

Initial Application Date: 7/13/17

Application # 17-50041832
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: Joshua D. Schulster Mailing Address: 380 Cross Link Dr.
City: Kangier State: NC Zip: 27501 Contact No: 919-649-0119 Email: jstree@gmail.com
169

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kim Schulster Phone # 919-7795-8706

PROPERTY LOCATION: Subdivision: Crosslink Place Lot #: 4 Lot Size: 1.08
State Road # 1441 State Road Name: Chalybeate Springs Rd Map Book & Page: 615
Parcel: 040604009204 PIN: 0664-6-8138.000
Zoning: PA-20M Flood Zone: _____ Watershed: 615 Deed Book & Page: 3453, 399 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: _____ Monolithic 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 10 x 12) Use: deck (addition to existing) 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: existing Manufactured Homes: _____ Other (specify): proposed deck addition

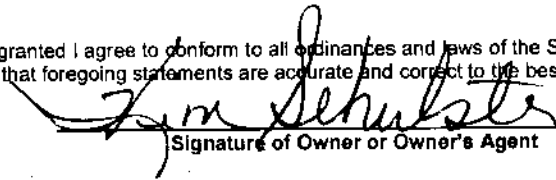
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>35+</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>10+</u>
Sidestreet/corner lot	<u>20</u>	<u>2</u>
Nearest Building on same lot	<u>10</u>	<u>-</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

7-13-17
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****

HTE# 16-5-38799

Harnett County Department of Public Health

24241

PERMIT # 28899

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SA 1441 Walpole Springs Rd

Name: (owner) Comfort Home Inc SUBDIVISION Crosslink LOT # 4

System Installer: Russell Pyleys Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

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

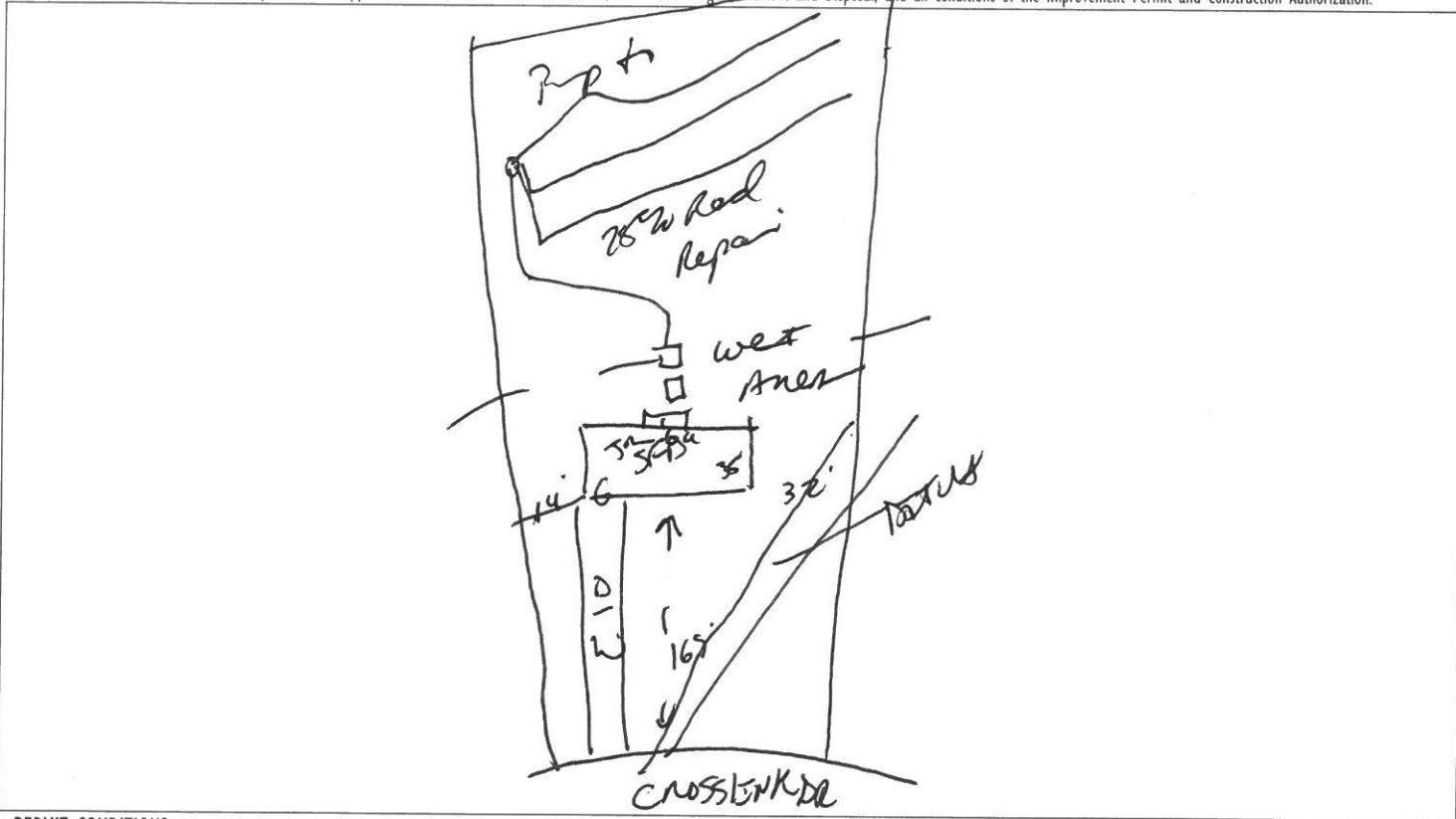
System Type: 25% Reduction Septic System 6 Chambers Type V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

