Initial Application Date:	12	124	116
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Application # _	1450040469
	CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 **Central Permitting** 

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: BARt + Kristy Dellisant! Mailing Address: 171 Rogal Crept Disc
City: Fig. 19 State Zip: Contact No: 910 237.3222 Email: JPRICELUNSTRUCTION
APPLICANT: DASON Price Gust. For Mailing Address: 2323 Neith Hills 2d
City: L: 11 in faw State: M Zip 27541 Contact No: 9/02373222 Email: SPRICE CONSTRUCTION *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: 54500 Price Phone # 910 2373222
PROPERTY LOCATION: Subdivision: Resal Crest Lot Size: 2, 78
State Road # State Road Name: Resal Cest Drive Map Book & Page: 2008, COU
Parcel: 0633-32-9253, 000 PIN: 050633 0013 02
Zoning: 2-30 Flood Zone:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
☐ SFD: (Size x ) # Bedrooms: _ # Baths: _ Jasement(w/wo bath): Garage: ⊃eck: _ Crawl Space: _ Slat 3lab:
(Is the bonus room finished? () yes no w/ a closet? () yes () no (if yes add in with # bedrooms)
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms:Use:Hours of Operation:#Employees:
Addition/Accessory/Other: (Size 32x20) Use: Post House / Car Garage Closets in addition? (_) yes x 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
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: New Pool Louse With
Front Minimum 35' Actual 215' One bathroom.
Rear 25' 347'
Closest Side 10' 30.5' Pool House have 1 GARAGE BAY.
Sidestreet/corner lot
Nearest Building
on same lot  Page 1 of 2  D3/11

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS	TO THE PROPERTY FI	ROM LILLINGTON:	401 N	with tu	~ Lefton
(hrist) A	~ hight	Rosa - 6	diles t	D Rive-	Road turn
Leff -	+uv N	iMMed.	the Righ	t into	Regal Crest
Su Sdavi.	51m - L	dute on	Left		
<b>3</b> .					
permits are granted I a	gree to conform to all ord	inances and laws of the	State of North Carolina r	egulating such work and	the specifications of plans submitte
nereby state that forego	statements are accur	rate and correct to the be	est of my knowledge. Pe	rmit subject to revocation	n if false information is provided.
	Signature of Ov	mer or Owner's Agent		Date	6
/					
-					

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*

4				
•				
NAN	ME: JASON Price 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			
	IE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT  MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration			
	iding upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)			
dopon	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.			
•	, last stange heads some mage at said some standard the standard the said and standard the said standa			
	out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.			
•	The control of the co			
<ul> <li>If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil</li> </ul>				
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.			
•	, mor proporting proposed and annual proposed annual proposed and annual proposed annual propo			
	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.			
_ •	out office the state of the sta			
	Environmental Health Existing Tank Inspections Code 800			
•	Follow above instructions for placing flags and card on property.  Prepare for inspection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up (if			
•	riepare for inspection by removing son over <b>outlet end</b> of tank as diagram indicates, and int he straight up (ii			

