

Initial Application Date: 5-13-14

Application # 1450038721

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: DAN DEATON Mailing Address: 85 VILLAGE WAY
City: LILLINGTON State: NC Zip: 27546 Contact No: 910 890-2103 Email: KEN.MOSS@CFHAR.HTL.NET

APPLICANT: KEN MOSS Mailing Address: PO BOX 577
City: LILLINGTON State: NC Zip: 27546 Contact No: SEE ABOVE Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Ken Moss Phone # 910 890-2103

PROPERTY LOCATION: Subdivision: TIRTANK VILLAGE Lot #: 65 Lot Size: 1.2 ac
State Road # 85 State Road Name: VILLAGE WAY Map Book & Page: PC#F/30613
Parcel: 10 0640 0109 54 PIN: 0640-40-4869.000
Zoning: R30D Flood Zone: X Watershed: NA Deed Book & Page: 1161 / 483 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))
- 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 26 x 20) Use: OFFICE 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: 1 Manufactured Homes: _____ Other (specify): 1 STORAGE ext SFD

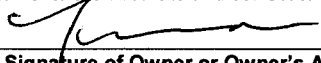
Required Residential Property Line Setbacks:

Front	Minimum	<u>40</u>	Actual	<u>79</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>30</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: 1 STORAGE ext SFD
1 proposed
Actual.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 W FROM LILLINGTON
1 MILE ON LEFT TIRZAH VILLAGE TIRZAH DRIVE TAKE
2ND RIGHT ON VILLAGE WAY. SITE IS ON LEFT

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

5/13/2016

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****

Lot 65 Tirzah Village
Phase II

85 Village Way Livingston
1.267 Acres

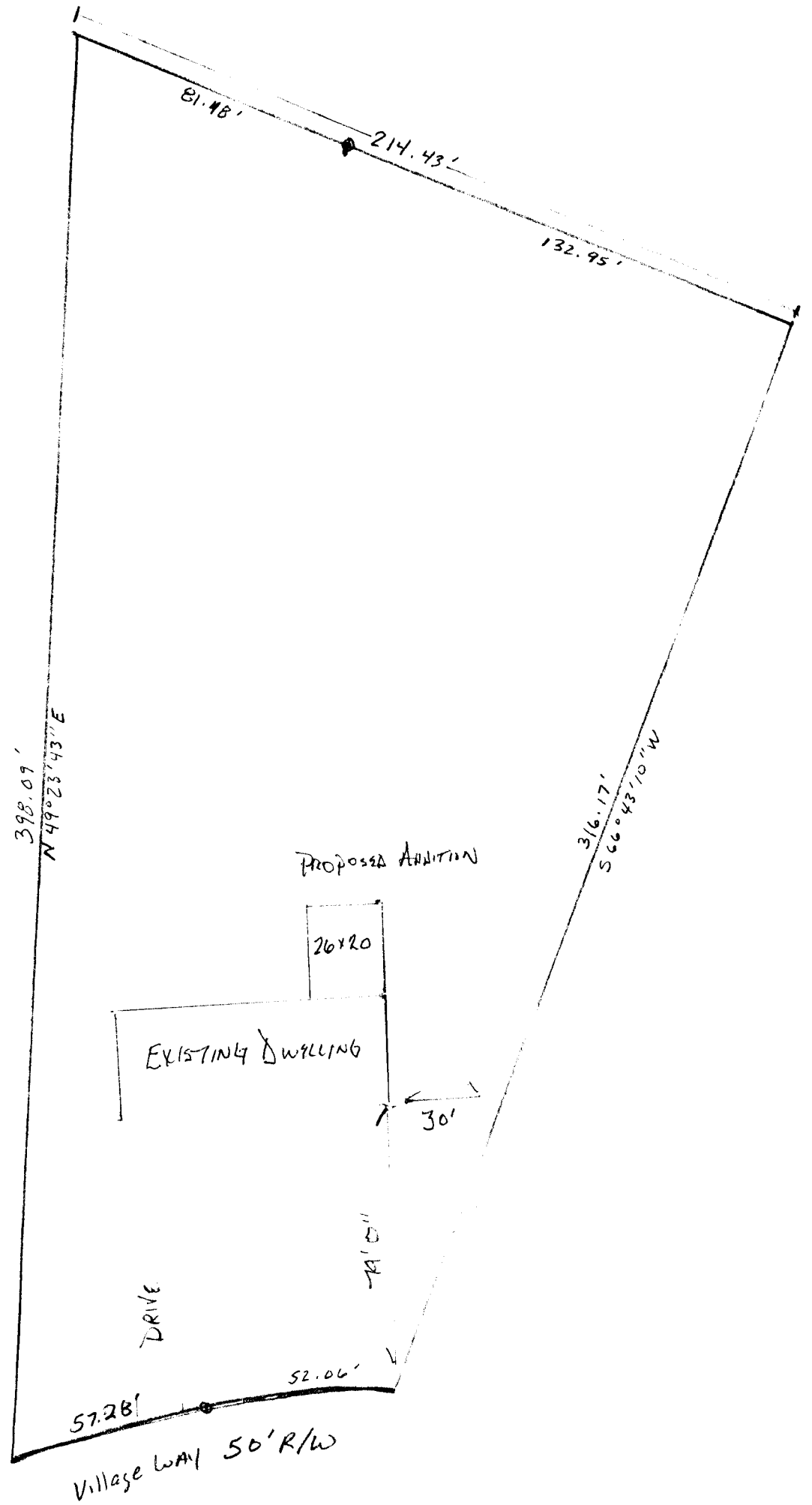
1" = 40'

