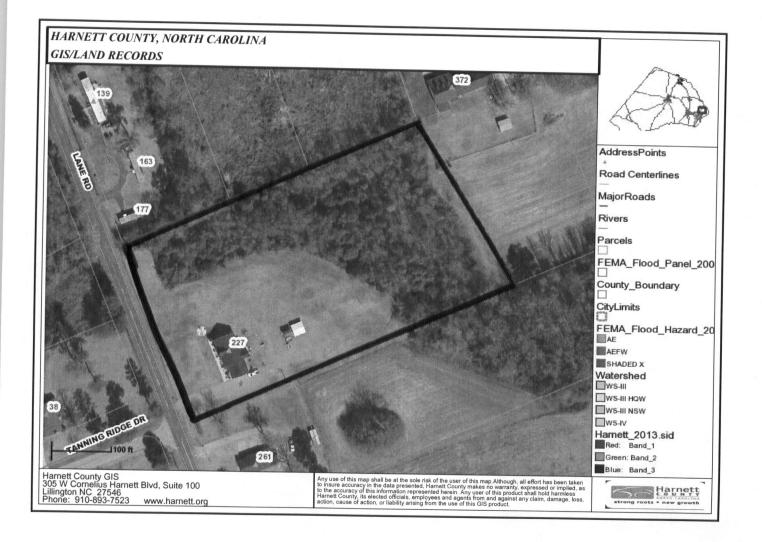
Initial Application Date: 1-31-16		Application # 10003	7912
COUNTY OF HAR Central Permitting 108 E. Front Street, Lillington, NC 27	NETT RESIDENTIAL LAND USE A 546 Phone: (910) 893-7525 ext		nett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	,	100 100 100 100 100 100 100 100 100 100	
	Mailing Address: 2	1	LIOATION
		Email:	
1/ 1/2 1/2/2	g Address: 101 D Sprin		
		2159 Email:	
CONTACT NAME APPLYING IN OFFICE: H. Hen	n Williams	Phone #_ 919- 524-	2159
PROPERTY LOCATION: Subdivision: 227 Lane	S. Dunn V.C.S	08334 Lot #: Lot Size;	390
State Road # State Road Name:		Map Book & Page:	1
Parcel: 621527 0132	Α 0 -	-5350,000	
Zoning: A - SO Flood Zone: Watershed: D	eed Book & Page 093 /93	Power Company*:	<u> </u>
*New structures with Progress Energy as service provider need to			Energy.
PROPOSED USE:			
☐ SFD: (Sizex) # Bedrooms: # Baths: Base	ement(w/wo bath): Garage:	Deck: Crawl Space: Slab	Monolithic
		() no (if yes add in with # bedrooms)	Siab
☐ Mod: (Sizex) # Bedrooms # Baths Base (Is the second floor finished? () y			Off Frame
☐ Manufactured Home:SWDWTW (Size	() # Bedrooms: Garage	e:(site built?) Deck:(site bu	ilt?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employ	yees:
□ Addition/Accessory/Other: (Size 16 x 44) Use: Addition/Accessory/Other:	ched garage +co	rfort Closets in addition? (	_) yes () no
Water Supply: County _ Existing Well New V	Vell (# of dwellings using well	) *Must have operable water befo	ore final
Sewage Supply: New Septic Tank (Complete Checklist) _	Existing Septic Tank (Complet	e Checklist) County Sewer	
Does owner of this tract of land, own land that contains a manufac	tured home within five hundred feet	(500') of tract listed above? () yes (	X) no
Does the property contain any easements whether underground or	overhead () yes (∠) no		
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify):	
Required Residential Property Line Setbacks: Com	ments:		
Front Minimum 35 Actual 35+			
Rear <u>25</u> <u>25</u> +	-171		
Closest Side 10 24			
Sidestreet/corner lot			
Nearest Building			
on same lot  Residential Land Use Application	Page 1 of 2	(	03/11

lenter two con appropringle	ely 12 miles	eloro of	to hove id.	T/ 00	
If permits are granted I agree I hereby state that foregoing	e to conform to all ordinances and statements are accurate and condition of the statements are accurate and conditions.  Signature of Owner or Own	Michael V	arolina regulating such work ar lge. Permit subject to revocation ————————————————————————————————————	on it talse information	f plans submitted. is provided.
***It is the owner/applicants to: boundary information		nformation that is contained	information about the subject etc. The county or its emploid within these applications.**  if permits have not been issues.	yees are not respons *	sible for any
Uping I TATION I	BACK pro	perTyLine 6 r 300° oC	arage 2	New	Const.
TAN A		7	16' 76		1 9
Hous	C		76		The
	in Congel		- Andrews and the second secon	(	Prope
DISTRICT RA-30 #BEDROOMS	USE Carport			To the state of th	
Residential Land	Zoning Administrator  Jone Observation	Page 2 of 2	ive way	08/1	1



