

Initial Application Date: 9-1-2016

Application # 1650039634

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: IAN & LINDA BRICKNELL Mailing Address: 134 CRYSTAL BROOK DRIVE

City: ANGIER State: NC Zip: 27501 Contact No: 252-671-2473 Email: _____

APPLICANT*: IAN & LINDA BRICKNELL Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: 4 Lot Size: 1.87AC

State Road # 134 State Road Name: Crystal Brook Dr. Map Book & Page: 2010, 275

Parcel: 071602 003106 PIN: 1602-81-0889.000

Zoning: B30 Flood Zone: X Watershed: NA Deed Book & Page: 324, 275 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 12'x20') Use: DECK (12x12 ext) Deck Closets in addition? () yes () no

adding 12x20 to the ext 12x12 deck.

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 ext mod Manufactured Homes: _____ Other (specify): 1 proposed Deck addition

Required Residential Property Line Setbacks:

Front	Minimum	Actual
Rear	<u>25</u>	<u>278</u>
Closest Side	<u>10</u>	<u>70+</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

HWY 210 TO ANGLEC CONTINUE ON TO PLAIN VIEW CHURCH ROAD
TURN RIGHT ON TO PLAINVIEW CHURCH RD. CONTINUE ON TO INTERSECTION
OF JOHNSON COUNTY RD / BENSON RD. (T-INTERSECTION) TURN LEFT.
CONTINUE ON TO LIVE OAK Rd - (APPROXIMATELY 2 miles)
TURN RIGHT ON LIVE OAK THEN TURN LEFT ON JOHNSON Rd.
CRYSTAL BROOK DRIVE WILL BE ABOUT 70' ON LEFT, GO TO 1ST HOUSE
ON RIGHT.

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.

John Rubell
Signature of Owner or Owner's Agent

9-1-2016
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

121.59'

SITE PLAN APPROVAL

DISTRICT RA30 USE Decks

#BEDROOMS

9/1/11

Date

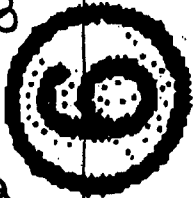
[Signature]
Zoning Administrator

N 31°29'56"E 374.89'

pub

290

proposed 1st floor deck
New Deck - add to 1st floor
already there



AREA =
1.868 ACRES

110' 3 1/2" 34' 6" 11' 4"
M. B. B. 11.0 N

3

ext Deck

28x60 MOP

3 Bdr

70

180

55.29'

135.89'

C9

CRYSTAL

(PRIVATE 60'

4" W 256.27'

C11

312.17'

C2

Driveway

8/31/2016 9:58:55 AM

HARNETT COUNTY CAMA WEBVIEWER

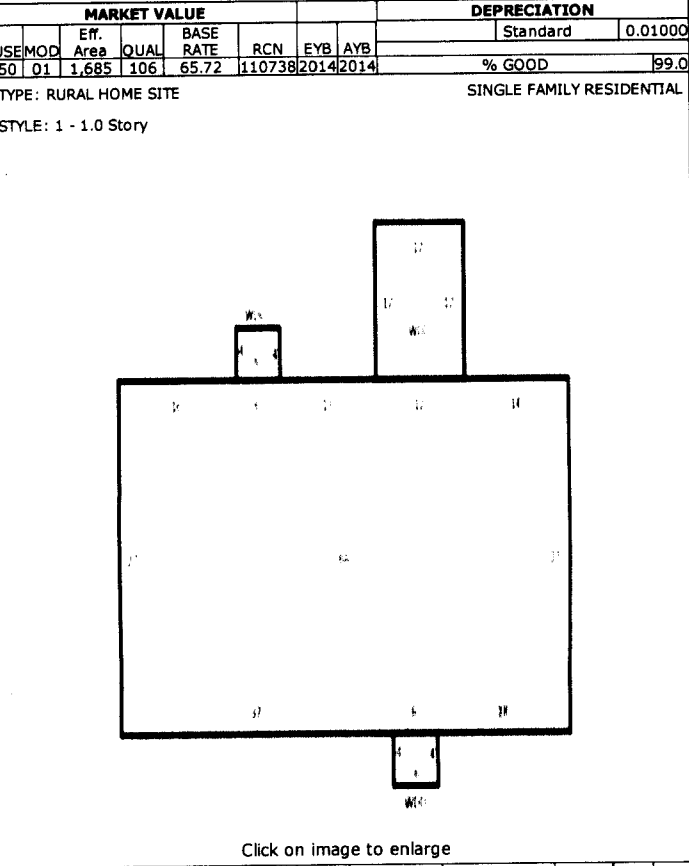
BRICKNELL IAN BRICKNELL LINDA
 134 CRYSTAL BROOK DR ANGIER 27501
 1500013544

