

Initial Application Date: 5-2-16

Application # 1650038609

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Billy & Crystal Thomas Mailing Address: 91 Brae Dr

City: Lillington State: NC Zip: 27546 Home #: _____ Contact #: Karen 910-984-7042

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: Ross McRae Brae Lot #: 3 Lot Size: 1.75 AC

Parcel: 13 0630 0014 04 PIN: 0630-83-6520-000

Zoning: R30 Flood Plain: X Panel: 2 Watershed: NA Deed Book&Page: 3138/293 Map Book&Page: 2007/72

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take old us 421 out of Lillington about 3 miles on the left

PROPOSED USE:

- SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab
- Modular: ___ On frame ___ Off frame (Size _____ x _____) # Bedrooms _____ # Baths _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home: ___ SW ___ DW ___ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size _____ x _____) # Rooms _____ Use _____ Hours of Operation: _____
- Accessory/Other (Size _____ x _____) Use _____
- Addition to Existing Building (Size 22 x 34) Use Bed w/ Bath Closets in addition (yes no) Finish Attic space 2nd space

Water Supply: County Well (No. dwellings _____) MUST have operable water before final

Sewage Supply: New Septic Tank (Complete New Tank Checklist) Existing Septic Tank County Sewer Other

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Structures on this tract of land: Single family dwellings 1st Manufactured Homes _____ Other (specify) 5th

Required Residential Property Line Setbacks:		Comments:
Front	Minimum <u>35</u> Actual _____	<u>adding BDR to = 1303</u> <u>Attic space</u>
Rear	<u>25</u> _____	
Side	<u>10</u> _____	
Sidestreet/corner lot	<u>20</u> _____	
Nearest Building on same lot	<u>6</u> _____	

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Karen L...
Signature of Owner or Owner's Agent

5-2-16
Date

This application expires 6 months from the initial date if no permits have been issued

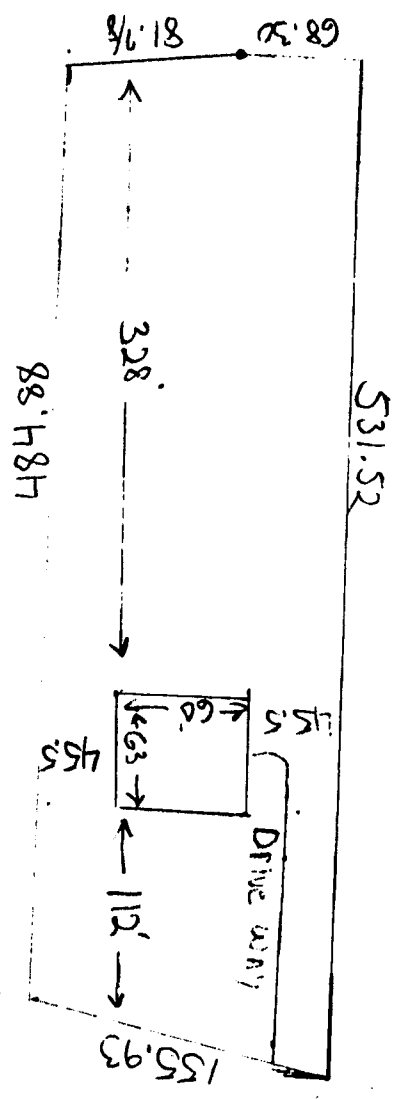
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

