

Initial Application Date: Jan 11 2017

Application # 1750046549
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: Robert Laurenz Mailing Address: 30 Macon Ct E
City: Sanford State: Nc Zip: 27332 Contact No: 804 441 4788 Email: general@blackoakridge.com

APPLICANT*: same 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: same Highland Forest Lot #: 106 Lot Size: .31
State Road # 30 State Road Name: Macon Map Book & Page: 2003 1165
Parcel: 03 9587 11 002047 PIN: 9596-09-4598.000
Zoning: R200R Flood Zone: X Watershed: NA Deed Book & Page: 3414, 1165 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/w/o 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/w/o 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 11.5 x 24) Use: Deck 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 ext SFD Manufactured Homes: _____ Other (specify): 1 proposed Deck

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	<u>37</u>
Rear	_____	<u>77</u>
Closest Side	_____	<u>19</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____
There are dogs in the yard you need to call before going out 804 441 4788.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 west to Tingen Rd
South to Lansing Ct E, West to Highland Forest Dr,
East to Macou Ct E, East to second house on right.

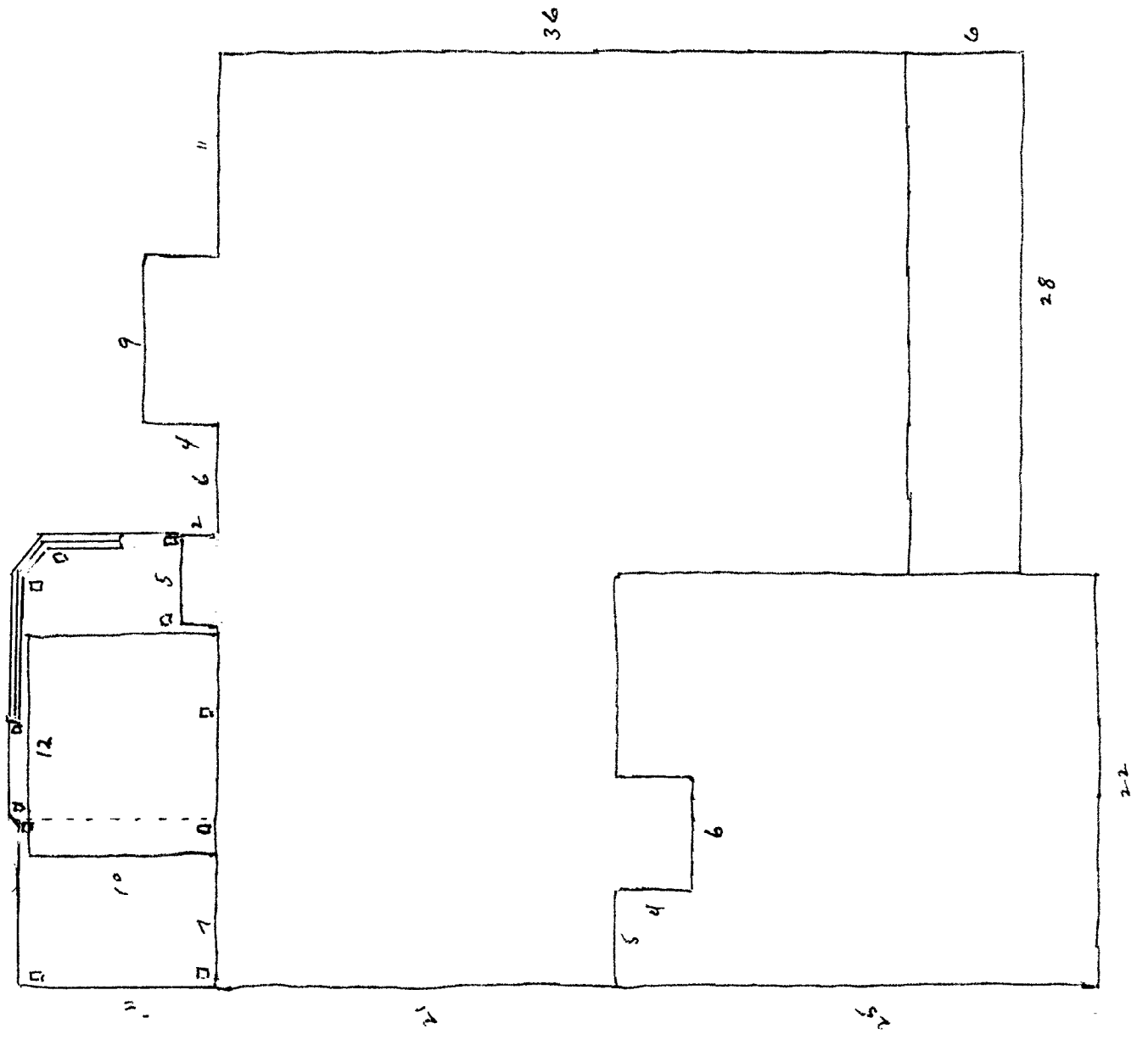
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