Return/Appeal Notes:
Parcel: 07-1602--0031--06
 PLAT: UNIQ ID
 2010/0275 281029
 ID NO: 1602-81-0889.000

COATS/GROVE FIRE ADVALOREM TAX (100), COUNTY WIDE ADVALOREM TAX (100), GROVE RESCUE ADVALOREM TAX (100), SOLID WASTE FEE SOLID WASTE (1)
 LT#6 STW INVESTMENT LLC MAP#2010-275
 Reval Year: 2009 Tax Year: 2016
 Appraised by 25 on 07/22/2015 00701 GROVE RURAL YELLOW

CARD NO. 1 of 1
 1.870 AC SRC= Owner
 TW-07 CI-FR-EX AT- LAST ACTION 20150722

CONSTRUCTION DETAIL		MARKET VALUE				DEPRECIATION		CORRELATION OF VALUE	
USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB	Standard	0.01000
Foundation - 3									
Continuous Footing	5.00								
Sub Floor System - 4		50	01	1,685	106	65.72	110738	2014	2014
Plywood	9.00								
Exterior Walls - 10									
Aluminum/Vinyl Siding	30.00								
Roofing Structure - 03									
Gable	8.00								
Roofing Cover - 03									
Asphalt or Composition Shingle	3.00								
Interior Wall Construction - 5									
Drywall/Sheetrock	20.00								
Interior Floor Cover - 08									
Sheet Vinyl	6.00								
Interior Floor Cover - 14									
Carpet	0.00								
Heating Fuel - 04									
Electric	1.00								
Heating Type - 10									
Heat Pump	4.00								
Air Conditioning Type - 03									
Central	4.00								
Bedrooms/Bathrooms/Half-Bathrooms									
3/2/0	12.000								
Bedrooms									
BAS - 3 FUS - 0 LL - 0									
Bathrooms									
BAS - 2 FUS - 0 LL - 0									
Half-Bathrooms									
BAS - 0 FUS - 0 LL - 0									
Office									
BAS - 0 FUS - 0 LL - 0	0								
TOTAL POINT VALUE									102.000
BUILDING ADJUSTMENTS									
Quality	3	Average	1.0000						
Shape/Design	2	Rectangle	1.0500						
Size	Size	Size	0.9900						
TOTAL ADJUSTMENT FACTOR			1.040						
TOTAL QUALITY INDEX			106						



CREDENCE TO		MARKET	
DEPR. BUILDING VALUE - CARD	109,630		
DEPR. OB/XF VALUE - CARD	2,300		
MARKET LAND VALUE - CARD	26,000		
TOTAL MARKET VALUE - CARD	137,930		
TOTAL APPRAISED VALUE - CARD	137,930		
TOTAL APPRAISED VALUE - PARCEL	137,930		
TOTAL PRESENT USE VALUE - PARCEL	0		
TOTAL VALUE DEFERRED - PARCEL	0		
TOTAL TAXABLE VALUE - PARCEL	137,930		
PRIOR			
BUILDING VALUE	0		
OBXF VALUE	0		
LAND VALUE	0		
PRESENT USE VALUE	0		
DEFERRED VALUE	0		
TOTAL VALUE	0		
PERMIT			
CODE	DATE	NOTE	NUMBER
ROUT:	WTRSHD:		
SALES DATA			
OFF. RECORD	DATE	DEED	INDICATE SALES PRICE
BOOK/PAGE	MO/YR	TYPE	Q/UV/I
03249	0275 9 2014	WD	Q V
03239	0557 8 2014	WD	Q V
02435	0054 10 2007	WD	D V
HEATED AREA 1,647			
NOTES			
7/22/15;Correct Quality grade.tw			
7/17/15;New house(Modular)for 2015.tw			