Hamilton Lot 3
Ross McKinnon Estate S/D

1" = 100'
Scale

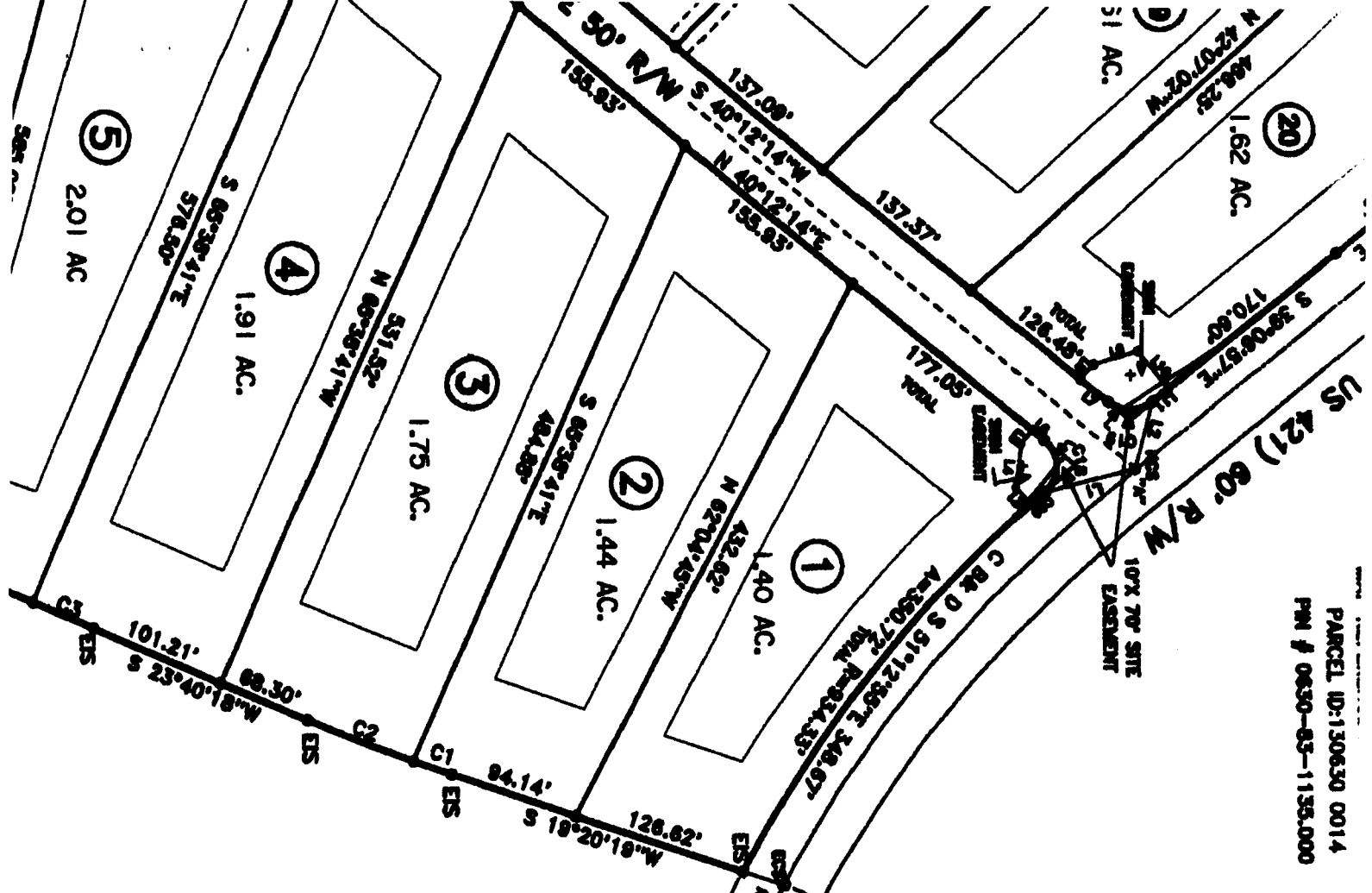
SITE PLAN APPROVAL
DISTRICT RA30 USE SFD
#BEDROOMS 3
3/9/07
Date
[Signature]
Zoning Administrator



Adding
to
BPP
4

Large Drive 50' R/W

PARCEL ID: 130630 0014
 PIN # 0630-85-1135.000



CURVE	RADIUS	LENGTH	CHORD	CHORD ANGLE
G1	1470.00'	20.40'	20.40'	90.00°
G2	1470.00'	91.70'	91.70'	90.00°
G3	1470.00'	48.80'	48.80'	90.00°
G4	1470.00'	111.80'	111.80'	90.00°
G5	1470.00'	88.70'	88.70'	90.00°
G6	1470.00'	28.30'	28.30'	90.00°
G7	470.00'	8.80'	8.80'	90.00°
G8	20.00'	21.80'	21.80'	90.00°
G9	20.00'	64.50'	64.50'	90.00°
G10	20.00'	71.80'	71.80'	90.00°
G11	20.00'	64.80'	64.80'	90.00°
G12	20.00'	31.80'	31.80'	90.00°
G13	20.00'	18.10'	18.10'	90.00°
G14	20.00'	8.70'	8.70'	90.00°
G15	20.00'	122.90'	122.90'	90.00°
G16	20.00'	18.70'	18.70'	90.00°
G17	20.00'	12.30'	12.30'	90.00°
G18	20.00'	48.30'	48.30'	90.00°
G19	20.00'	34.90'	34.90'	90.00°

