nitial Application Date:	1-14-16

Application #	1650037850
	CU#

COUNTY OF HARNETT RESIDENTIAL LAND	USE	APPLIC	CATION
------------------------------------	-----	--------	--------

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

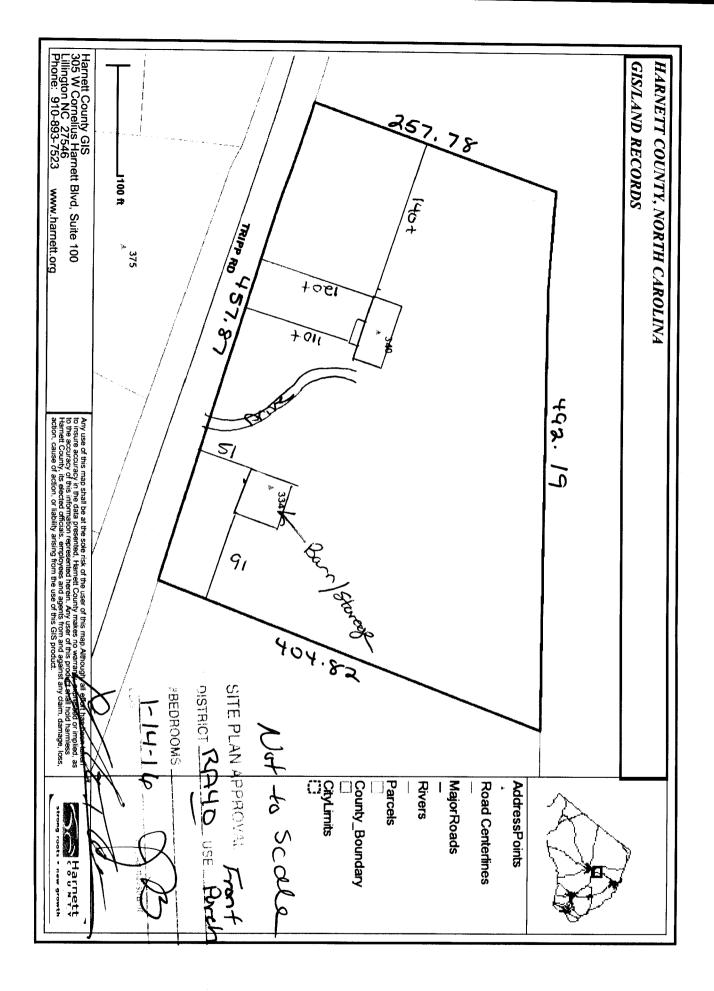
03/11

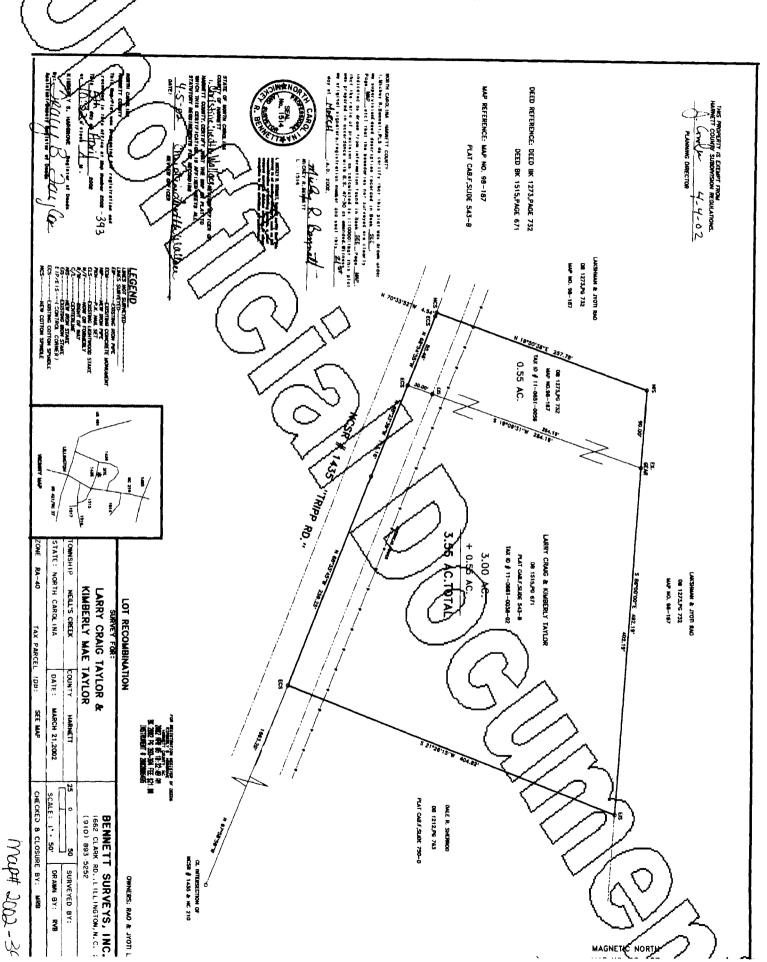
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Mailing Address: 334 Tripe Rd Lilling ton M. State: No Zip: Contact No: 910-814-2261 Email: 1134, heath@ Siemes con APPLICANT : NCT Specie 1-4y Contracting Mailing Address: 700 MAPLE Brook Rd State: NC Zip: 27536 Contact No: 919-669-6207 Email: Nick @ nct special W Contractor *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: 334 Tipe Rd Lillington DC. Lot #: ___ Lot Size: 3.18A _ State Road Name: _____Tripp Rcl ___ Map Book & Page: 2002 / 3Q 3 State Road # PIN: 0651-93-5715.000 ___ Deed Book & Page: 2137 /389_Power Company*: ___ Zoning: PHOFlood Zone: Watershed: T ____ from Progress Energy. *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: 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:____ Addition/Accessory/Other: (Size 24'x 8') Use: 1 Cosets 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:_ Manufactured Homes:_____ Other (specify):____ Required Residential Property Line Setbacks: Actual \ Rear Closest Side Sidestreet/corner lot Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 210 South Jowards Angiec
Cross over 401. On about 2 miles Tree Rd on Let. Co great
2 mias Hone on Rt. hand size of Rd.
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.
1-14-16
Signature of Owner or Owner's Agent 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: APPLICATION #:				
This application to be filled out when applying for a septic system inspection. <u>County Health Department Application for Improvement Permit and/or Authorization</u>	on to Construct			
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN TH PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 month depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1 CONFIRMATION #	E D (DD OLUD) (E)			
Environmental Health New Septic SystemCode 800				
 All property irons must be made visible. Place "pink property flags" on each corner iron 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 drivews out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitti 	na.			
