Initial Application Date:

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" _ State: NC Zip: 28326 Contact No: 910-568-9869 Email: +in ma APPLICANT*: _ Mailing Address: State: __ Contact No: Email: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Phone # PROPERTY LOCATION: Subdivision: State Road No Parcel Deed Book & Page *New structures with Progress Energy as service provider need to supply premise number. from Progress Energy. PROPOSED USE: Monolithic x____) # Bedrooms:___ # Baths:___ Basement(w/wo bath):___ Garage:___ Deck:___ Crawl Space:___ Slab:_ SFD: (Size _ (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) _) # 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: Addition/Accessory/Other: (Size, Closets in addition? (____ New Well (# of dwellings using well _ Existing Well) *Must have operable water before final 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: Manufactured Homes Required Residential Property Line Setbacks: Comments: Front Minimum Rear Closest Side Sidestreet/corner lot Nearest Building

Take the 27 laket acc
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
19 miles, Turn Right anto MC 24w/MC 27 W. fer
3 miles, Turn Left anto Sands head for 0.2 miles,
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 120 27 West per 19 miles, Turn Light anto HC 24w/NC 27W. per 3 miles, Turn Light anto Sands Road fer 0.2 miles, Slight light anto Funning Brusk Lane for 0.5 miles, 491 Propins Brusk Lane for 0.5 miles,
491 Running Brook Lane 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

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.

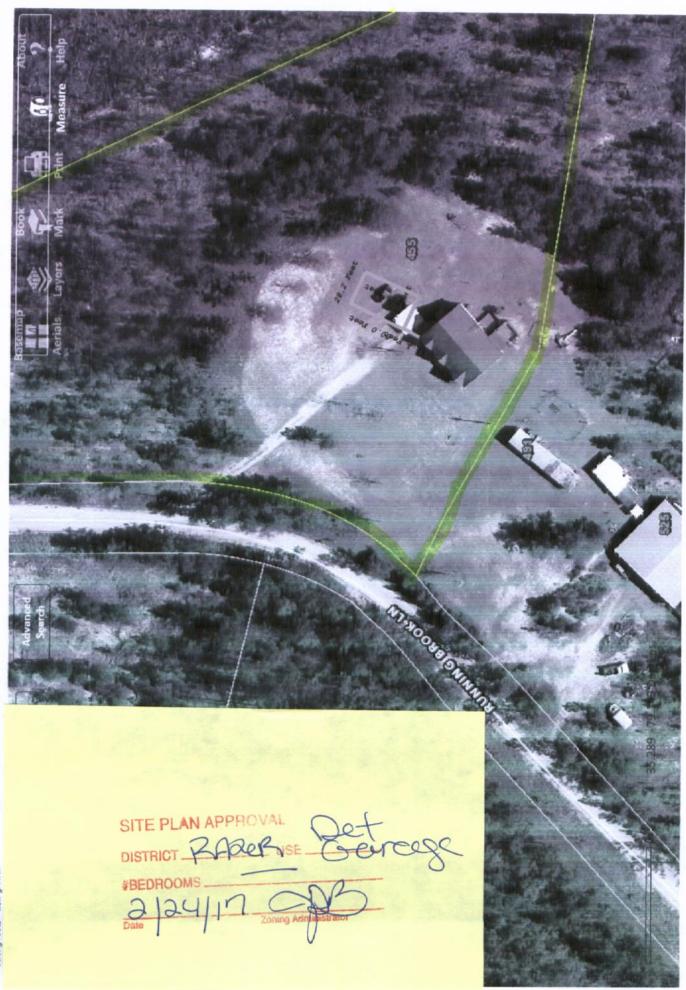
This application expires 6 months from the initial date if permits have not been issued