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

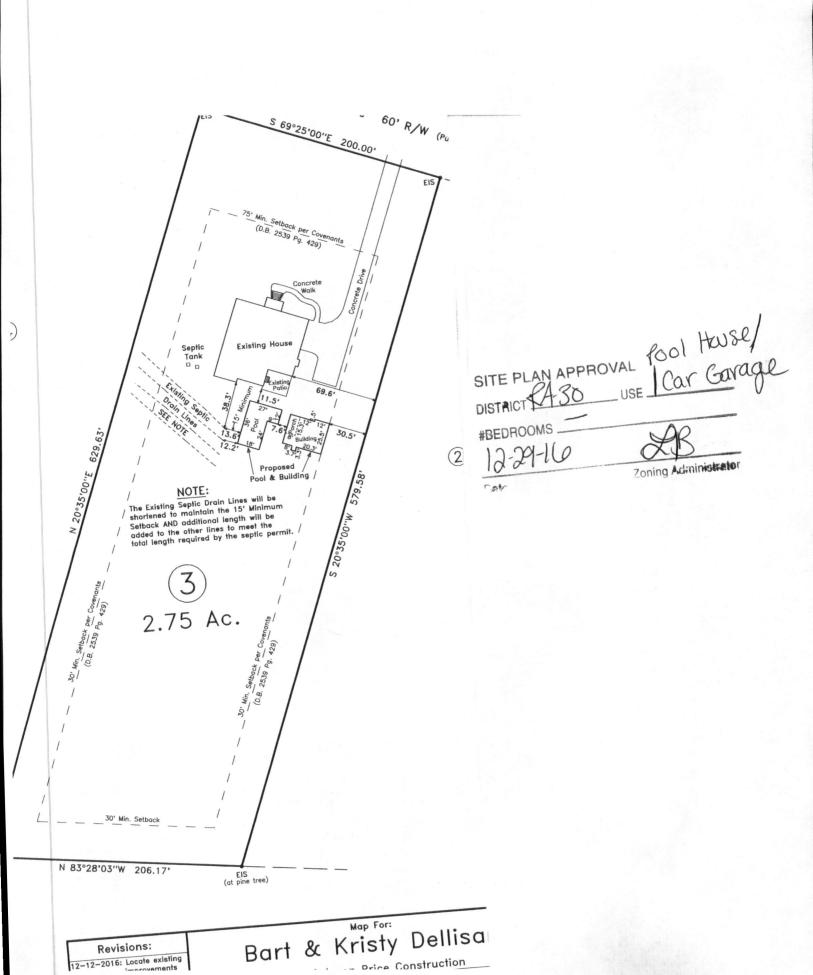
- After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

<u>SEPTIC</u>	
If applying for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {} Conventional {} Any
	Innovative {_} Conventional {_} Any  Other Chanbers
The applicant shall notify question. If the answer is	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 {X} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {}X} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{X}YES {_} NO	Does or will the building contain any drains? Please explain. 1 bathroom - (Post House
{\( \)\)\YES \( \)\)\ NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property? - SEE ATTALLINE.  Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES A}NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES (X) 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 Applicat	ion 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 So	olely 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 ÓR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/10



Application #

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 16-500 70469

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

1 5 11 1	1/19/19
Owners Name Bart De Clisant:	Date
Site Address 171 Regal Court way Fagur	Ne Phone 7/0 814-42
Directions to job site from Lillington 901 10 - Cari	tom Light Road
Left on River Road - Righ	+ into Susdovision
TUS ON LOFF	
Subdivision	Lot
Description of Proposed Work Pod / House / 6 Are	# of Bedrooms
Heated SF 27 5 Unheated SF 292 Finished Bonus Room?	MA Crawl Space Slab
General Contractor Information	ion a
Octor Proce Construction Inc. Building Contractor's Company Name	110 814-4236
Building Contractor's Company Name	Telephone JPRICE CONSTRUCTION
2323 Keith Hills Rd	Email Address
Address	Email Address YALW. Co.
50 8 5 9 License #	
Description of Work Por Americal Contractor Information	ation T Pole Yes No
Description of Work / Low / France Size	Amps 1-Pole
W3 Elekin Face	7/9 550 7341 Telephone
Electrical Contractor's Company Name P.O. Box 508 Claston Ne	relephone
	Email Address
Address	
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	
	Talanhana
Mechanical Contractor's Company Name	Telephone
	Email Address
Address	
License #	
Plumbing Contractor Information	ation
Description of Work Z SAFL Rev n	# Baths
6 love Contract Plan Sing	719 859-0959
Plumbing Contractor's Company Name	Telephone
204 Quail Hollow sandtown NL	Email Address
Address	Lindii Addioso
License #	
Insulation Contractor Inform	ation
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 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 Officer/Agent of the Contractor or Owner General Contractor 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

