

Initial Application Date: 3-4-2016



Application # 11050038151

3-18-16

CU# _____ R

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: Michael James Thomas Mailing Address: 7548 US 421 N
City: Lillington State: NC Zip: 27546 Contact No: 919.888.1013 Email: airmedics99@gmail.com

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

CONTACT NAME APPLYING IN OFFICE: Michael James Thomas Phone # 919.888.1013

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 17.53 acr
State Road # 1280 State Road Name: McArthur Road Map Book & Page 2013 / 58
Parcel: 139691 0160 PIN: 9690-09-8751.000

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 3210 / 956 Power Company*: Duke Progress

*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))
- 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 50 x 72) Use: Metal Building w/ 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: proposed(1) Manufactured Homes: _____ Other (specify): proposed sh (1)

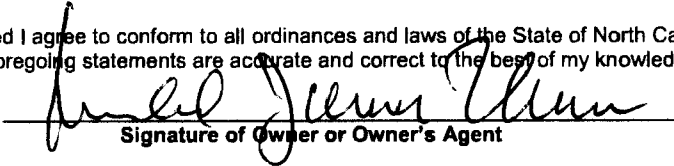
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>226</u>
Rear		<u>25</u>		<u>100'</u>
Closest Side		<u>10</u>		<u>106</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: Need septic for building only @ this time
Revision - No Floor Drain
No Fee

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 N to McArthur RD, take a Left on McArthur Road, go .7 miles , drive on left.

