

Initial Application Date: 5/10/18

Application # 18-50043985

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: Stephanie Grant Mailing Address: 89 Grahamridge Lane
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-201-3395 Email: SGrant@travelers.com

APPLICANT*: Assurance Restoration Mailing Address: 180 Wyndham Place Dr.
City: Fuquay-Varina State: NC Zip: 27526 Contact No: 919-762-2821 Email: opegger@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Wyndham Place Lot #: 2 Lot Size: .66
State Road # 2298 State Road Name: Grahamridge Ln. Map Book & Page: 2006 / 1094
Parcel: 040664 0038 33 PIN: 0664-98-3874.000
Zoning: RA-30 Flood Zone: X Watershed: IV Deed Book & Page: 3328 / 646 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) Monolithic
- 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 18 x 24) Use: unfinished bonus to 4th bed / 3rd bath 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): _____

Required Residential Property Line Setbacks:

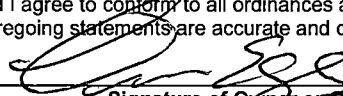
	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments:

Adding 4th bed and 3rd bath in unfinished bonus & not going outside existing footprint.

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

5/10/18
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****

NAME: Grant

APPLICATION #: 18-50043985

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 5/10/18 027649

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**:

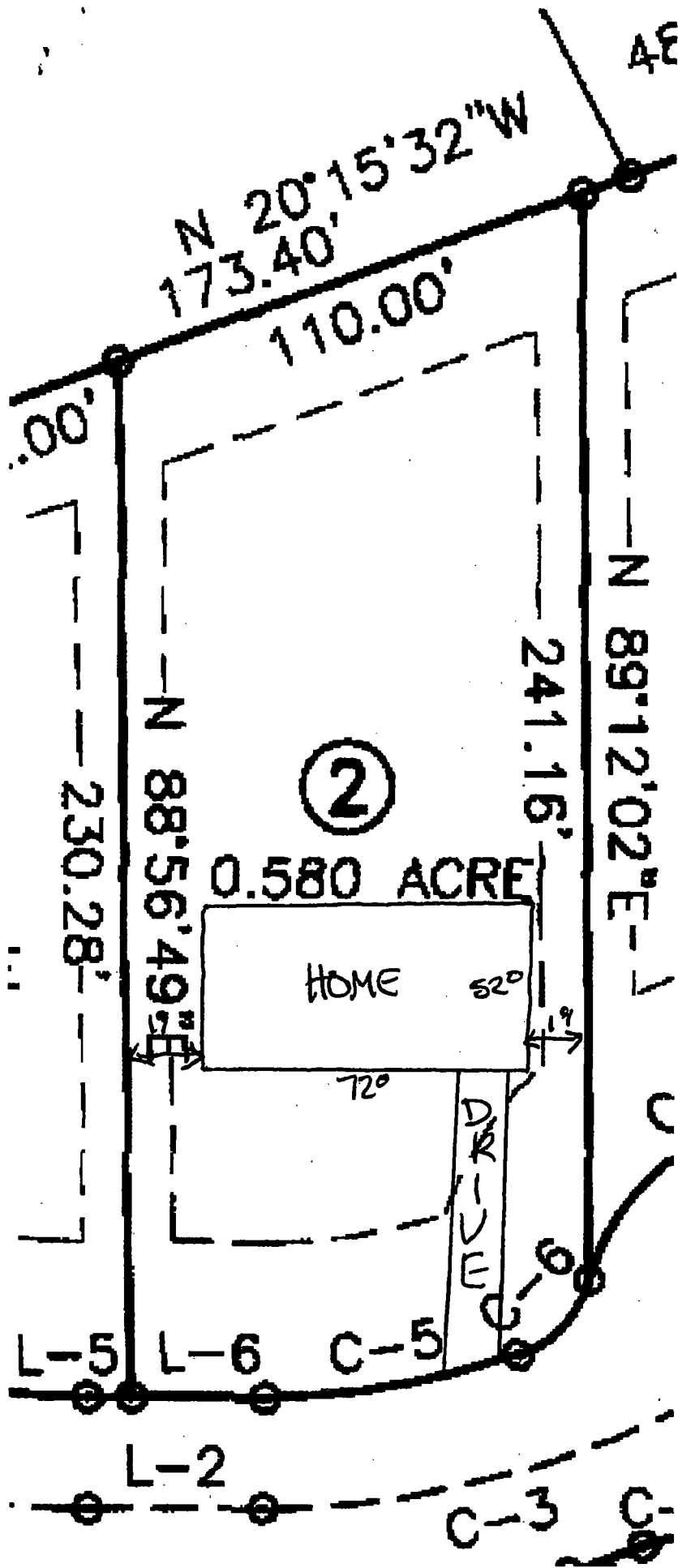
- { } YES { } NO Does the site contain any Jurisdictional Wetlands?
 { } YES { } NO Do you plan to have an irrigation system now or in the future?
 { } YES { } NO Does or will the building contain any drains? Please explain. _____
 { } YES { } NO Are there any existing wells, springs, waterlines or Wastewater 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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/10/18
DATE