[Signature]
Signature of Owner or Owner's Agent

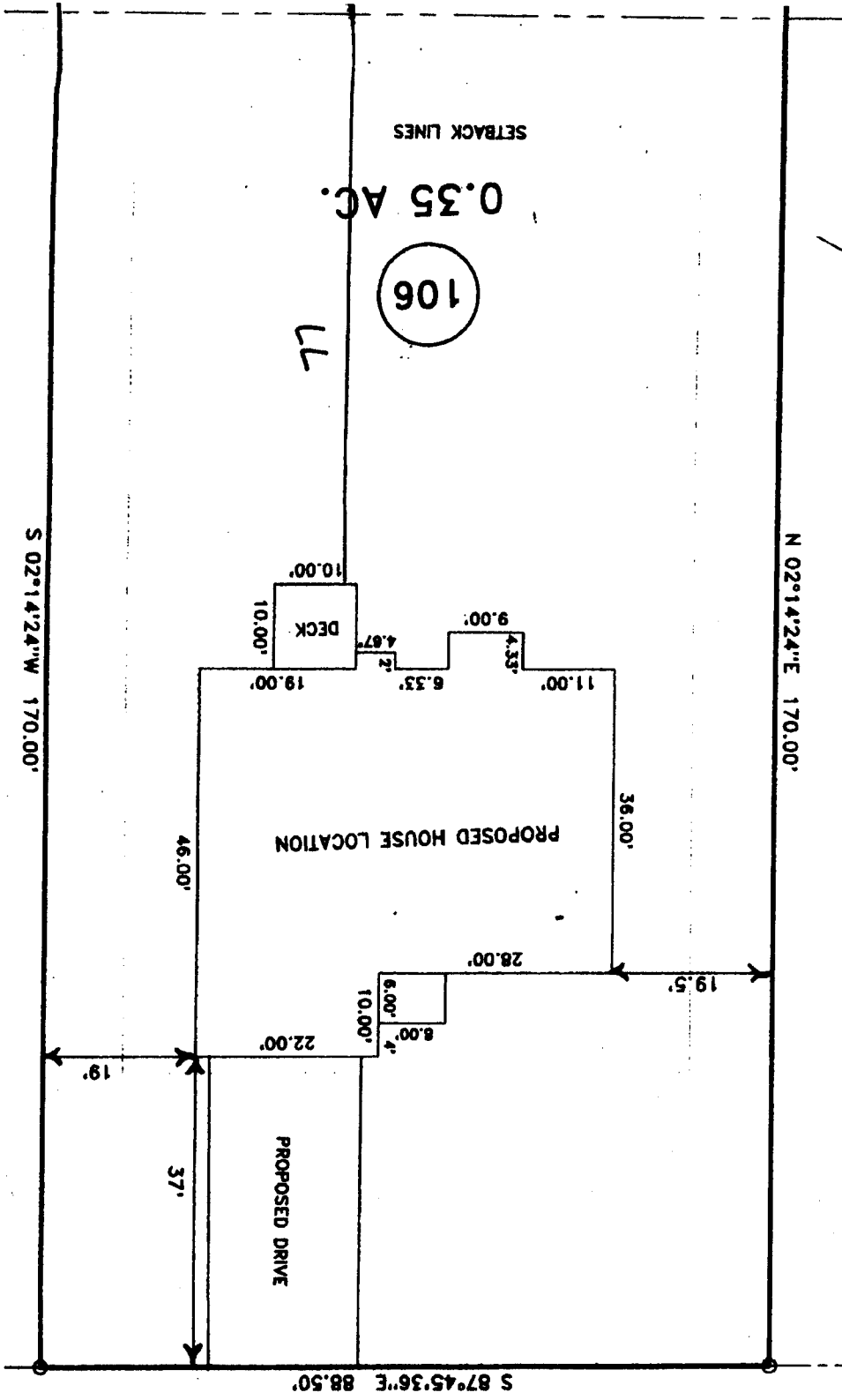
1/11/17
Date

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



"MACON COURT EAST" 50' R/W



SITE PLAN APPROVAL

DISTRICT APR 2009 USE SFD

#BEDROOMS 3

2-24-09
ZONING ADMINISTRATOR

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

16626

HTE 04-5-8828

OPERATIONS PERMIT

Name: (owner) CAVINSS New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line
 Subdivision Highland Forest Lot # 106
 Tax ID # _____ Quadrant # _____
 Contractor: D.C. CARTER Registration # _____

