Initial Application Date: ${m q}$	1-16-2018	<u>^</u>
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Application # _	12-2003-1114		
,	CU#		

Central Fermitting 106 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/pem	nits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION	
LANDOWNER: Rigaberto Luna Joaquina Plate Mailing Address: 70 Geoffrey Cir	
City: Broadway State: N(Zip: 2) & Contact No: 9/9-770-1073 Email: gavin-os ahotmai/	. Con
APPLICANT*: Rigoberto Lona Mailing Address: 70 Geoffrey CIY City: Bloadway State: NC Zip: 27505 Contact No: 919-170-10-73 Email: gavin of whot mail- *Please fill out applicant information if different than landowner	com
contact NAME APPLYING IN OFFICE: Rigoberto Luna Gavino Phone # 919-770-1073 Buchanun Acres PROPERTY LOCATION: Subdivision: 70 Geoffrey Cir Browsway N(2730 Sot #: 21 Lot Size: 0.72	
State Road #State Road Name:Map Book & Page: 2000 / 066	<u> </u>
Parcel: 139692 004 37 PIN: 9691-65-7569-000	
Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: Q2191/0489 Power Company*:	
*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: Slab:	;
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	
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	NAV-SPIN.
☐ 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:	
Addition/Accessory/Other: (Size 30 x 60) Use: Curport Closets in addition? () yes (no 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: Other (specify):	
Required Residential Property Line Setbacks: Comments:	
Front Minimum Actual	
Rear	
Closest Side	
Sidestreet/corner lot	
Nearest Building on same lot	
Residential Land Use Application Page 1 of 2 03/11 APPLICATION CONTINUES ON BACK	
All Manifel Administra on Man	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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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

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

Owners Name Rigoberto Luna and Joaquina Z(ortez Date 9-16-20
Site Address 70 Geoff Tex Cir Broadwax NC2	7505 Phone 919-770-10
Site Address 70 Geoffrey Cir Broadway NC2 Directions to job site from Lillington 70 Geoffrey Cir	Broadway NC2750
	Lot1
Description of Proposed Work Car Porch	
Heated SF Unheated SF Finished Bonus Room?	Crawl Space Slab
Building Contractor's Company Name	Telephone
Address	Email Address
Ouner License #	
Description of Work Service Size	Amps T-PoleYesNo
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor Information	<u>ation</u>
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	1
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 1 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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner **General Contractor** 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

15-50027 11V

NAME: HIGOOCIA	APPLICATION #: 13 3 9 1 1 1 1
•	*This application to be filled out when applying for a septic system inspection.*
County Health D	Department Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION II PERMIT OR AUTHORIZA	N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration tion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
	ealth New Septic System Code 800 Trans 002719375
	rons must be made visible. Place "pink property flags" on each corner iron of lot. All property
lines must be o	clearly flagged approximately every 50 feet between corners.
	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks,
	swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property.
	nickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil
	e performed. Inspectors should be able to walk freely around site. Do not grade property .
	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
	uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
800 (after sele	proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code cting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note umber given at end of recording for proof of request.</u>
	or IVR to verify results. Once approved, proceed to Central Permitting for permits.
	ealth Existing Tank Inspections Code 800
	nstructions for placing flags and card on property.
	spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
	hen put lid back in place . (Unless inspection is for a septic tank in a mobile home park) LIDS OFF OF SEPTIC TANK
 After uncovering if multiple perron 	ng outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit mits, then use code 800 for Environmental Health inspection. Please note confirmation number
	recording for proof of request. or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	
	on 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 question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}YES	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	Does or will the building contain any drains? Please explain.
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	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	Are there any Easements or Right of Ways on this property?
{}YES	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 Applicat	ion 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

HARNETT COUNTY, NORTH CAROLINA GIS/LAND RECORDS

Harnett County GIS 305 W Cornelius Harnett Blvd, Suite 100 Lillington NC 27546 To A A College 76 GEOFFREYCIR 8 Rivers Blue: Band_3 WS-III NSW WS-IV