Quick

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% Red Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 20-21 1/2 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Jane E. Manhardt Date 10-19-16



16-5-38799 (1)



16-5-38799 (2)



16-5-38799 (3)



16-5-38799 (4)



16-5-38799 (5)



16-5-38799 (6)



16-5-38799 (7)



16-5-38799 (8)



16-5-38799 (9)



16-5-38799 (10)



16-5-38799 (11)



16-5-38799 (12)



16-5-38799 (13)



16-5-38799 (14)



16-5-38799 (15)



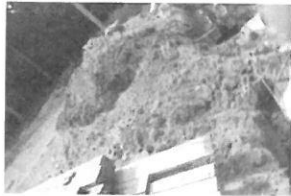
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16-5-38799 (1)



16-5-38799 (2)



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16-5-38799 (4)



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16-5-38799 (13)



16-5-38799 (14)



16-5-38799 (15)



16-5-38799 (16)



16-5-38799 (17)

SITE PLAN APPROVAL
 DISTRICT RA-20M USE deck

#BEDROOMS 3

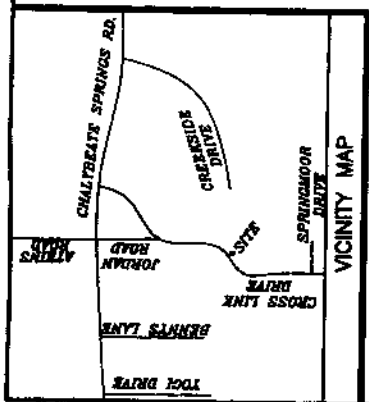
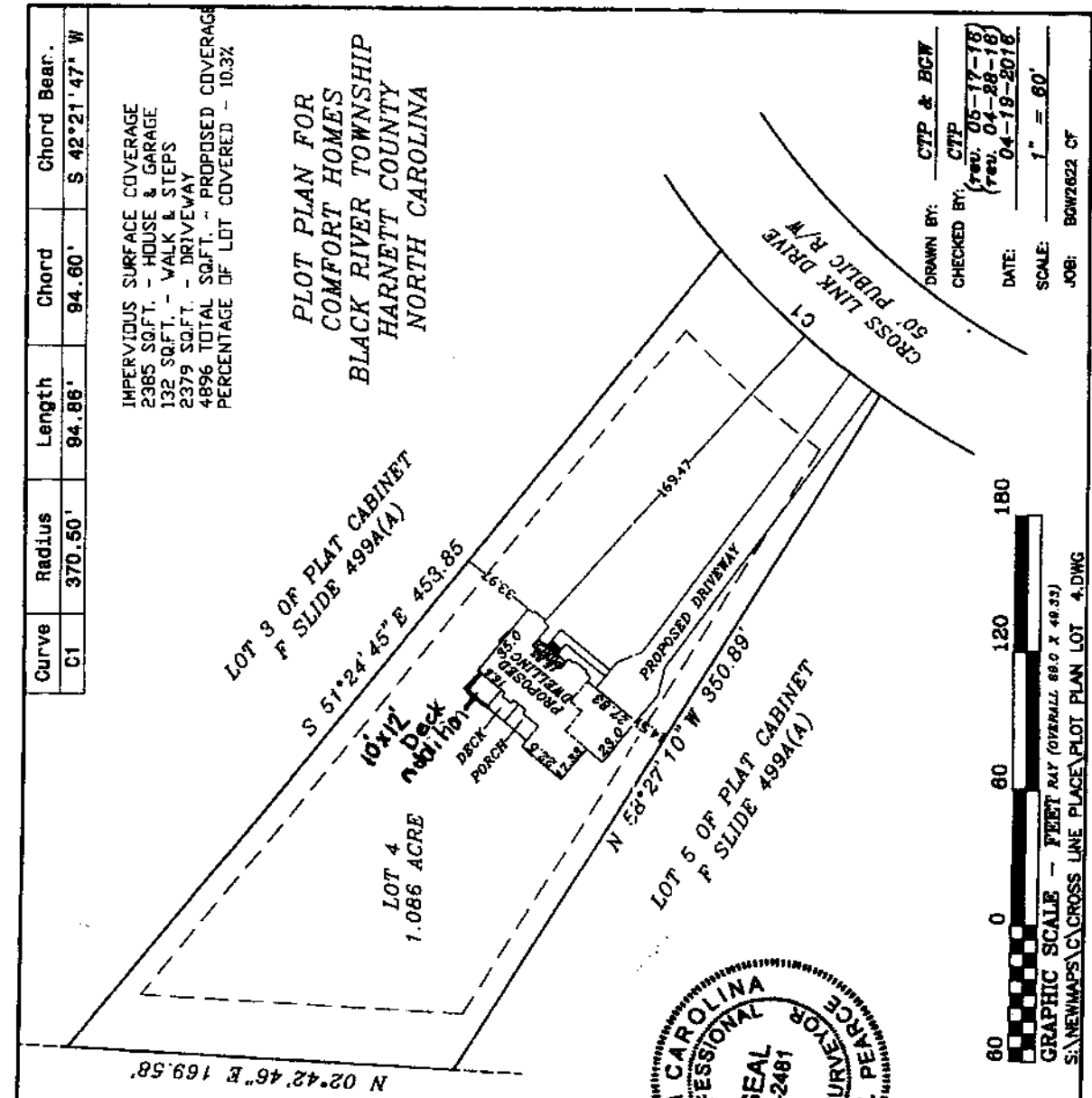
