Initial Application Date: 5-30-17	Application # 1750041513
COUNTY OF HARNETT RESIDENTI Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (9	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SI	
City:	Address: 3964 Hwy 301 5
APPLICANT : Kevins Ig notall Mailing Address:	1014 W Cone Rol
	910-237-4237 Email: tyndallbuilderso Cmbacgmail.com
CONTACT NAME APPLYING IN OFFICE: Kevin Tyndall	Phone # 910 - 239-4737
PROPERTY LOCATION: Subdivision:	The second se
State Road #HWY301 State Road Name: HWY 301	Lot #: Lot Sizer 8.58 AC
- D IONIL MILLS	Map Book & Page: 3502/0157
Zoning 202 150 4 0045 PIN: _	25. 2 15-1
	• • • • • • • • • • • • • • • •
*New structures with Progress Energy as service provider need to supply premise nu	mber from Progress Energy.
PROPOSED USE:	
SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath):	Garage: Deck: Crawl Space: Stok: Stok
(Is the bonus room finished? () yes () no w/ a cl	oset? () yes () no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) (Is the second floor finished? () yes () no Any content of the second floor finished?	Garage: Site Built Deck: On Frame Off Frame
Manufactured Home:SWDWTW (Sizex) # Bedroor	ns: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per	Unit:
D. Home Oceansity	
Home Occupation: # Rooms: Use: Hou	urs of Operation:#Employees:
Addition/Accessory/Other: (Size 20) Use: Frunt	Closets in addition? () yes () no
cuvereo	l
	using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic	
Does owner of this tract of land, own land that contains a manufactured home within fi	
Does the property contain any easements whether underground or overhead () yes	() no
Structures (existing or proposed): Single family dwellings: 1 PKT Manufact	tured Homes: Other (specify): POPosed
Required Residential Property Line Setbacks: Comments:	Changing size of Function
Front Minimum 35 Actual 95 From (a)	- 11. 1
Rear 25 25t	
Closest Side 10 100	1990 - 1990
Sidestreet/corner lot	
Nearest Building	
on same lot	
Residential Land Use Application Page 1 of 2 APPLICATION CONTINU	

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About 4.5 miles house on SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _ 301 South temel Tright

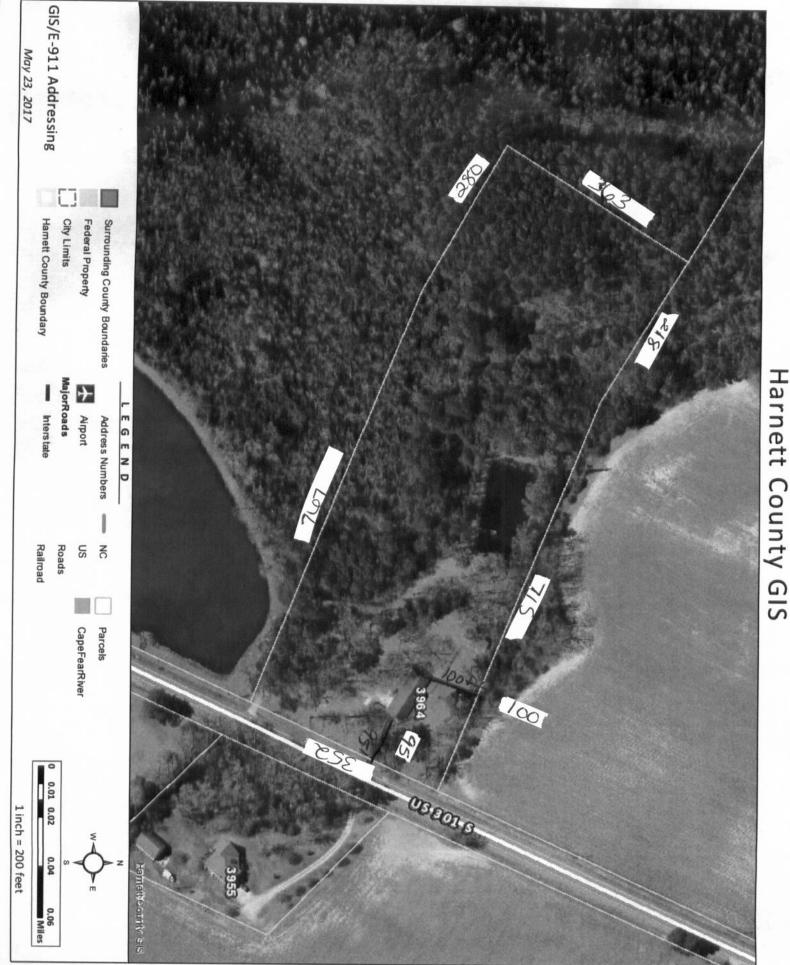
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

Signature of Owner or Owner's Agent

-30 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



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NAME: Kevin Tyndall

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 SystemCode 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	INO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	LINO	Is the site subject to approval by any other Public Agency?	
{}YES	I NO	Are there any Easements or Right of Ways on this property?	
{}YES	INO	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 Solety Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Side Exalitation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

09/09/11	Application #
Harnett County Central Permitti PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett	
ctor Address company & phone must match	Trades Permit
Owners Name CASper Johnson	Date 5-30-17
Site Address 3964 Hwy 301 South	
Directions to job site from Lillington take 421.5 outh to-	
toward Food Loia WARelisare, Go about 2.	
on Right before pond	
	Lot
Description of Proposed Work Remodel	
Heated SF Unheated SF Finished Bonus Room? _ General Contractor Information	Crawl Space Slab
Kevins Tyndall Builders Inc	910-237-4237
Building Contractor's Company Name	Telephone
1614 W Coreld Dunn WC 28334	tynd All build as Bembarg
Address	Email Address
71658	
License # Electrical Contractor Informati	00
Description of Work Reolo K. Khen/Brth Service Size	200 Amps T-Pole Yes No
Norais Electric	919-902-1645
Electrical Contractor s Company Name	Telephone
277 Benson HAndeeld Beron	
Address	Email Address
Mechanical/HVAC Contractor Infor	mation
Description of Work Change out Duckwood	<u>an se source a subsection source so</u>
Bensles' HVAC	910-894 - 4248
Mechanical Contractor s Company Name	Telephone
57 WC Bensly Lune Coats	
Address	Email Address
9497	
License #	
Plumbing Contractor Informati	
Description of Work Repland Kitchen o Both	# Baths
Nesley Dailey Plumbing Contractor s Company Name	919-816-6852
Plumbing Contractor's Company Name	Telephone
Address 3019 Plain View Church Rol Amical	Email Address
27929 dass 1	Email Audi 000
& / 7 & / (/ #2> / License #	
Insulation Contractor Informati	
PARKER Brother's Tusulation	910-990-5928
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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

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

Lynaul Builders The Company or Name Date 5-30-1 Sign w/Title