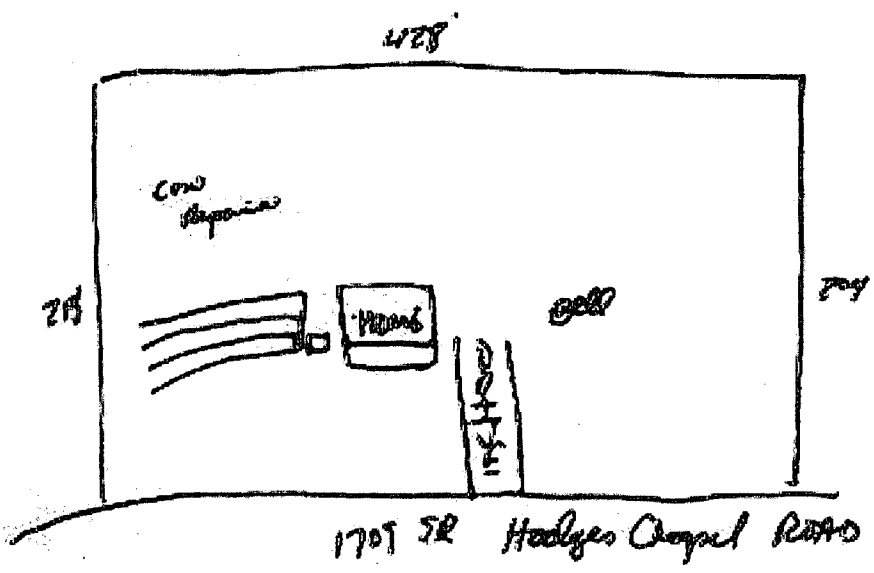
Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain: _____ Linear feet

Date: 11-28-01

PERMIT NO. 18672

Inspected by: James E. Mendenhall
Environmental Health Specialist





HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: KGOINS Type: CP Drawer: 1
Date: 9/15/15 51 Receipt no: 82706

Year	Number	Amount
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2015	50037109	
32941 TECH 4		
LILLINGTON, NC 27546		
84 BP - ENV HEALTH FEES		

\$750.00

NEW SEPTIC

JMS BUILDERS GROUP LLC

Tender detail		
CX CHECK PAYMEN	2016	\$750.00
Total tendered		\$750.00
Total payment		\$750.00

Trans date: 9/15/15 Time: 13:28:13

*** THANK YOU FOR YOUR PAYMENT ***

*** TRAVELER RUDY DOF NOV APRIL 88

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09/09/11

Application #

1550037109

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 ANGEL McLONIS Date 1/12/10
Site Address 461 HODGES CHAPEL RD Phone 910-890-2160
Directions to job site from Lillington TAKE HWY 27 TOWARD COATS : BENSON
TURN RIGHT HODGES CHAPEL RD, ABOUT 1/2 MILE
ON LEFT - BRICK RANCH HOUSE

Subdivision _____ Lot _____
Description of Proposed Work ADDITION # of Bedrooms 1
Heated SF 450 Unheated SF N/A Finished Bonus Room? N/A Crawl Space Slab

General Contractor Information

JEREMY M. STRICKLAND 910-890-2160
Building Contractor's Company Name Telephone
1330 LAKE RD justrickland@yahoo.com
Address Email Address
51550
License #

Electrical Contractor Information

Description of Work ADDITION PLUGS & SWITCHES Service Size _____ Amps T-Pole Yes No
BOYD'S ELECTRIC SERVICE & REPAIR INC 919-669-3843
Electrical Contractor's Company Name Telephone
143 MINGO RD, BENSON NC 27504
Address Email Address
20256-L
License #

Mechanical/HVAC Contractor Information

Description of Work ADDITION TO EXISTING SYSTEM
RANDY LEE JACKSON 910-242-2941
Mechanical Contractor's Company Name Telephone
100 N 13 TH ST SUITE 15W
Address EDWIN NC 28389 Email Address
18512 H3
License #

Plumbing Contractor Information

Description of Work ADDITION 2 SINKS, TUB, SHOWER # Baths 1
JEREMY WILLIFORD 919-915-0533
Plumbing Contractor's Company Name Telephone
3084 BAILEYS CROSSROADS RD
Address BENSON NC 27504 Email Address
30747
License #

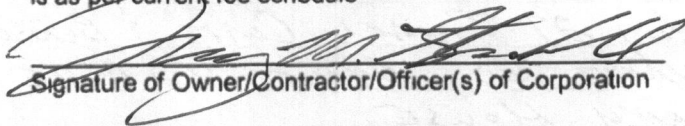
Insulation Contractor Information

ALVARO INSULATION 919-673-1603
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

1/12/16
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 JEREMY M. STRICKLAND