7/13/17

ZONING ADMINISTRATOR

Curve	Radius	Length	Chord	Chord Bear.
C1	370.50'	94.86'	94.60'	S 42°21'47" W

IMPERVIOUS SURFACE COVERAGE
 2385 SQ.FT. - HOUSE & GARAGE
 132 SQ.FT. - WALK & STEPS
 2379 SQ.FT. - DRIVEWAY
 4896 TOTAL SQ.FT. - PROPOSED COVERAGE
 PERCENTAGE OF LOT COVERED - 10.3%

PLOT PLAN FOR
 COMFORT HOMES
 BLACK RIVER TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA



NOTE: BEING LOT 4 OF CROSS LINK PLACE AS RECORDED IN PLAT CABINET F SLIDES 449A-449C.

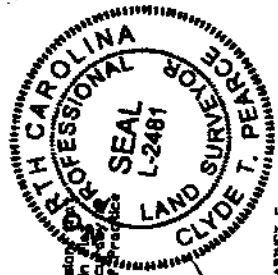
NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS MONUMENT WITHIN 2000'.

NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

NOTE: A 15' CONSTRUCTION EASEMENT IS RESERVED ON BOTH SIDES OF ALL PROPOSED STREETS.

PRELIMINARY PLAY - NOT FOR RECORDATION, CONVEYANCES, OR SALES.



Clyde T. Pearce
 Professional Land Surveyor
 L-2461

NOTE: NOT AN ACTUAL FIELD SURVEY. INFORMATION TAKEN FROM PLAT CABINET F SLIDE 449A-449C.