SUBAREA		GS AREA	% RPL CS	CODE	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	AYB	EYB	ANN DEP RATE	OVR	% COND	OB/XF DEPR. VALUE
BAS		1,647	100	03	CARPORT	18	20	1	800.00	100	-	2014	2014		S5		100	800
WDD		1920	20	01	STORAGE	10	16	1	1,500.00	100	-	2014	2014		S5		100	1500
TOTAL OB/XF VALUE																		2,300
FIREPLACE 1 - None																		0
SUBAREA TOTALS																		1,839
																		110,738

BUILDING DIMENSIONS BAS=W14W12W13W6W16S27E37E6E18N27Area:1647;WDD=N12E12S12W12Area:144;WDD=N4E6S4W6Area:24;WDD=S4W6N4E6Area:24; TotalArea:18339

LAND INFORMATION																				
HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES				ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJUST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES
HOME PAVD	5010	RA-30	0	0	1.0000	0	1.0000						20,000.00	1.000	AC	1.000	20,000.00	20000		0
AGRI I PV	5111	RA-30	0	0	1.0000	0	1.0000						6,000.00	0.870	AC	1.000	6,000.00	6000		0
TOTAL MARKET LAND DATA																		1.870		
TOTAL PRESENT USE DATA																				

NAME: IAN & LINDA BRICKNELL

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.

Jon Bricknell
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9-1-2016
DATE

HTE# 14-5-340682

Harnett County Department of Public Health

23353

PERMIT # 27891

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SALISBY JOHNSON RD

Name: (owner) North Carolina Custom Modular SUBDIVISION STW Crystal Brook LOT # 6

System Installer: Ray's Septic Services Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

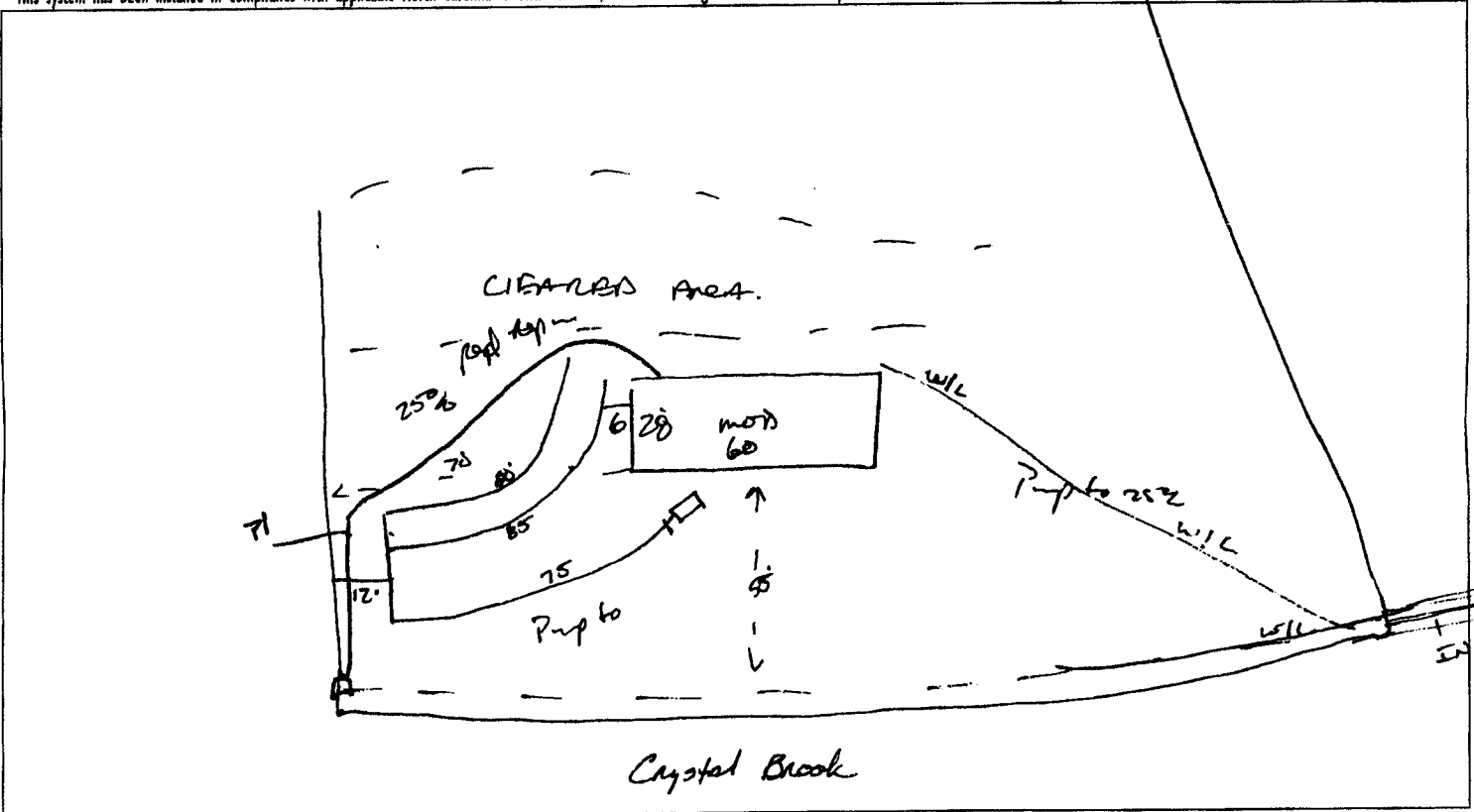
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% (REDUCED) System Type III G Chamber Types V and VI Systems expire in 5 years.