Basement with Plumbing: Garage: SYSTEM LAID OPEN FROM 2-23-05 UNTIL 3-14-05 EVERYTHING APPEARS TO BE OK
 Water Supply: Well Public Community
 Distance From Well: _____ ft.

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

Type of system: Conventional Other 25% Reduction System EC-22 Flow

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

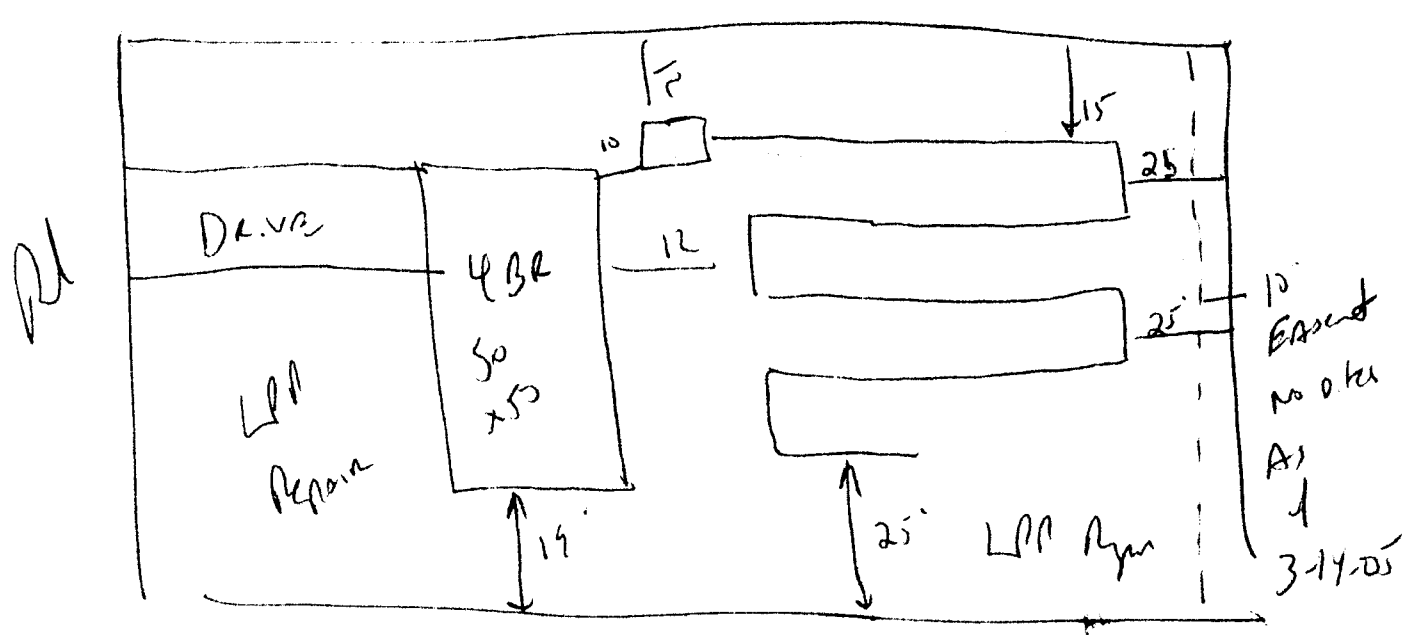
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 210 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 03-14-05

Inspected by: J. WARS
Environmental Health Specialist

PERMIT NO. 20693



NAME: Robert Lawrenz

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.