 Place orange Environmental Health card in location that is easily viewed from road to assist in If property is thickly wooded, Environmental Health requires that you clean out the <u>undergro</u> 	wth to allow the soi			
 evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade All lots to be addressed within 10 business days after confirmation. \$25.00 return trip for the state of the state of	le property.			
<u>ior failure to uncover outlet lid, mark house corners and property lines, etc. once lot co</u>	nfirmed ready			
 After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to sch 800 (after selecting notification permit if multiple permits exist) for Environmental Health insp 	redule and use code			
 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 per	14 .			
Environmental Health Existing Tank Inspections Code 800	nits.			
 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 page (block in place). The property is a second of tank as diagram indicates, and page (block in place). Outline in the page (block in place).	lift lid straight up (ii			
 possible) and then put IId back in place. (Unless inspection is for a septic tank in a mobile ho DO NOT LEAVE LIDS OFF OF SEPTIC TANK 	me park)			
 After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & sele 	ct notification permit			
if multiple permits, then use code 800 for Environmental Health inspection. Please note of	onfirmation 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 	nina normita			
<u>SEPTIC</u>				
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				
{}				
The applicant shall notify the local health department upon submittal of this application if any/of the following applicant. If the answer is "yes" applicant MUST ATTACH SUPPORTING DOCUMENTATION:	oply to the property in			
{_}\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 prope	rty?			
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?	\ /			
{} ES {} NO Are there any Easements or Right of Ways on this property?				
(_)YES (_) NØ Does the site contain any existing water, cable, phone of 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 Heroin Is True, Complete And Correct. A	uthorized County And			
State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applic	able Laws And Rules.			
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And C				
The Site Accessible So That A Complete Site Evaluation Can Be Performed.	•			
1/2-19	1-14-16			
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE			