~~Revised~~
 SITE PLAN APPROVAL
 DISTRICT ~~RA-30~~ USE ~~SFD~~
 #BEDROOMS ~~3~~
 10.9.15 ~~cycluson~~
 ZONING ADMINISTRATOR

SITE PLAN APPROVAL
 DISTRICT PA-30 USE unfin. bonus to 4th bed, 3rd bath
 #BEDROOMS 4BD / 3BA
 5/10/18 ~~BP~~
 ZONING ADMINISTRATOR

HTE# 15-5-366272R

Harnett County Department of Public Health

23905

PERMIT # 28574

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 211415 PAULS CHURCH RD

Name: (owner) STEPHANIE GUNST

SUBDIVISION WYNDA PLACE

LOT # 2

System Installer: JUNION CARRIAGES

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

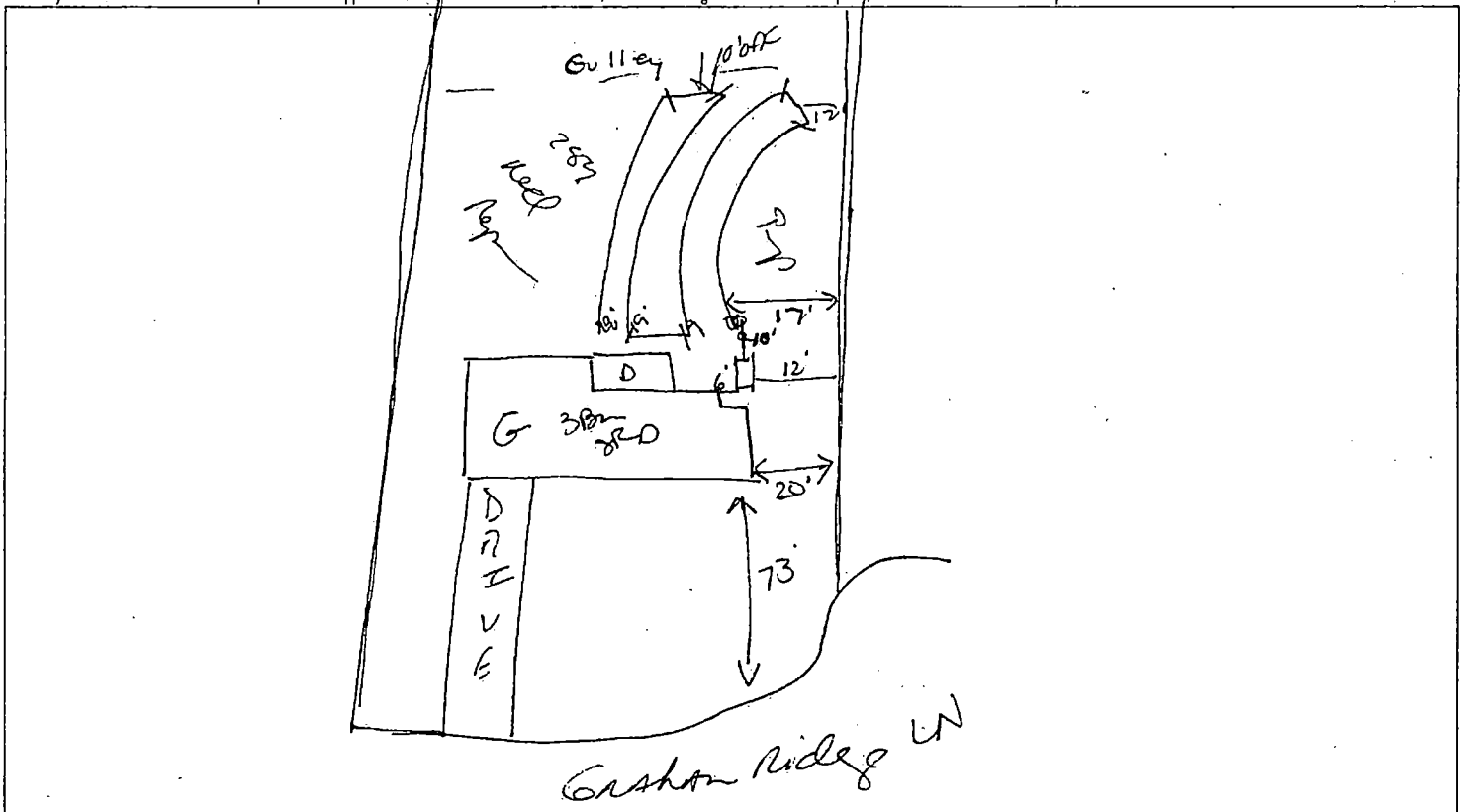
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% RECYCLED SPH TYPE III 6 Chamber Types 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.

