

Initial Application Date: 2-11-16

Application # 11050038017

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: David Sargent Mailing Address: 50 Highgreen Point
City: Cameron State: NC Zip: 28326 Contact No: 919-607-6355 Email: _____

APPLICANT*: Calvin Terry Mailing Address: P.O. Box 702
City: Vass State: NC Zip: 28394 Contact No: 910-528-1153 Email: cbtj@528@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Calvin Terry Phone # 910-528-1153

PROPERTY LOCATION: Subdivision: Cypress Point Lot #: 8 Lot Size: .63ac
State Road # _____ State Road Name: Highgreen Point Map Book & Page: 2011/575
Parcel: 09 9544 0024 07 PIN: 9553-68-5977.000
Zoning: R200M Flood Zone: X Watershed: MA Deed Book & Page: 3227/650 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 14 x 16) Use: Covered Porch / Patio 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: Next SFD Manufactured Homes: _____ Other (specify): 1 proposed Covered Porch

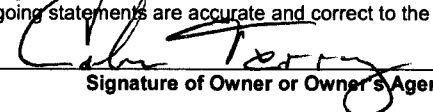
Required Residential Property Line Setbacks:

Front	Minimum	Actual
Rear		<u>25 +/-</u>
Closest Side		<u>53 +/-</u>
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 w to Hillman Grove Rd,
Right onto Cypress Church Rd, Left onto Old Cypress Pt,
Left onto Highgreen Pt.

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

2-16-16
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****

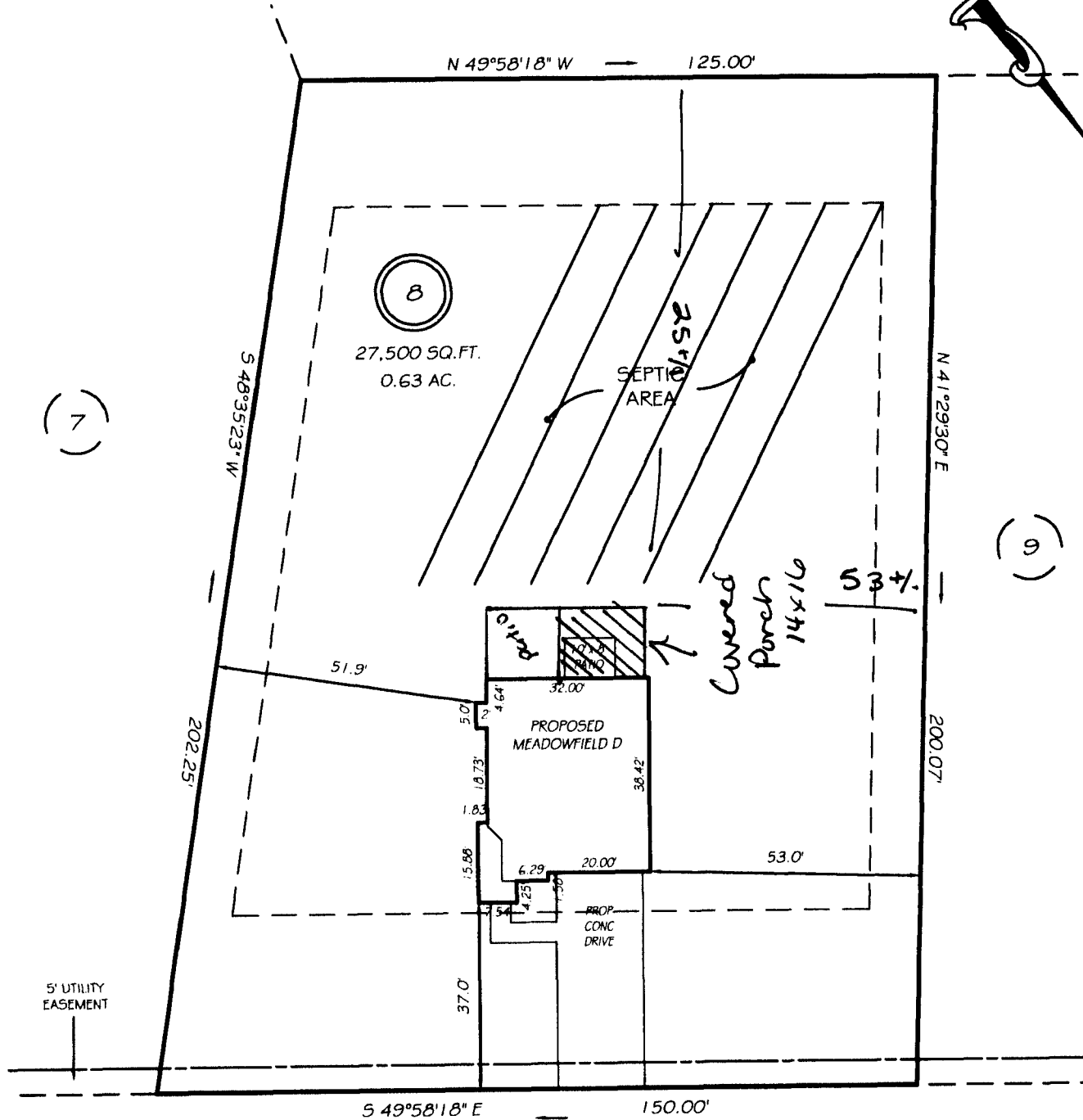
I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1:10,000+; that the area shown hereon was calculated by coordinates.
 Witness my hand and seal this day of MONTH 2011.