Any use of this map shall be at the sole risk of the user of this map Although, all effort has been taken to insure accuracy in the data presented. Hamett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless that the accuracy of this information represented herein. Any user of this product shall hold harmless. Hamett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS produ

910-893-7523

www.harnett.org



AddressPoints

Road Centerlines

MajorRoads

Parcels

County_Boundary

CityLimits

Watershed _ws-iii

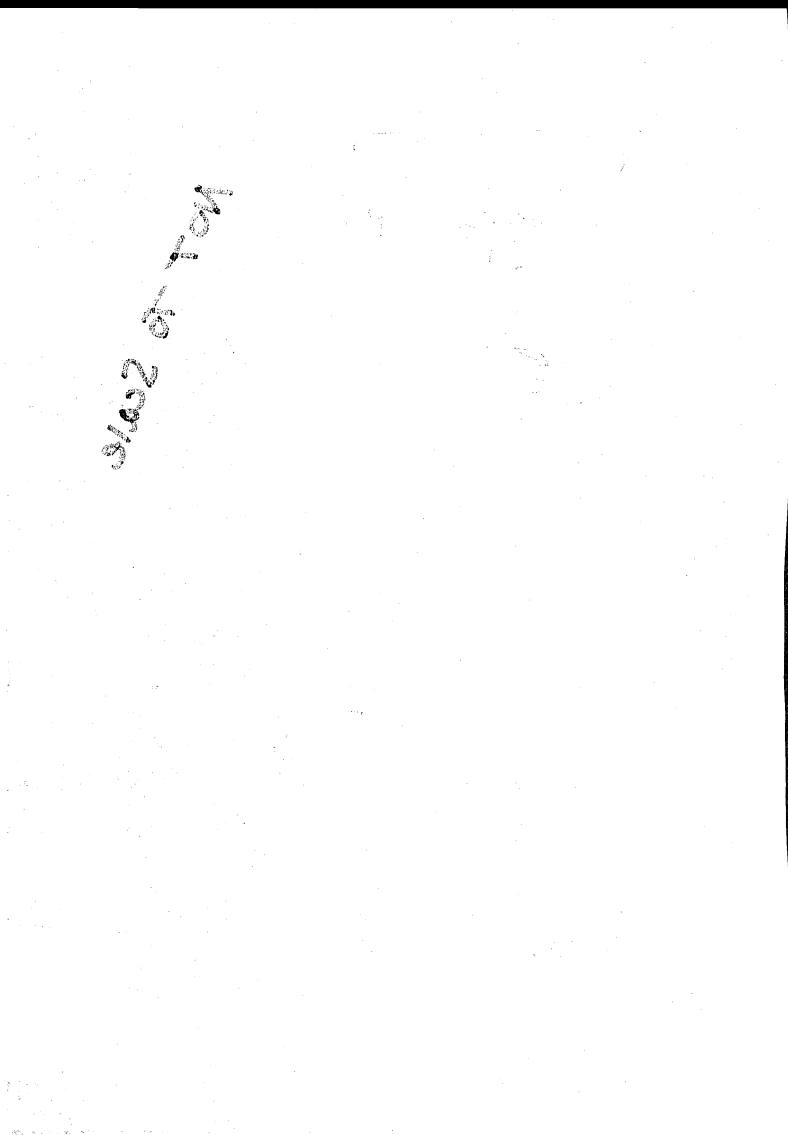
WS-III HOW

Harnett_2013.sid

Red: Band_1 Green: Band_2



Harnett



CASH RECEIPTS
RECEIPT *** Type: CP Dr Receipt no: HARNETT COUNTY *** CUSTOMER KEDINS -- 9/16/15 51

\$168.88 Amount HEALTH FEE Year Number 2015 56037114 70 GEUFFREY CTR BROADWAY, NC 27505 RA SEPTIC **EXISTING**

RIGOBERTO LUNA

\$186.88 \$188.88 \$188.88 Tender detail CA CASH PAYMENT Total tendered Total payment

Time: PAYENT PAYENT THAMK YOU FOR YOUR Trans date: 9/16/15

12:59:82

** INMA ADRECK ADR. SMARSHER **

Local Dashward

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