SITE PLAN APPROVAL

DISTRICT R430 USE Office Addition

#BEDROOMS 1

Date 5-13-14
Zoning Administrator [Signature]



NAME: _____

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/13/2016
DATE

Application for Building and Trade Permit

Owner's Name: Mass Home Builder Date: 6/22/04
Address: PO Box 577 Lillington NC Phone: 800 311
Directions to job site: Village Way 3rd house on left 27546

Subdivision: TIRZAH VILLAGE Lot: 65 85 VILLAGE WAY LILLINGTON, NC
Type Construction: (Please Check) Building Use: (Please Check)
New Renovation Addition
Moved House Other Residential Modular
Specify Type of Work: 26x20 ADDITION Commercial Multi-Family

Building Permit Information

Heated 520 sq ft Crawl Space
Unheated Slab
Building Construction Cost \$ 4500
Acres Disturbed 1 Stories 1
Building Contractor's Company Name Mass Home Builders & Realty Address PO Box 577 Lillington NC
W. Almon License # 18637 Telephone 910-893-4875
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Service Size: _____ Amps
Electrical Contractor's Company Name Pioneer Electric & Maintenance Co., Inc. Address 432 Old US 421 Lillington NC, 27546
Neil B. Johnson License # 21643 Telephone 910-814-3751
Signature of Officer (s) of Corporation

Insulation Permit Information

Residential Other Not Required
Insulation Contractor's Company Name TRI CITY INSULATION Address 418 Person St Fayetteville NC
910-486-8855 Telephone

Mechanical Permit Information

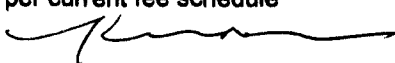
Description of Work HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Mechanical Contractor's Company Name Bearley's HVAC, Inc. Address 57 W.C. Bearley Ln. Coats NC 27521
R. Brent Bearley License # 9497 Telephone 919-894-4248
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Plumbing Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name W.W. Plumbing Co. Address PO Box 1239 Hargett St Raleigh NC
R. W. Wells License # 14087 Telephone 639-0195
Signature of Officer(s) of Corporation

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



Signature of Owner/Contractor/Officer(s) of Corporation

7/5/2016

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

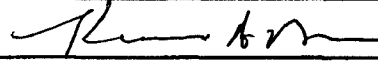
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Moss Home Builders & Realty Inc

Sign w/Title  VP Date 7/5/16

Plan Box # File

Date 5-16-16

Job Name MOSS

App # 38721

Valuation \$48288

SQ Feet 503

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

Addition

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 16-50038721 Date 7/05/16
Property Address VILLAGE WAY
PARCEL NUMBER 10-0640- - -0109- -54-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name FRANKLIN D HAMILTON TIRZAH VIL
Property Zoning PENDING

Owner Contractor

DEATON DANIEL M JR & SANDRA K MOSS KENNETH A
PO BOX 897 PO BOX 577
LILLINGTON NC 27546 LILLINGTON NC 27546
(910) 893-4875

Applicant

MOSS KEN
PO BOX 577
LILLINGTON NC 27546
(910) 890-2103

--- Structure Information 000 000 26X20 OFFICE ADDITION
Flood Zone FLOOD ZONE X
Other struct info SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . . .
Phone Access Code . 1140987
Issue Date 7/05/16 Valuation 48288
Expiration Date . . 7/05/17

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc . . .
Phone Access Code . 1146927
Issue Date 7/05/16 Valuation 0
Expiration Date . . 7/05/17

Permit RESIDENTIAL INSULATION PERMIT
Additional desc . . .
Phone Access Code . 1146935
Issue Date 7/05/16 Valuation 0
Expiration Date . . 7/05/17

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1146950
Issue Date 7/05/16 Valuation 0

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	16-50038721	Page	2
Expiration Date	1/01/17	Date	7/05/16

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1146968		
Issue Date	7/05/16	Valuation	0
Expiration Date	7/05/17		

Special Notes and Comments

T/S: 05/13/2016 04:31 PM JBROCK ----

85 VILLAGE WAY

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	16-50038721	Page	3
Property Address	VILLAGE WAY	Date	7/05/16
PARCEL NUMBER	10-0640- - -0109- -54-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	FRANKLIN D HAMILTON TIRZAH VIL		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	__/__/__
999	105	B105	R*OPEN FLOOR	_____	__/__/__
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
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	_____	__/__/__