BK PG
 CUMBERLAND CO. REGISTRY

(10)

(7)

(9)



SITE PLAN APPROVAL HIGHGREEN POINT
 DISTRICT RAZOR USE RES 50' PUBLIC RW

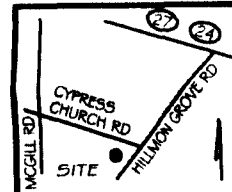
#BEDROOMS 2/14/16 OPB

SETBACKS

FRONT	35'
REAR	25'
SIDE	10'
CORNER SIDE	20'

LEGEND

EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
RW	RIGHT OF WAY	CO	CLEAN OUT
N/F	NOW OR FORMERLY	FH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN



PRELIMINARY
 NOT FOR RECORDATION,
 SALES OR CONVEYANCE

HTE# 11-527744

Harnett County Department of Public Health

PERMIT # 26724

Operation Permit

22203

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: CYPRESS CHURCH RD

Name: (owner) DR HORTON INC SUBDIVISION CYPRESS POINTE LOT # 8

System Installer: JASON MATTHEWS Registration # _____

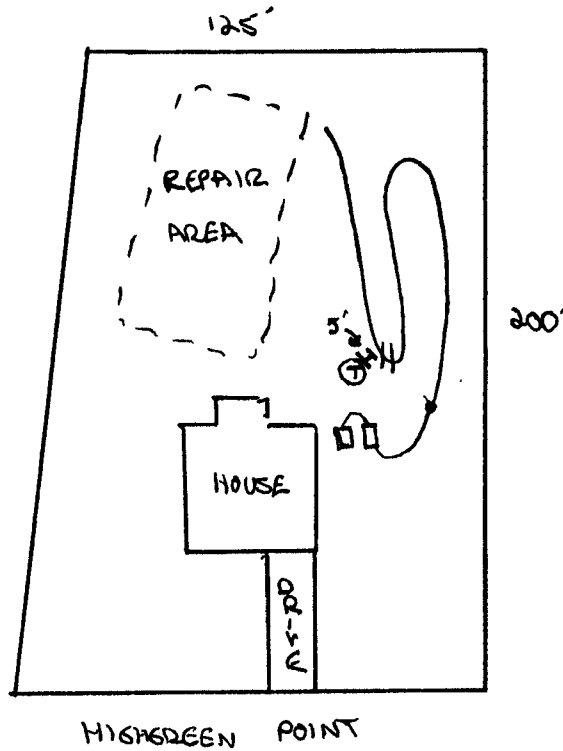
Basement with plumbing: Garage Number of Bedrooms 4

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

System Type: III D 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: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other Pump To EZ Flow Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 feet width of ditches 3 feet depth of ditches 20-24 inches

French Drain Required: ~~Linear Foot~~

NAME: Calvin Terry

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.

Calvin Terry
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-16-16
DATE

09/09/11

Application #

38017

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

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

Owner's Name David Sargent Date 3-17-16
Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work Covered Porch # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

C. B. Terry Construction 910-528-1153
Building Contractor's Company Name Telephone
120 Maple St cbtj@528
Address Email Address

License # _____
Electrical Contractor Information
Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No

_____ Telephone _____
Electrical Contractor's Company Name
_____ Email Address _____
Address
License # _____

Mechanical/HVAC Contractor Information

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

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

C. B. Terry
Signature of Owner/Contractor/Officer(s) of Corporation

3-17-16
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 C. B. Terry Construction

Sign w/Title C. B. Terry Owner Date 3-17-16

Plan Box # 01

Date 2-16-16

Job Name Terry

App # 38017

Valuation ^{\$} 8806

SQ Feet 238

Garage _____
= _____

Inspections for SFD/SFA

Crawl _____ Slab _____ Mono Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____ Envir. Health _____ Other _____

Additions / Other

Footing
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

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 16-50038017 Date 3/17/16
Property Address 50 HIGHGREEN PT
PARCEL NUMBER 09-9544- - -0024- -07-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name CYPRESS POINTE 30LOTS
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

SERGENT DAVID & NIKKI C.B. TERRY CONSTRUCTION
50 HIGHGREEN POINT 120 MAPLE ST
CAMERON NC 28326 VASS NC 28394
(910) 528-1153

Applicant

TERRY CALVIN
PO BOX 702
VASS NC 28394
(910) 528-1153

--- Structure Information 000 000 14X16 COVER 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 1127182
Issue Date 3/17/16 Valuation 8806
Expiration Date 3/17/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1130988
Issue Date 3/17/16 Valuation 0
Expiration Date 9/13/16

Special Notes and Comments
T/S: 02/16/2016 11:04 AM JBROCK ----
50 HIGHGREEN PONT

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.

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	Date	3/17/16
Application Number	16-50038017	
Property Address	50 HIGHGREEN PT	
PARCEL NUMBER	09-9544- - -0024- -07-	
Application description . . .	CP ADD & ALTER RESIDENTIAL	
Subdivision Name	CYPRESS POINTE 30LOTS	
Property Zoning	RES/AGRI DIST - RA-20M	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date

Permit type	RESIDENTIAL BUILDING PERMIT				
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	__/__/__
999	131	R131	ONE TRADE FINAL	_____	__/__/__
999	125	R125	ONE TRADE ROUGH IN	_____	__/__/__