Initial Application Date:_	10-	14	-	15
- Appropriate -	_			_

Application # 15°			50037292		
		CU#	7.00 <u>20.1038</u> 0 200		
COUNTY OF HARNETT	RESIDENTIAL LAND USE APPI	LICATION			
et, Lillington, NC 27546	Phone: (910) 893-7525 ext:2	Fax: (910) 893-2793	www.harnett.org/permits		

Central Permitting 108 E. Front Street, Lillington, NC 27546 "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" State: NC Zip: 2750/Contact No: 919-632-1209 Email: ray hartin @ outlook.com Mailing Address: City: ___ Contact No: __ *Please fill out applicant information if different than landowned CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: Meadow Brook _____ State Road Name: 🗘 🔾 🔾 PIN: 0662-45-9571.000 Zoning: RA-30 Flood Zone: Watershed: WS-WDeed Book & Page: 1617/ 782 Power Company*: Duke Pregress *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: Monolithic SFD: (Size ____x ___) # Bedrooms: __ # Baths: __ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: (Is the bonus room finished? (___) yes (___) no w/ a closet? (___) yes (___) no (if yes add in with # bedrooms) _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 12'x12') Use: porch 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 _____ Manufactured Homes: _____ Other (specify): ______Or__ Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/corner lot_ Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE	PROPERTY FROM LILLINGTON: 16	ike 210	out of Lilling to	in towards
Angier, take	rialt on Neil	& CAREK	Rd. Tak- Fir	ex right
Which is A	PROPERTY FROM LILLINGTON: To a right on Neil: shley Dr. house	is on the 1	ight towards c.	nd of street

		Marking Address		APELOANT.
				In the state of th
If permits are granted I agree to or I hereby state that foregoing state	onform to all ordinances and laws of the St ments are accurate and correct to the best	ate of North Carolina reg of my knowledge. Perm	Julating such work and the specific it subject to revocation if false info	cations of plans submitted ormation is provided.
1	4 Xm	1	10/13/15	OF SAME APPLY
71	Signature of Owner or Owner's Agent		Date	
150/01	W.37 1			
***It is the owner/applicants res	sponsibility to provide the county with a	ny applicable informati	on about the subject property, i	including but not limited
to: boundary information, h	nouse location, underground or overhea incorrect or missing information the	d easements, etc. The o at is contained within the	county or its employees are not nese applications,***	responsible for any
		Dead Book & Paru		
** * m Progress Energy	This application expires 6 months from	the initial date if permi	ts have not been issued**	
				SEU DESCHOUS
Miniothic Slab Slab	Calego Duck Cowason			
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	CargoSite Built Dack			
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NAME: Ray Harthub

APPLICATION #: 37292

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 # D 2 4 1 2 10 14

Environmental Health New Septic SystemCode 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 <u>undergrowth</u> 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.

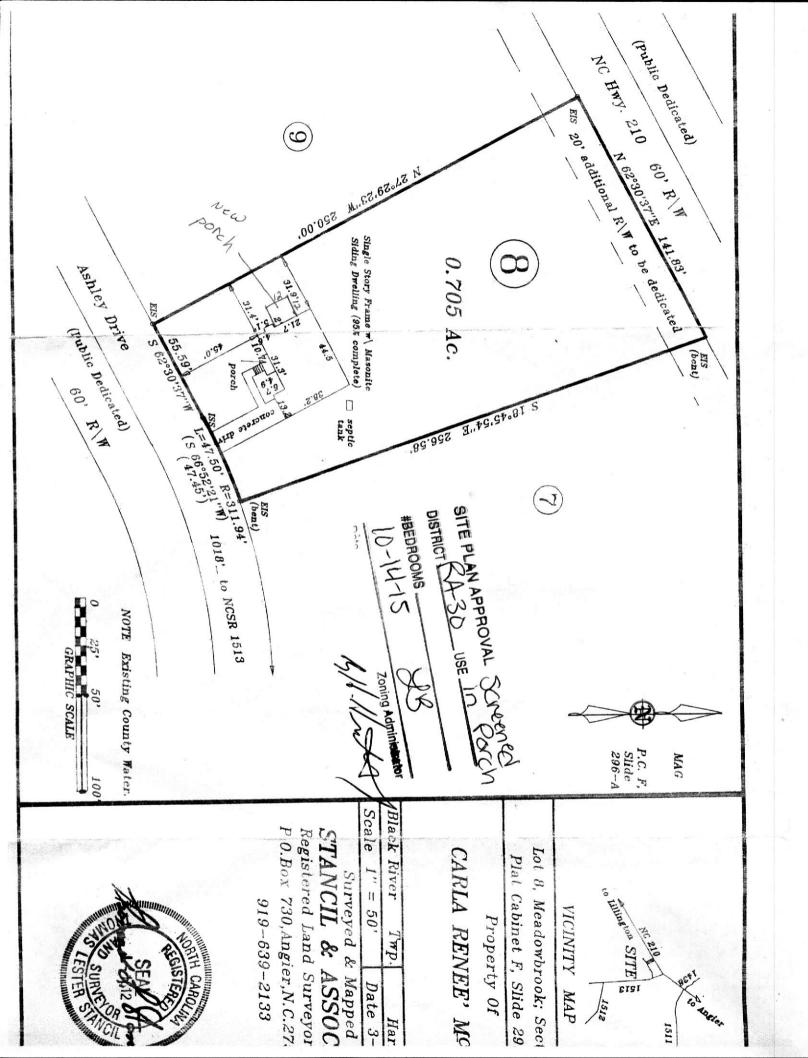
Environmental Health Existing Tank Inspections Code 800