NAME: Clayne + Lora Blackman

\*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 authorizati	ion to construct allow in the construct allows in the construction al
(	epted ernative	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  {} Innovative {} Conventional {} Any
The applic	ant shall notify	{}} Other  the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	(_) NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <u></u> } NO	Do you plan to have an <u>irrigation system</u> 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	1 NO	Is the site subject to approval by any other Public Agency?
{}}YES	{\sum_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 Agcessible So. That A Complete Site Evaluation Can Be Performed.

Williams PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Application #

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			
Directions to job site from Lillington			
Subdivision	Lot		
Description of Proposed Work	# of Bedrooms		
Heated SF Unheated SF Finished Bonus Room?	Crawl Space Slab		
H. Alm Villam	919-524-2159		
Building Contractor's Company Name	Telephone		
Address 2 4 9 7 5	Email Address		
License #			
Description of Work Service Size	Amps T-PoleYesNo		
Description of Work Size _	Amps 1-Pole ,YesNo		
Electrical Contractor s Company Name	Telephone		
Address	Email Address		
License #			
Mechanical/HVAC Contractor Information of Work			
Mechanical Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Plumbing Contractor Information	l .		
Description of Work	# Baths		
Plumbing Contractor's Company Name	Telephone		
Address	Email Address		
License #			
Insulation Contractor Information	1		
Insulation Contractor s Company Name & Address	Telephone		

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

N. Home Williams \ 3-8-16
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
Company or Name Williams Building + Home Repair
Sign w/Tyte 1. Som Williams pate 3-876

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.

Property Address PARCEL NUMBER Application dess Subdivision Nam	nber 16-50037912 ss 227 LANE RD 02-15270132 scription CP GARAGE/CARPORT I	RESIDENTIAL DETACHED
	Required Inspections	
	sp de Description	Initials Date
Permit type	RESIDENTIAL BUILDING PERMIT	
999 111 B1 999 105 B1 999 309 P3 999 101 B1 999 429 R4 999 425 R4 999 131 R1 999 125 R1 999 329 R3 999 325 R3	09 R*PLUMB UNDER SLAB 01 R*BLDG FOOTING / TEMP SVC POLE 29 FOUR TRADE FINAL 25 FOUR TRADE ROUGH IN 31 ONE TRADE FINAL 25 ONE TRADE ROUGH IN 29 THREE TRADE FINAL 25 THREE TRADE ROUGH IN 29 TWO TRADE FINAL	
999 211 E2 999 217 E2 999 205 E2		
999 215 E2 999 213 E2 999 131 R1 999 125 R1	13 R*ELECTRICAL UNDERGROUND 31 ONE TRADE FINAL 25 ONE TRADE ROUGH IN	
Permit type		

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Date 3/08/16 Application Number . . . . 16-50037912 Subdivision Name . . . . . Property Zoning . . . . . . RES/AGRI DIST - RA-30 Contractor Owner ------WILLIAMS HARRY GLENN BLACKMAN JOHNNIE WAYNE & SARAH 101 N SPRING BRANCH RD RT 3 BOX 383 DUNN NC 28334 NC 28334 DUNN (910) 567-6094 Applicant WILLIAMS GLENN 101 N. SPRING BRANCH RD NC 28334 DUNN (919) 524-2159 Structure Information 000 000 16X44 DETACHED GARAGE & CARPORT Flood Zone . . . . . . . . FLOOD ZONE X
Other struct info . . . . . PROPOSED USE GARAGE/CARPORT
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY Permit . . . . . RESIDENTIAL BUILDING PERMIT Valuation . . . . 26048 Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1129410 \_\_\_\_\_ Permit . . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1129402
Issue Date . . . 3/08/16
Expiration Date . . . 9/04/16

Valuation . . . . Special Notes and Comments T/S: 01/26/2016 11:23 AM LBENNETT --

HARNETT COUNTY CENTRAL PERMITTING

421 TO DUNN TAKE LEFT ON NORTH CLINTON

P.O. BOX 65

LILLINGTON, NC 27546

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 . . . . 16-50037912

Page 2 Date 3/08/16

Special Notes and Comments
AVENUE - CONTINUE ON JONESBORO RD TO
LOVE RD TAKE LEFT GO APPROX 1 1/2 MILES
227 LANE RD ON RIGHT ACROSS FROM
TANNING RIDGE SUB.

	_		