Robert Lawrenz
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1/11/17
DATE

09/09/11

Application #

1750040549

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

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? _____ Crawl Space _____ Slab _____

General Contractor Information

Doing work as owner

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email 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 # _____

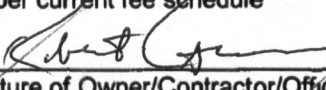
Insulation Contractor Information

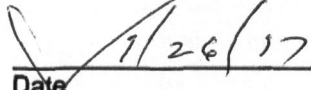
Insulation Contractor's Company Name & Address _____ Telephone _____

***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


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


Date 1/26/17

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

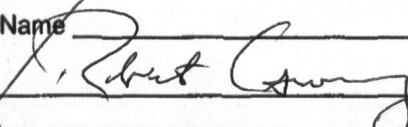
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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 _____
Sign w/Title  _____ Date 1/26/17

Application Number	17-50040549	Page	2
Property Address	30 MACON CT E	Date	1/26/17
PARCEL NUMBER	03-9587-11- -0020- -47-		
Application description	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	HIGHLAND FOREST		
Property Zoning	RES/AGRI DIST - RA-20R		

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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	____/____/____
999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	____/____/____
999	217	E217	R*ELEC RECONNECT	_____	____/____/____
999	209	E209	R*ELEC TEMP POWER CERT	_____	____/____/____
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	____/____/____
999	205	E205	R*ELEC UNDER SLAB	_____	____/____/____
999	213	E213	R*ELECTRICAL UNDERGROUND	_____	____/____/____
999	409	M409	R*GAS PIPING	_____	____/____/____
999	405	M405	R*MECHANICAL UNDERGROUND	_____	____/____/____
999	105	B105	R*OPEN FLOOR	_____	____/____/____
999	305	M305	R*PLUMB SEWER CONNECTION	_____	____/____/____
999	309	P309	R*PLUMB UNDER SLAB	_____	____/____/____
999	307	P307	R*PLUMB WATER CONNECTION	_____	____/____/____
999	115	B115	R*OVERHEAD ELEC, MECH, PLB	_____	____/____/____
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	____/____/____
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	____/____/____
999	814	A814	ADDRESS CONFIRMATION	_____	____/____/____
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	_____	____/____/____
999		H828	ENVIRO. WELL PERMIT	_____	____/____/____
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	____/____/____

Permit type LAND USE PERMIT

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	17-50040549	Page	3
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Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	HIGHLAND FOREST		
Property Zoning	RES/AGRI DIST - RA-20R		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
	Permit type		LAND USE PERMIT		
999	820	Z820	PZ*ZONING/FINAL 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 17-50040549 Date 1/26/17
Property Address 30 MACON CT E
PARCEL NUMBER 03-9587-11- -0020- -47-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name HIGHLAND FOREST
Property Zoning RES/AGRI DIST - RA-20R

Owner Contractor

LAWRENZ ROBERT W JR & BRENDA L OWNER
30 MACON COURT EAST
SANFORD NC 27332

Applicant

LAWRENZ ROBERT
30 MASON CT E
SANFORD NC 27332
(804) 441-4788

--- Structure Information 000 000 11.5X24 DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS .00
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY UNKNOWN

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . . .
Phone Access Code . 1176171
Issue Date 1/26/17 Valuation 0
Expiration Date . . 1/26/18

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1176189
Issue Date 1/26/17 Valuation 0
Expiration Date . . 7/25/17

Special Notes and Comments
T/S: 01/11/2017 01:49 PM JBROCK ----
HIGHLAND FOREST #106 - 30 MACON CT E