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% RECYCLED SPH Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 280 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 2-19-16



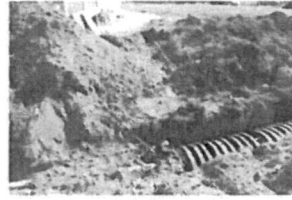
15-5-36627RR (1)



15-5-36627RR (2)



15-5-36627RR (3)



15-5-36627RR (4)



15-5-36627RR (5)



15-5-36627RR (6)



15-5-36627RR (7)



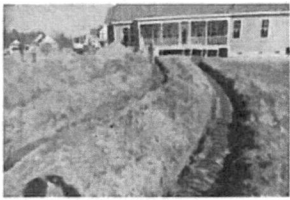
15-5-36627RR (8)



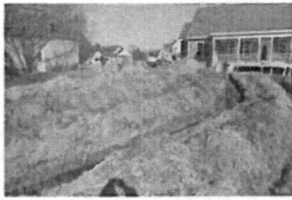
15-5-36627RR (9)



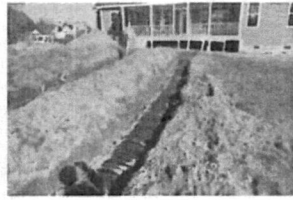
15-5-36627RR (10)



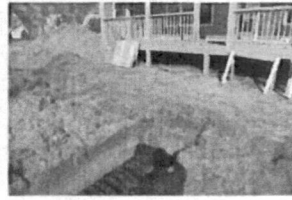
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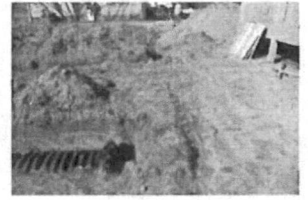
15-5-36627RR (12)



15-5-36627RR (13)



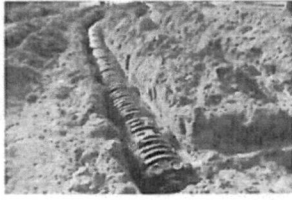
15-5-36627RR (14)



15-5-36627RR (15)



15-5-36627RR (16)



15-5-36627RR (17)



15-5-36627RR (18)



15-5-36627RR (19)



15-5-36627RR (20)

Application # 18-SD043985

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: Stephanie Grant Date: 5/10/18
Site Address: 89 Graham ridge lane Phone: 919-201-3395
Directions to job site from Lillington: _____

Subdivision: Wyndham Place Lot: 2
Description of Proposed Work: Convert Bonus (unfin) -> Bedroom # of Bedrooms: 3
Heated SF: 500 Unheated SF: 0 Finished Bonus Room? Crawl Space: Slab:

General Contractor Information

Assurance Restoration LLC 919-762-2821
Building Contractor's Company Name Telephone
180 Wyndham Place Dr. dpegger@gmail.com
Address Email Address
75540
License #

Electrical Contractor Information

Description of Work Wire unfinished Basement Service Size: _____ Amps T-Pole: Yes No
Mobay Electric 639-4837
Electrical Contractor's Company Name Telephone
731 Mobay Rd. Angier, NC 27501 Contact@mobayelectrical.com
Address Email Address
15077
License #

Mechanical/HVAC Contractor Information

Description of Work JC Carroll - Install New System
JC Carroll Heating & Air 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephens Rd JSHVAC@gmail.com
Address Email Address
2655 Holly Springs, NC
License #

Plumbing Contractor Information

Description of Work Homeowner # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
Home own
License #

Insulation Contractor Information

Carmello Insulation Inc. 1079 Lake Wendell rd 919-369-3770
Insulation Contractor's Company Name & Address Telephone
Wendell, NC
27591

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

639-4837

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

5/10/18

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: Assurance Restraints LLC

Sign w/Title: Owner Date: 5/10/18