- · 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {__} Conventional { } Innovative {__}} 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 "cs", applicant MUST ATTACH SUPPORTING DOCUMENTATION: {_}}YES Does the site contain any Jurisdictional Wetlands? {__} 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 }YES Is any wastewater going to be generated on the site other than domestic sewage? }YES Is the site subject to approval by any other Public Agency? }YES Are there any Easements or Right of Ways on this property?) NO 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

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 (EGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE 15





I (ME) HEREBY CERTIFY THAT I AM (ME ARE) THE DIMER (S) DR AREST OF

STREETS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO IS WITHIN THE SUBSIVEISION RESULATION JUNISDICTION OF MADRETT COUNTY EXCEPT: PUBLIC OR PRIVATE USE AS MOTED, AND ALL OF THE LAND SHOWN HEREON ESTABLISH THE MINIMUM BUILDING SCIDNCK LINES, AND DEDICATE ALL ADOPT THIS PLAN OF SUBBIVISION WITH MY (OUR) FREE CONSENT, THE PROPERTY SHOW AND RESCRIBED HEREON AND THAT I (ME) HEREBY E S THE THE TALL IS NOT THE THE SEPTEMBLE OF THE STICILL IN LINE.

04-06-120108 ALC

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Name

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- Nate 256-A

5-6-94 17

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Application # 1556037292

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

Owners Name RAY H. Hartlaub Jr	
Site Address 200 Ashley DC Angier NC 2	7501 Phone 919-632-620
Directions to job site from Lillington Take 210 out of Lillings	or towards Angier,
take a right on Neil's Creek Rd. Take	First right which is
Ashley Dr house is on right towards en	d of the street
Subdivision Meadowshopol	Lot 8
Description of Proposed Work add screened posch	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	
General Contractor Information	
Home Owner	Telephone
Building Contractor's Company Name	тетернопе
Address	Email Address
License #	
Description of Work add GTCI outlet, 2 dights Service Size	Amps T-PoleYesNo
Lome Ouver	
Electrical Contractor's Company/Name	Telephone
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Addréss	Email Address
License #	
Mechanical/HVAC Contractor Informa	tion
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
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License #	
Plumbing Contractor Information	
Description of Work	# Baths
District Control of Control of Control	Telephone
Plumbing Contractor's Company Name	Тегерпопе
Address	Email Address
/	
License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone
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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 ! 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 10/13/15 Date Signature of Owner/Contractor/Officer(s) of Corporation 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

Sign w/Title

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 15-50037292 Date 10/23/15 Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor HARTLAUB CARLA R & RAY H JR OWNER 200 ASHLEY DR ANGIER NC 27501 Applicant ------HARTLUB RAY 200 ASHLEY DR BROADWAY (919) 632-6209 NC 27505 Structure Information 000 000 12X12 SCREENED IN PORCH Flood Zone FLOOD ZONE X Other struct info # BEDROOMS SEPTIC - EXISTING? EXIST SEPTIC WATER SUPPLY COUNTY Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1113646
Issue Date . . . 10/23/15 Valuation . . .
Expiration Date . . 10/22/16 Permit LAND USE PERMIT Additional desc . .

Phone Access Code . 1113984

Issue Date . . . 10/23/15 Valuation . . .

Expiration Date . . 4/20/16 _____ Special Notes and Comments T/S: 10/14/2015 10:55 AM LBENNETT --200 ASHLEY DR - ANGIER TAKE 210 OUT OF LILLINGTON TOWARDS ANGIER, TAKE RIGHT ON NEILLS CREEK RD -TAKE FIRST RIGHT WHICH IS ASHLEY DRIVE

- HOUSE IS ON RIGHT TOWARDS END OF THE

STREET

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) Bldg Insp scheduled before 2pm available next by) 893-2793 usiness da	у.
Application Number 15-50037292 Property Address 200 ASHLEY DR PARCEL NUMBER 04-06720108- Application description CP ADD & ALTER RESII Subdivision Name Property Zoning RES/AGRI DIST - RA-1	Date -25- DENTIAL	2 10/23/15
Required Inspections		
Phone Insp Seq Insp# Code Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT		
999 101 B101 R*BLDG FOOTING / TEMP SVC POLE 999 131 R131 ONE TRADE FINAL 999 125 R125 ONE TRADE ROUGH IN 999 229 R229 TWO TRADE FINAL		
999 225 R225 TWO TRADE ROUGH IN		'-'-
Permit type LAND USE PERMIT		
999 818 Z818 PZ*ZONING INSPECTION 999 820 Z820 PZ*ZONING/FINAL INSPECTION		'_'_