4	Date Job Name	Dellisanti
20	Valuation 84000	SQ Feet 875  Garage 292  = 1167
D/SFA		
Slab	Mono	Basement
Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
	Envir. Health	Other
	Poo	d Heuse, arese.
	Footing Foundation Address Slab Rough In Insulation Final	Valuation 84000  Valuation 84000  Valuation 84000  Footing Plum Under Slab Foundation Ele. Under Slab Address Address Slab Mono Slab Rough In Rough In Insulation Insulation Final Final  Envir. Health

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. \_\_\_\_\_\_ Application Number . . . . 16-50040469 Date 1/25/17 Property Address . . . . . 171 REGAL CREST DR Tenant nbr, name . . . . . PER KELLY CALLED IN- LB Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED Subdivision Name . . . . . REGAL CREST 13LOTS Property Zoning . . . . . RES/AGRI DIST - RA-30 Contractor Owner \_\_\_\_\_\_ \_\_\_\_\_\_ DELLISANTI BART A & KRISTY JASON PRICE CONST. INC 121 GREEN FOREST CIRCLE 171 REGAL CREST DRIVE FUQUAY-VARINA NC 27526 DUNN NC 28334 (910) 814-4236 Applicant \_\_\_\_\_ JASON PRICE CONSTRUCTION 2323 KEITH HILLS RD LILLINGTON NC 27546 (910) 237-3222 --- Structure Information 000 000 32X26 POOL HOUSE/ 1 CAR GARAGE Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . PROPOSED USE SFD SEPTIC - EXISTING? WATER SUPPLY COUNTY \_\_\_\_\_\_ Permit . . . . . RESIDENTIAL BUILDING PERMIT Additional desc . . 1175579 Phone Access Code . Issue Date . . . 1/25/17 Valuation . . . . Expiration Date . . 1/25/18 \_\_\_\_\_ Permit . . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1175926 Issue Date . . . . 1/25/17 Valuation . . . . Expiration Date . . . 7/24/17\_\_\_\_\_ Special Notes and Comments T/S: 12/28/2016 04:07 PM LBENNETT --171 REGAL CREST DR 401 N TURN LEFT ON CHRISTIAN LIGHT RD -6 MILES TO RIVER RD TURN LEFT TURN IMMEDIATE RIGHT ONTO REGAL CREST SUBDIVISION HOUSE ON LEFT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. \_\_\_\_\_\_ Page 2 Date 1/25/17 Application Number . . . . 16-50040469 Property Address . . . . . 171 REGAL CREST DR Tenant nbr, name . . . . . PER KELLY CALLED IN- LB Application description . . . CP GARAGE/CARPORT RESIDENTIAL DETACHED Subdivision Name . . . . . REGAL CREST 13LOTS Property Zoning . . . . . RES/AGRI DIST - RA-30 Required Inspections Phone Insp Insp# Code Description Seq Initials Date \_\_\_\_\_\_ Permit type . . . RESIDENTIAL BUILDING PERMIT 103 B103 R\*BLDG FOUND & TEMP SVC POLE 999 111 B111 R\*BLDG SLAB INSP/TEMP SVC POLE 309 P309 R\*PLUMB UNDER SLAB 999 999 101 B101 R\*BLDG FOOTING / TEMP SVC POLE 999 429 R429 FOUR TRADE FINAL
425 R425 FOUR TRADE ROUGH IN
131 R131 ONE TRADE FINAL
125 R125 ONE TRADE ROUGH IN
329 R329 THREE TRADE FINAL
325 R325 THREE TRADE ROUGH IN
229 R229 TWO TRADE FINAL 999 999 999 999 999 999 999 999 225 R225 TWO TRADE ROUGH IN Permit type . . . LAND USE PERMIT

818 Z818 PZ\*ZONING INSPECTION

820 Z820 PZ\*ZONING/FINAL INSPECTION

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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