COURSE	BEARING	DISTANCE	COURSE	BEARING	DISTANCE
L1	S 14°13'00"W	84.07'	L1	S 89°28'00"E	14.80'
L2	S 14°13'00"W	84.07'	L2	N 89°28'00"E	31.80'
L3	S 49°12'14"W	127.20'	L3	S 49°12'14"W	14.80'
L4	S 20°21'00"W	84.07'	L4	N 69°28'00"E	31.80'
L5	S 10°20'18"W	84.07'	L5	N 49°07'48"E	14.80'
L6	S 10°20'18"W	84.07'	L6	N 49°07'48"E	14.80'
L7	S 49°12'14"W	127.20'	L7	S 49°12'14"W	14.80'
L8	S 49°12'14"W	127.20'	L8	N 49°07'48"E	14.80'
L9	S 49°12'14"W	127.20'	L9	N 69°28'00"E	31.80'
L10	S 49°12'14"W	127.20'	L10	N 89°28'00"E	14.80'
L11	S 20°21'00"W	84.07'	L11	S 20°21'00"W	14.80'

NORTH CAROLINA HARRETT COUNTY
 I, Mickey R. Bennett, PLS do certify that this plat was drawn under
 my supervision and description recorded in Book SEE
 Page REF. (etc) that the boundaries not surveyed are clearly
 indicated as drawn from information found in Book SEE Page REF.,
 that the ratio of precision as calculated is 1:10000; that this plat
 was prepared in accordance with G.S. 47-30 as amended. Witness
 my original signature, registration number and seal this 18TH
 day of JANUARY A.D. 2007.

Mickey R. Bennett
 MICKEY R. BENNETT
 L - 1514



HTE# 07-5001707N
PERMIT # 23807

Harnett County Department of Public Health 19396

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

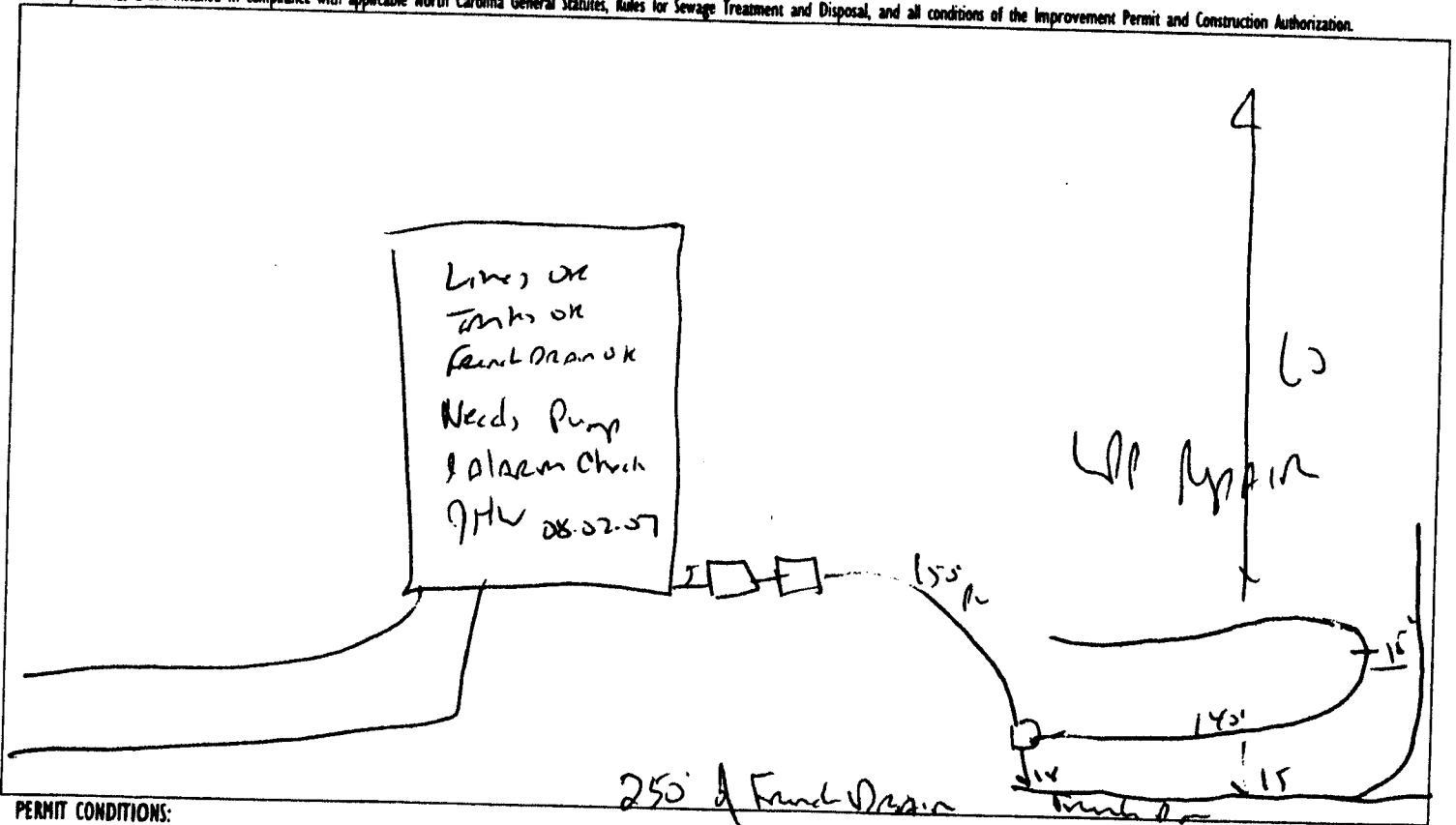
Name: (owner) Hamilton D. Lohy PROPERTY LOCATION: Old 421
System Installer: Ron Wall SUBDIVISION Ross McRae Bldg LOT # 3
Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: Pump to C-2 Flow II b 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: _____