Sign w/Title Jeremy M. Strickland Date 1/12/16

1550037109

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 ANGEL McLONIS Date 1/10/14
Site Address 461 HODGES CAMPEL RD Phone 910-890-2160
Directions to job site from Lillington TAKE HWY 27 TOWARD COATS & BENSON
TURN RIGHT HODGES CAMPEL RD, ABOUT 1/2 MILE
ON LEFT - BRICK RANCH HOUSE
Subdivision _____ Lot _____
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Heated SF 450 Unheated SF N/A Finished Bonus Room? N/A Crawl Space Slab

General Contractor Information

JEREMY M. STRICKLAND 910-890-2160
Building Contractor's Company Name Telephone
1230 LAKE RD justrickland@yahoo.com
Address Email Address
51550

License #

Electrical Contractor Information

331-16 ✓ Description of Work ADDITION PLUGS & SWITCHES Service Size _____ Amps T-Pole _____ Yes No
BRANDS ELECTRIC SERVICE & REPAIR INC 919-669-3843
Electrical Contractor's Company Name Telephone
143 MINGO RD, BENSON NC 27504
Address Email Address
20256-1

License #

Mechanical/HVAC Contractor Information

✓ Description of Work ADDITION TO EXISTING SYSTEM
RANDY LEE JACKSON 910-242-2941
Mechanical Contractor's Company Name Telephone
100 N 13 TH ST SUITE 15W
Address EDWIN NC 28399 Email Address
18512 H3

License #

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Description of Work ADDITION 2 SINKS, TUB, SHOWER # Baths 1
JEREMY WILLIFORD 919-915-0533
Plumbing Contractor's Company Name Telephone
3084 BAILEYS CROSSROADS RD
Address BENSON NC 27504 Email Address
20747

License #

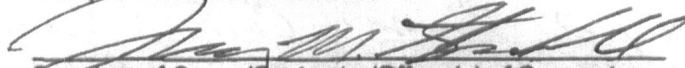
Insulation Contractor Information

ALVARO INSULATION 919-673-1403
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

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

1/12/16
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 Jeremy M. Spickland

Sign w/Title Jeremy M. Spickland Date 1/12/16

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	15-50037109	Page	3
Property Address	461 HODGES CHAPEL RD	Date	1/14/16
PARCEL NUMBER	02-1529- - -0021- -01-		
Tenant nbr, name	ENVIR *OPERATIONS ON HOLD**		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	_____	___/___/___

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 15-50037109 Date 1/14/16
 Property Address 461 HODGES CHAPEL RD
 PARCEL NUMBER 02-1529- - -0021- -01-
 Tenant nbr, name ENVIR *OPERATIONS ON HOLD**
 Application type description CP ADD & ALTER RESIDENTIAL
 Subdivision Name
 Property Zoning PENDING

Owner

MCLAMB ARIEL LEE
 101 CANTERBURY DRIVE
 DUNN NC 28334

Contractor

JEREMY M STRICKLAND
 1330 LANE RD
 DUNN NC 28334
 (910) 890-2160

Applicant

JEREMY M STRICKLAND
 1330 LANE RD
 DUNN NC 28334
 (910) 890-2160

--- Structure Information 000 000 15X30 BEDROOM 10X11 BATH ROOM CLOSET
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3.00
 SEPTIC - EXISTING? EXISTING
 WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
 Additional desc
 Phone Access Code 1123298
 Issue Date 1/14/16 Valuation 0
 Expiration Date 1/13/17

Permit RESIDENTIAL ELECTRICAL PERMIT
 Additional desc
 Phone Access Code 1123306
 Issue Date 1/14/16 Valuation 0
 Expiration Date 1/13/17

Permit RESIDENTIAL INSULATION PERMIT
 Additional desc
 Phone Access Code 1123314
 Issue Date 1/14/16 Valuation 0
 Expiration Date 1/13/17

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	15-50037109	Page	2
Phone Access Code	1123322	Date	1/14/16
Issue Date	1/14/16	Valuation	0
Expiration Date	7/12/16		

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1123330		
Issue Date	1/14/16	Valuation	0
Expiration Date	1/13/17		

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1123355		
Issue Date	1/14/16	Valuation	0
Expiration Date	1/13/17		

Special Notes and Comments

T/S: 09/15/2015 01:24 PM KGOINS ----
27 TOWARDS BENSON T/R ON HODGES CHAPEL
RD SITE ON LEFT @ 461 HODGES CHAPEL RD

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LBENNETT Type: CP Drawer: 1
Date: 1/14/16 53 Receipt no: 211980

Year	Number	Amount
2015	50037109	
461 HODGES CHAPEL RD DUNN, NC 28334		
B1	BP - PERMIT FEES	\$350.00

JMS BUILDERS GROUP LLC

Tender detail		
CK CHECK PAYMEN	2194	\$350.00
Total tendered		\$350.00
Total payment		\$350.00

Trans date: 1/14/16 Time: 11:18:08

** THANK YOU FOR YOUR PAYMENT **