	- Marie C
Initial Application Date: 5/10/16	Application #
COUNTY O Central Permitting 108 E. Front Street, Lillington,	F HARNETT RESIDENTIAL LAND USE APPLICATION , NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (QR	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
	Nancy Mailing Address: 39 Rosewood Lzne
0 1	
City: State: 7VC Zi	p: 2752 Contact No: 910 - 894 - 5039 Email:
	Mailing Address: 317 William Dr
City: Rensen State: NC Zi *Please fill out applicant information if different than landowner	p: 27504 Contact No: 307-220-380 REmail: jacques builds @ hof
	207-270/300Q
CONTACT NAME APPLYING IN OFFICE:	
	ner of Ebenezer Church & Rosport and Izne size. 2. 42
State Road #State Road Name:	Kosewood Ln Map Book & Page:
Parcel: 07100 020 01	PIN: 101-11-0000
Zoning: KA 20M Flood Zone: X Watershed:	Deed Book & Page: 835 / 450 Power Company*:
*New structures with Progress Energy as service provider i	need to supply premise number from Progress Energy.
PROPOSED USE:	
	Monolithic Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:
	() yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
	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:SWDWTW (Size_	x) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Addition/Accessogy/Other: (Size Xx12) Use:_	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 Check	list) Existing Septic Tank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a m	anufactured home within five hundred feet (500') of tract listed above? () yes \(\subset \) no
Does the property contain any easements whether undergr	
	Manufactured Homes: Other (specify):
Substitute (comming or property) and grandly	
Required Residential Property Line Setbacks:	Comments:
Front Minimum Actual	
Rear <u>25+</u>	
Closest Side 3	
Sidestreet/corner lot	
Nearest Building	
on same lot	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 4	121 toward (Zunihall Callaco
Turn on Hwy 27, as thru	Costs left on Fhenrier.
left on Rosewood Lane	(dirt Dath)
	Variable Property
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolin I hereby state that foregoing statements are accurate and correct to the best of my knowledge.	na regulating such work and the specifications of plans submitted. Permit subject to revocation if false information is provided.
	5/10/16
Signature of Owner or Owner's Agent	Date
***It is the owner/applicants responsibility to provide the county with any applicable info to: boundary information, house location, underground or overhead easements, etc. incorrect or missing information that is contained wit	The county or its employees are not responsible for any
meditect of missing mormation that is contained with	ini trese applications.
This application expires 6 months from the initial date if p	permits have not been issued
	1
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하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	nex n
39 Rosewood Ln	2
(11/2) 17	2' 8
8,	Rosewood
	<u>&</u>
Ebenezer Church	
1 tall Oll	

APPLICATION #: 3868

10/10

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 #

Tenvironmental 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 <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.

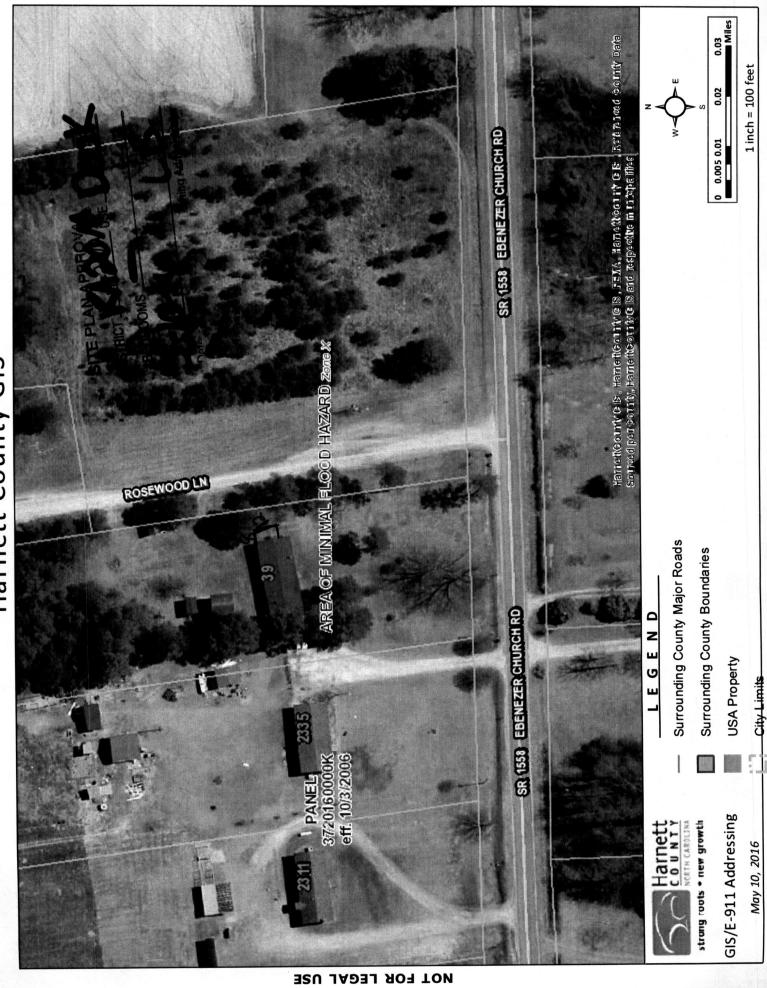
Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)