WILLIAMS - PEARCE and ASSOC.;
PROFESSIONAL LAND SURVEYORS, P.A.
 1000 N. ARENDELL AVE.
 P.O. BOX 892, ZEBULON, N.C. 27597
 PHONE: 919-269-9605 LIC. # C-0243

DRAWN BY: CTP & BCW
 CHECKED BY: CTP
 DATE: 04-18-2016
 SCALE: 1" = 60'
 JOB: BOW2622 CF



S:\NEWMAPS\C\CROSS LINE PLACE\LOT PLAN LOT 4.DWG

NAME: Joshua Schulster

APPLICATION #: 17-50041832

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 # BP 7/13 022950

- 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 _____

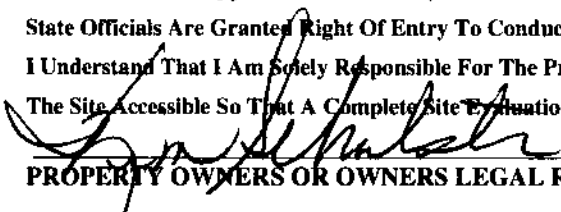
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } 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)

7-13-17
DATE

Harnett County Central Permitting

PO Box 85 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 Joshua D. Schulster Date 7-13-17
 Site Address 380 Cross Link Dr. Angier NC 27501 Phone 919-649-0119
 Directions to job site from Lillington 401 N to ~~to~~ Chalybeate Springs Rd
on right about 3 miles on right subdivision
"Cross Link" turn right, 380 Cross Link Dr. is on right
 Subdivision Cross Link Lot # ~~3~~ 4
 Description of Proposed Work deck for hot tub # of Bedrooms 3
 Heated SF Unheated SF Finished Bonus Room? NO Crawl Space Slab

General Contractor Information

Criterion-Files Engineers Inc. 919-465-3801
 Building Contractor's Company Name Telephone
7334 Chapel Hill Rd. Raleigh NC 27607
 Address Email Address
C-2871
 License #

Electrical Contractor Information

Description of Work Electric to hot tub Service Size Amps T-Pole Yes No
Church's Electric 919-868-9352
 Electrical Contractor's Company Name Telephone
5592 Christian Light Rd. Fuquay Varina
 Address Email Address
21305L
 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

7-13-17
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 

Sign w/Title _____ Date 7-13-17

CRITERIUM[®] GILES ENGINEERS

July 10, 2017

Scott Spencer

Re: Structural Plan Review
380 Cross Link Dr.
Angier, NC

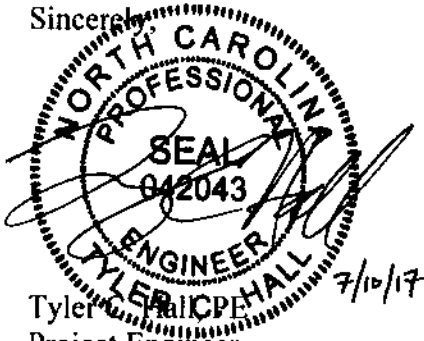
7334 CHAPEL HILL ROAD
SUITE 200
RALEIGH, NC 27607
PHONE 919 465-3801
FAX 919 465-3802
NC LIC. NO.: C-2871

Dear Mr. Spencer

At your request, we have reviewed the proposed drawings (attached) of the new hot tub deck addition at the subject address. The framing and foundation components are sufficient to support the load of the hot tub spa and conform to the regulations of the 2012 North Carolina Residential Building Code.

We trust that this letter provides the information you require. Please contact us 919-465-3801 if you have any questions. Thank you for the opportunity to be of assistance to you.