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

Type of system: Conventional Other Pump to C-2 Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 22 feet ditches 3 feet ditches 18 inches
French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 10-11-07

OWNER NAME: Billy & Chrystal Thomas

APPLICATION #: _____

This application to be filled out only when applying for a new septic system.

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)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

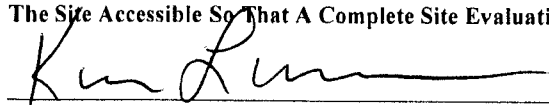
- Accepted Innovative
- Alternative Other _____
- Conventional Any

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 Does the site contain any existing Wastewater Systems?
- 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.



PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-2-16
DATE

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

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Billy & Chrystal Thomas Date: 5-2-16
Address: 91 Brae Dr Lillington NC 27546 Phone: Karen 910-984-7042
Directions to job site from Lillington: Take old us 421 about 3 miles out of Lillington on Left

Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 20,000.00 Description of Proposed Work: _____

General Contractor Information

Heated SF _____ Crawl Space Slab () Building Construction Cost \$ 20,000.00
Unheated SF _____ Acres Disturbed _____ Stories _____
Serenity Built Homes 910-984-7042
Building Contractor's Company Name Telephone
PO Box 1417 Lillington NC 27546 63787
Address License #

K. Thomas
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ 1,500.00
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps
Mabry's Electrical
Electrical Contractor's Company Name Telephone
731 Mabry Rd Angier NC 27501 150774
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units 1 Type System min. split Mechanical Cost \$ 3,500.00
J. M. Heating & A/C 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn NC 28334 17164
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths 1 Plumbing Cost \$ 2,500.00
Jason Barefoot 910-514-0781
Plumbing Contractor's Company Name Telephone
5476 Timothy Rd Dunn NC 28334 20694 P-1
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential (X) Other () Not Required ()

Insulating Inc. 5902 Fayetteville Rd Raleigh NC 27603 919-772-9000
Insulation Contractor's Company Name & Address Telephone

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Serenity Built Homes

Sign/Title: [Signature]

Date: 5-2-16

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	16-50038609	Page	3
Property Address	91 BRAE DR	Date	5/25/16
PARCEL NUMBER	13-0630- - -0014- -04-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	ROSS MCRAE BRAE 20LOTS		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
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 16-50038609 Date 5/25/16
Property Address 91 BRAE DR
PARCEL NUMBER 13-0630- - -0014- -04-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name ROSS MCRAE BRAE 20LOTS
Property Zoning RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
THOMAS BILLY & POOLE CRYSTAL	OWNER
91 BRAE DRIVE	
LILLINGTON NC 27546	

Applicant

THOMAS BILLY & CHRYSTAL
91 BRAE DR
LILLINGTON NC 27546
(910) 984-7042

--- Structure Information 000 000 22X34 FINISH ATTIC ADD BDR = 4BDR'S
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code 1138064
Issue Date 5/25/16 Valuation 46848
Expiration Date 5/25/17

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code 1138072
Issue Date 5/25/16 Valuation 0
Expiration Date 5/25/17

Permit RESIDENTIAL INSULATION PERMIT
Additional desc
Phone Access Code 1138080
Issue Date 5/25/16 Valuation 0
Expiration Date 5/25/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1138098

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	16-50038609	Page	2
Issue Date	5/25/16	Date	5/25/16
Expiration Date	11/21/16	Valuation	0

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1138106		
Issue Date	5/25/16	Valuation	0
Expiration Date	5/25/17		

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1138122		
Issue Date	5/25/16	Valuation	0
Expiration Date	5/25/17		

Special Notes and Comments
T/S: 05/02/2016 03:12 PM JBROCK ----
TAKE OLD 421 OUT OF LILLINGTON ABOUT 3
MILES ON THE LEFT