DO NOT LEAVE LIDS OFF OF SEPTIC TANK

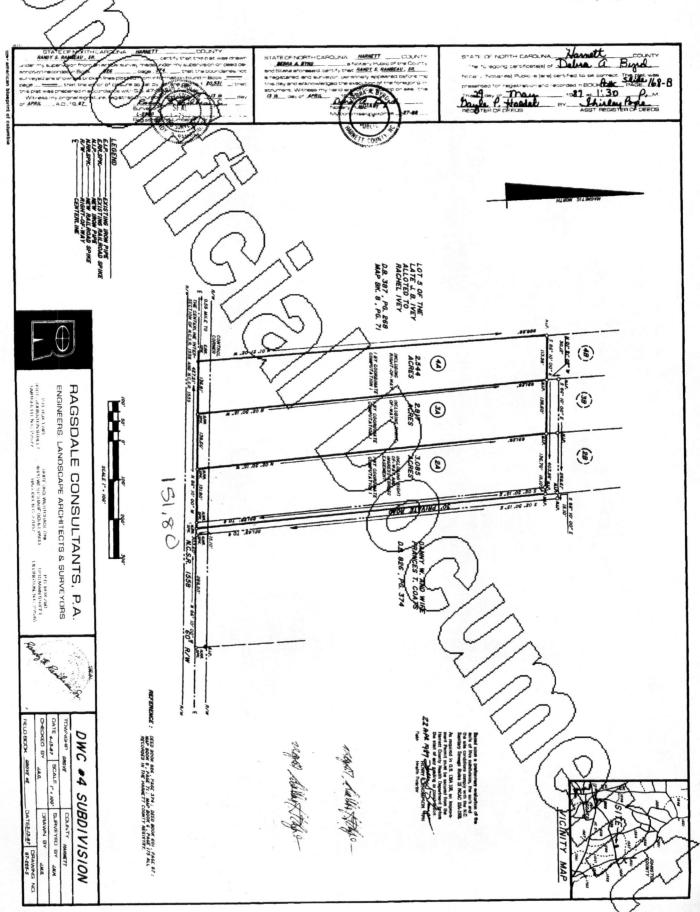
After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number
given at end of recording for proof of request.

Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

\	of twn to hear results. Once approved, proceed to definal remaining for remaining permits.		
SEPTIC If applying for authorization	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 "yes", applicant MUST ATPACH SUPPORTING DOCUMENTATION:		
{_}}YES	Does the site contain any Jurisdictional Wetlands?		
{}}YES	Do you plan to have an irrigation system 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 {} 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.		
	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And		
	d 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 Sire Accessible So That A Complete Site Evaluation Can Be Performed.			
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE			



PC.C Slide 168-B



Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # SXU8U

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

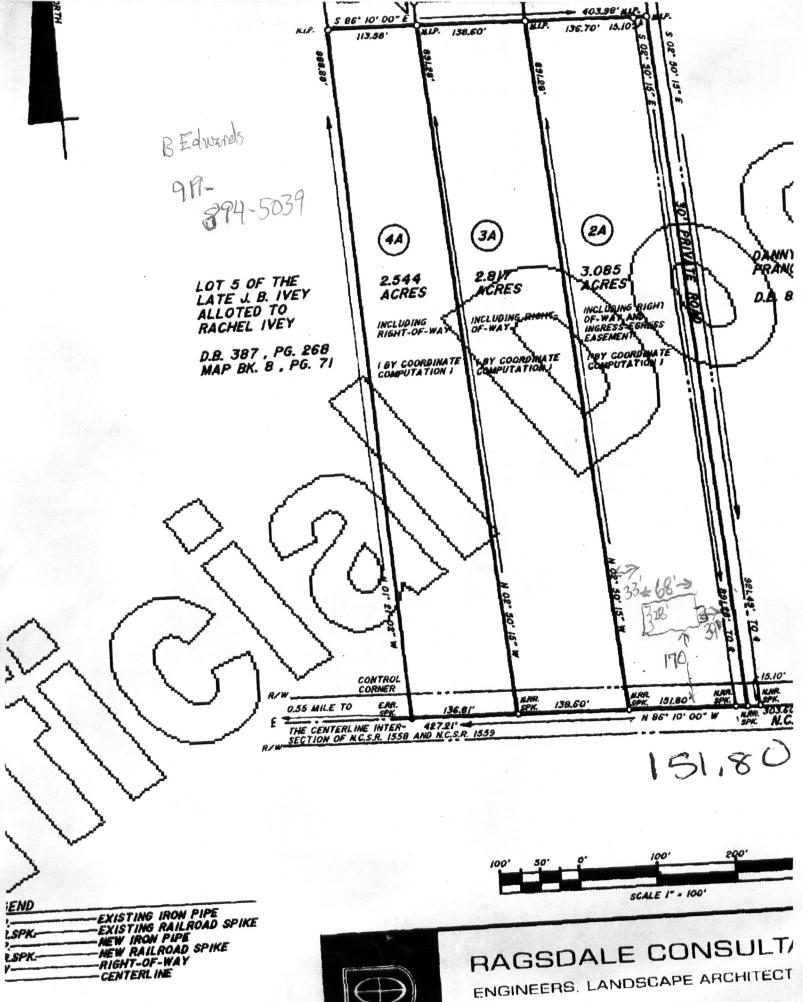
Application for Residential Building and Trades Permit

Owner's Name	Date
Site Address	Phone
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	307-270-3808
Building Contractor's Company Name 317 William Drive, Benson, NC 27504 Address Priv 4 \$30,000	Email Address Jacques builds @ hatjustil-c
Electrical Contractor Information	1
Description of Work Service Size _	Amps T-PoleYesNo
Electrical Contractor s Company Name	Telephone
Address	Email Address
License # Mechanical/HVAC Contractor Inform	ation
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	n.
Insulation Contractor's Company Name & Address	Telephone

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 below I have obtained ail subcontractors-permission-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

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 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 Jacques Robertson, LLC
Sign W/Title Date 5/10/16



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P.D. RUX 1740