Sincerely,



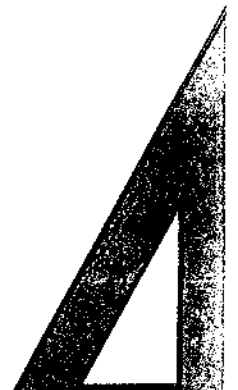
Tyler R. C. Hall
Project Engineer
Criterium-Giles Engineers Inc.
NC Lic. No. C-2871

Plans Attached (Provided by Contractor)

**LICENSED
PROFESSIONAL
ENGINEERS**

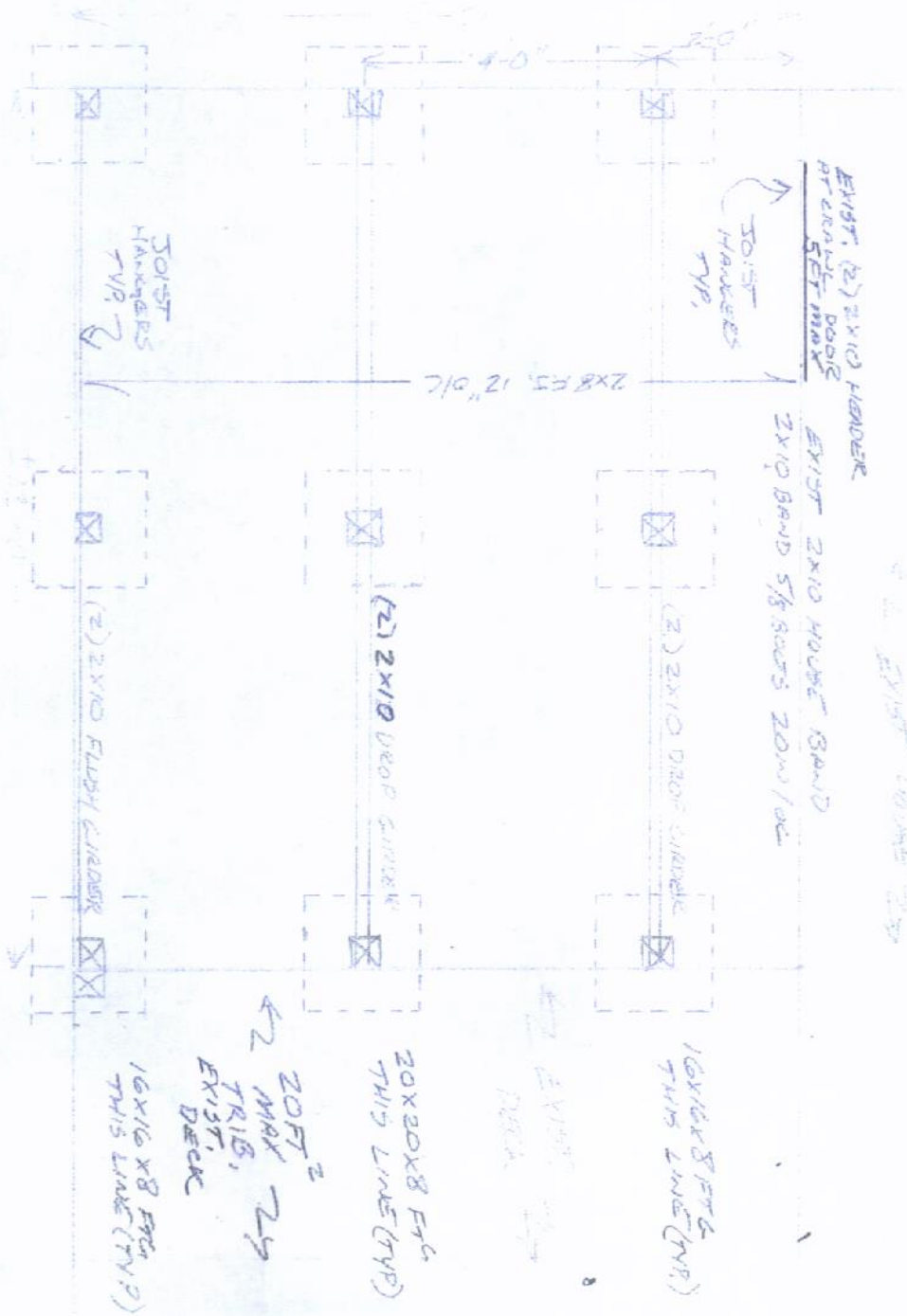
BUILDING DIAGNOSTICS
INSPECTIONS
ENVIRONMENTAL SERVICES
CONSTRUCTION MONITORING
DESIGN

www.criterium-giles.com





Reviewed: 7/10/17



PROPOSED HOT TUB DECK

DRAWN BY:
R. SPENCER
DATE: 7/11/17
SCALE: NTS