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

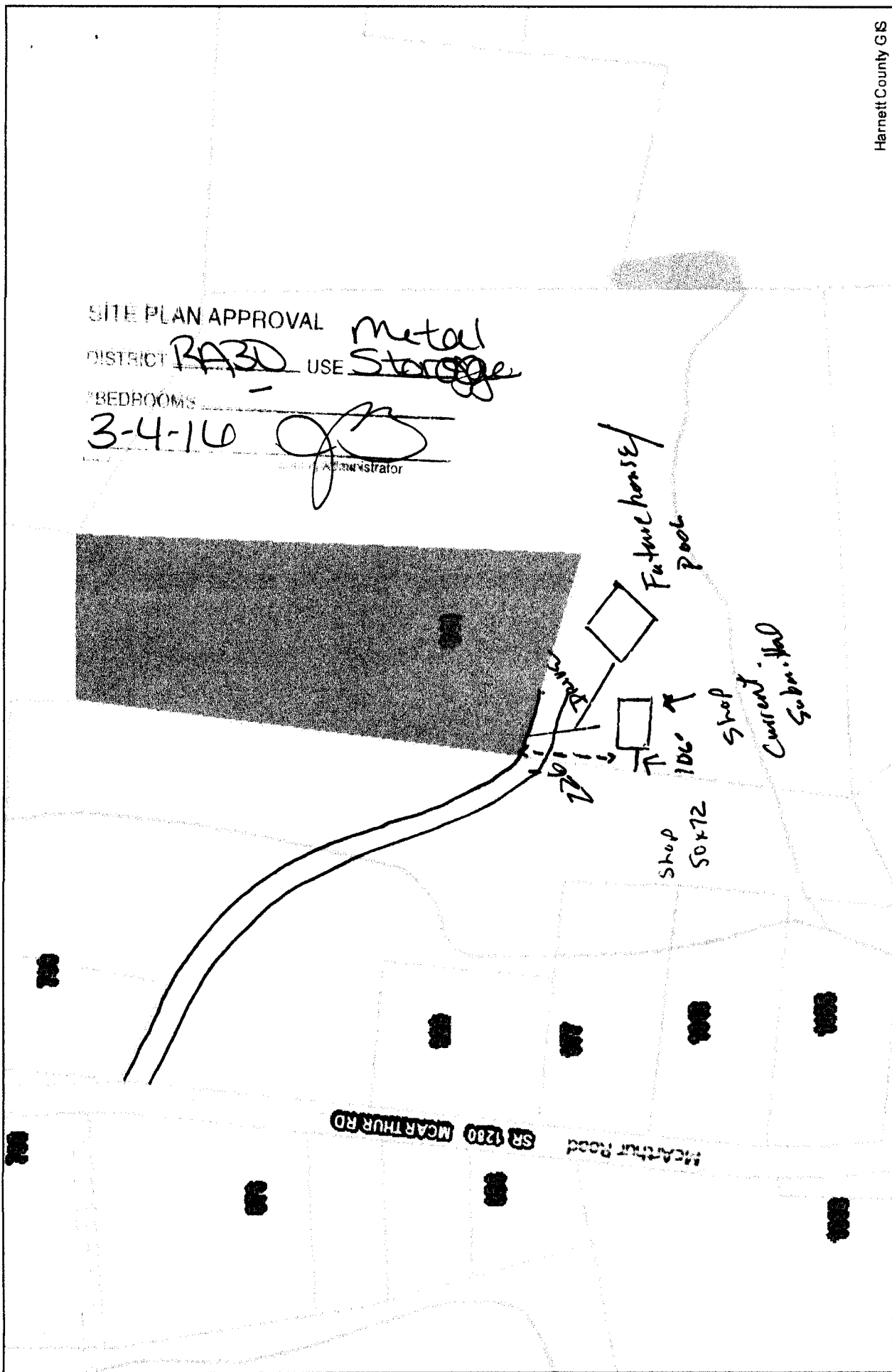
3/4/16
Date

*****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.*****

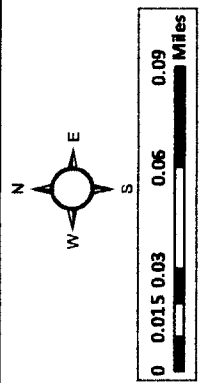
****This application expires 6 months from the initial date if permits have not been issued****

NOT FOR LEGAL USE

SITE PLAN APPROVAL
 DISTRICT RA30 USE Metal Storage
 #BEDROOMS 3-4-10
 Administrator



Harnett County GIS



LEGEND

- USA Property
- City Limits
- Address Numbers
- Harnett County Major Roads
- Harnett County Roads
- Tax Parcel

Harnett COUNTY
 strong roots • new growth

GIS/E-911 Addressing

March 4, 2016

NAME: Michael James Thomas

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. Floor Drain
 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.

Michael James Thomas
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/4/16
DATE

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 Michael James Thomas Date 5/13/16
Site Address 845 McArthur Rd Broadway NC Phone 919-888-1013
Directions to job site from Lillington 421 to McArthur Rd Left on
McArthur Rd 1 mile on L

Subdivision _____ Lot _____
Description of Proposed Work Metal Building # of Bedrooms 0
Heated SF 700 Unheated SF 2900 Finished Bonus Room? N Crawl Space _____ Slab A

General Contractor Information

OWNER
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
OWNER
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Ductless unit in kitchen Area
AirMedics Heat & cooling Telephone 919-888-1013
Mechanical Contractor's Company Name _____
PO Box 527 Manners NC 27552 Email Address AirMedics99@gmail.com
Address _____
19490
License # _____

Plumbing Contractor Information

Description of Work Plumb for Bathroom & Sink # Baths _____
Thomas Thomas Plumbing Telephone 919-258-3114
Plumbing Contractor's Company Name _____
929 McArthur Rd Broadway NC 27505 Email Address _____
Address _____
12286
License # _____

Insulation Contractor Information

OWNER
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

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 _____

Plan Box # C4
~~1111~~

Date 3-4-14
Job Name Thomas

App # 16SC038151

Valuation 133200

SQ Feet 832
Garage 2768
= 3600

Inspections for SFD/SFA

Crawl _____ Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____ Envir. Health _____ Other _____

Additions / Other

Footing _____
Foundation _____
Slab _____
Mono _____
Open Floor _____
Rough In _____
Insulation _____
Final _____

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	16-50038151	Page	2
Issue Date	5/13/16	Date	5/13/16
Expiration Date	11/09/16	Valuation	0

Permit	RESIDENTIAL MECHANICAL PERMIT		
Additional desc			
Phone Access Code	1139906		
Issue Date	5/13/16	Valuation	0
Expiration Date	5/13/17		

Permit	RESIDENTIAL PLUMBING PERMIT		
Additional desc			
Phone Access Code	1139914		
Issue Date	5/13/16	Valuation	0
Expiration Date	5/13/17		

Special Notes and Comments

T/S: 03/04/2016 12:02 PM JBROCK ----
421 N TO MCARTHUR RD GO .7 MILES DRIVE
ON LEFT NEAR 799 MCARTHUR

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	16-50038151	Page	3
Property Address	MCNEIL MILL RD	Date	5/13/16
PARCEL NUMBER	13-9691- - -0160- - -		
Application description	CP GARAGE/CARPORT RESIDENTIAL DETACHED		
Subdivision Name			
Property Zoning	PENDING		

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	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	__/__/__
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	_____	__/__/__
Permit type RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION 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.

Page 2
Date 5/13/16

Application Number 16-50038151
Property Address MCNEIL MILL RD
PARCEL NUMBER 13-9691- - -0160- - -
Application description CP GARAGE/CARPORT RESIDENTIAL DETACHED
Subdivision Name
Property Zoning PENDING

Permit TEMPORARY ELECTRICAL PERMIT

Additional desc T-POLE
Phone Access Code 1139922

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	__/__/__