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

<u>Application for Residential Building and Trades Permit</u>

Owners Name Lindy Heath	Date <u>1-14-14</u>
Site Address 334 Tripp Rd. Fillington NC	Phone 910 - 8/4-2261
Directions to job site from Lillington TAIL 210 5. Low Ros	S Aggree appear 2 miles
ON LAL ON Tripe Rd Go 1 to Zoves	THE OD RESIDE
Of foct	
Subdivision	Lot
Description of Proposed Work Building a Rach.	# of Bedrooms3
Heated SF 1000 Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
DCT Specially Contracting in C Building Contractor's Company Name	919-669-6307 Telephone
Address	Mich Onch Specia Historicating. Email Address
License #	
Description of Work Buld 8x24 Porch. Service Size _	Amps T-PoleYes No
Electrical Contractor s Company Name	Telephone
Address	Email Address
License #	•
Description of Work	<u>ation</u>
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	
	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	1
WA	
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 bermission-to-obtain-these-permits and if <a href="mailto: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

Affidavit for Worker's Compensation Affidavit for Worker's Compensation The undersigned applicant being the General Contractor Owner Officer On hereby confirm under penalties of perjury that the person(s) set forth in the permit Has three (3) or more employees and has obtained worked the compensation of the c	r/Agent of the Contractor or Owner firm(s) or corporation(s) performing the work
General ContractorOwnerOfficer Oo hereby confirm under penalties of perjury that the person(s) et forth in the permit Has three (3) or more employees and has obtained worked. Has one (1) or more subcontractors(s) and has obtained to the contractors of the contracto	r/Agent of the Contractor or Owner firm(s) or corporation(s) performing the world
Do hereby confirm under penalties of perjury that the person(s) set forth in the permit Has three (3) or more employees and has obtained worked. Has one (1) or more subcontractors(s) and has obtained to	firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained to	
Has one (1) or more subcontractors(s) and has obtained to	
Has one (1) or more subcontractors(s) and has obtained to	ers compensation insurance to cover them
nem	workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own overing themselves	policy of workers compensation insurance
Has no more than two (2) employees and no subcontracto	ex
While working on the project for which this permit is sought it is usepartment issuing the permit may require certificates of coverage issuance of the permit and at any time during the permitted was arrying out the work	ge of worker's compensation insurance prior ork from any person-firm or corporation

P.O. BOX LILLINGT For Insp	N, NC 27546 ections Call: (PERMITTING 910) 893-7525 Fax: (910 ore 2pm available next b	0) 893-2793 Dusiness day	7.
Property Ad PARCEL NUMB Application Subdivision	R description . Name	334 TRIPP RD 11-06610038- CP ADD & ALTER RESI	DENTIAL	
	Requi	red Inspections		
Phone Seq Insp#	Insp Code Descript	ion	Initials	Date
Permit type	RESIDE	ENTIAL BUILDING PERMIT		
999 103 999 111 999 105 999 101 999 131 999 125 999 229 999 225	B111 R*BLDG S B105 R*OPEN F B101 R*BLDG F R131 ONE TRAD R125 ONE TRAD R229 TWO TRAD R225 TWO TRAD	FOOTING / TEMP SVC POLE DE FINAL DE ROUGH IN DE FINAL DE ROUGH IN		
Permit type	LAND U	SE PERMIT		
999 818 999 820		G INSPECTION G/FINAL INSPECTION		_/_/_

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 16-50037850 Date 2/05/16 Application type description CP ADD & ALTER RESIDENTIAL Subdivision Name Property Zoning RES/AGRI DIST - RA-40 Contractor Owner ______ NCT SPECIALTY CONTRACTING, INC HORNING LENNY & HEATH LINDY 60 ATKINS RD 334 TRIPP RD LILLINGTON NC 27546 FUQUAY VARINA NC 27526 (919) 669-6207 Applicant NCT SPECIALTY CONTRACTING INC 700 MAPLE BROOK RD FUQUAY VARINA NC 27526 (919) 669-6207 Structure Information 000 000 24X8 COVERED FRONT PORCH Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXT TANK WATER SUPPLY COUNTY Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1124288 Issue Date . . . 2/05/16 Valuation . . . 7104 Expiration Date . . 2/04/17 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1125301

Special Notes and Comments

T/S: 01/14/2016 10:45 AM JBROCK ----

Issue Date . . . 2/05/16 Valuation Expiration Date . . 8/03/16

HARNETT COUNTY CENTRAL PERMITTING

334 TRIPP RD

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LBENNETT Type: CP Drawer: 1
Date: 2/05/16 53 Receipt no: 231744

Year Number Amount 2016 50037850 Amount 334 FRIPP RD LILLINGTON, NC 27546 B1 BP - PERMIT FEES

\$125.00

NICHOLAS TART

Tender detail
CP CKEDIT CARD
Total tendered \$125.00
Total payment \$125.00

Trans date: 2/05/16 Time: 9:45:50

** THANK YOU FOR YOUR PAYMENT **