(In accordance with Table V a) OWNER Owner must contact Health Department 6 months prior to expiration for permit renewal.

CHAMBER ONLY

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 25% REDUCED SYSTEM Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 240 feet ditches 3 feet ditches 26-28 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Manhart Date 9-18-14



14-5-34068R (2)



14-5-34068R (3)



14-5-34068R (4)



14-5-34068R (5)



14-5-34068R (6)



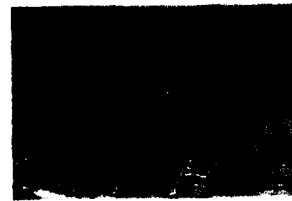
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14-5-34068R (8)



14-5-34068R (9)



14-5-34068R (10)



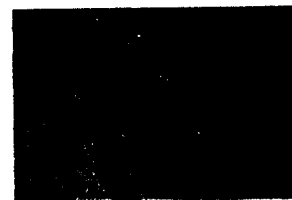
14-5-34068R (11)



14-5-34068R (12)



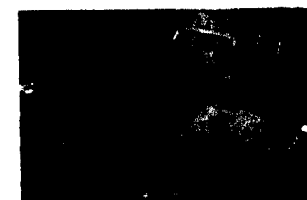
14-5-34068R (13)



14-5-34068R (14)



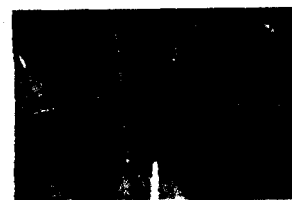
14-5-34068R (15)



14-5-34068R (16)



14-5-34068R (17)



14-5-34068R (18)



14-5-34068R (19)



14-5-34068R (7)

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: TAN BRICKNELL Phone: 252-671-2473

Owner (s) Mailing Address: 134 CRYSTAL BROOK DRIVE
ANGIER N.C. 27501

Land Owner Name (s): TAN & LINDA BRICKNELL Phone: 252-671-2473

Construction or Site Address: 134 CRYSTAL BROOK DRIVE

PIN # _____ Parcel # _____

Job Cost: _____ Description of Work to be done DECK ADDITION

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I _____ will provide the blig. labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is owner, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # owner

Structure Owner / Contractor Signature: Tan Bricknell Date: 9-1-2016

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**