698-895 (016) Jamenn, MC 28326 Hunning brook leve totrick Lee Main +91

Strong roots • new growth

Harnett County Parcel Viewer

Harnett GIS Homepage



Jameson, MC 28324 Running Brook Leve Patrick Los Main Strong roots * new growth

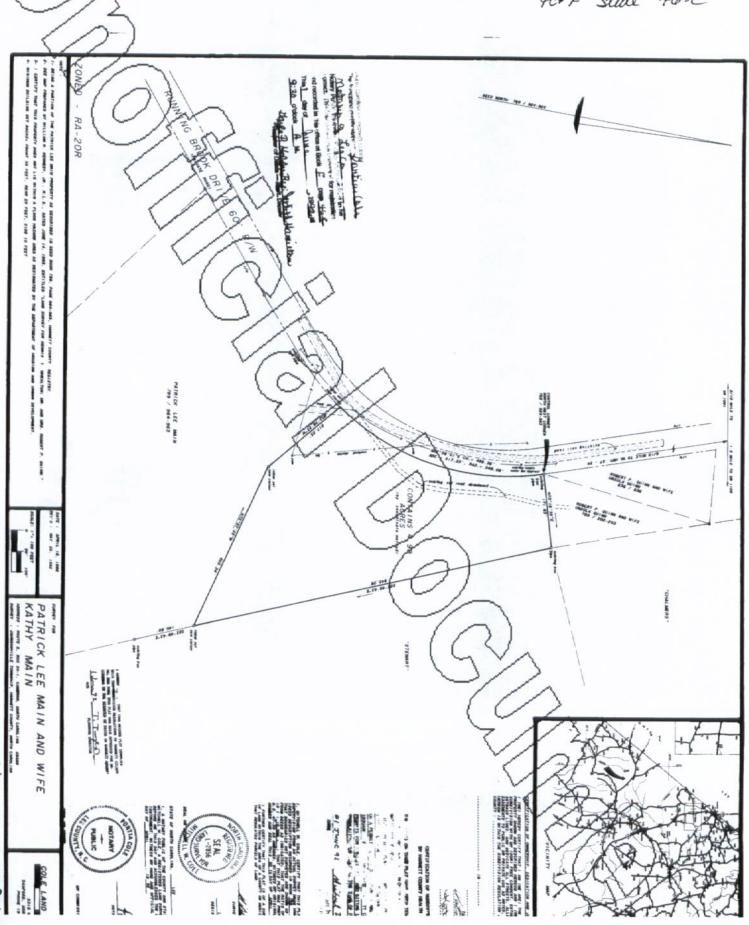
Harnett County Parcel Viewer

Harnett GIS Homepage



Fairy tale - Google Docs

for slave 46-C



Out TOL 10 + 09 - 9566 - 0136 P

NAME: Patrick Lee Main

	APPLICATION #:	
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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	on 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 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 {} NO	Does the site contain any Jurisdictional Wetlands?
(_)YES (_) 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 {_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)

eb 222017

09/09/11

Application #

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Directions to job site from Lillington Take MC27W for	19 miles, Turn right
anto NC24W/NC27W Lor 2miles T	Time left with Souds
Rd. for 0.2 miles, slight left onto Re	unning Brok Leve for 0.5 miles
Rd. for 0.2 miles, Slight left onto Re Subdivision Arrive at 491 Running Brook Lane on 194	Lot
Description of Proposed Work Steel Warage In Stall atta	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room? _	Crawl Space Slab 828-2114-10198
General Contractor Information	<u> </u>
RTS Construction, Inc.	828-2114-10198
Building Contractor's Company Name	Telephone
355 Industrial Park Dr. Address Book 10 28607	slovelessouscorphail con
Address Penne NC 281007	Email Address
11218	
License # Electrical Contractor Informatio	_
Description of Work Service Size	Amps T-Pole Yes No
Electrical Contractor's Company Name	Telephone
	Superior Wichard States
Address	Email Address
License #	
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Mechanical/HVAC Contractor Inform	action
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Mechanical/HVAC Contractor Information of Work	
Mechanical/HVAC Contractor Inform	Telephone
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name	Telephone
Mechanical/HVAC Contractor Information of Work	
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name	Telephone
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License #	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information	Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address n _# Baths
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work	Telephone Email Address n _# Baths
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	Telephone Email Address n _# Baths Telephone
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License #	Telephone Email Address n _# Baths Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address	Telephone Email Address n _# Baths Telephone Email Address
Mechanical/HVAC Contractor Inform Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name Address License #	Telephone Email Address n _# Baths Telephone Email Address

*NOTE General Contractor must fill out and sign the second page of this application

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Officer/Agent of the Contractor or Owner 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

I hereby certify that I have the authority to make necessary application that the application is correct

SUBCONTRACTOR AGREEMENT

This Agreement, as negotiated herein, is entered into by and between PSG Custom Fabrication, LLC Subcontractor and RTS Construction, Inc. , "Contractor."

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Subcontractor and the Contractor hereby agree as follows:

Article 1. Statement of Work:

From time to time, Subcontractor may provide services to Contractor. In addition to the terms and conditions negotiated by the parties for particular projects, Contractor and Subcontractor hereby agree that the terms and conditions of this Subcontractor Agreement (the "Agreement") shall apply whenever Subcontractor provides services to Contractor.

Article 2. Insurance:

The Subcontractor, at its own expense, shall obtain and maintain in full force and effect, without interruption during the term of the Agreement, the following minimum levels of insurance:

- A. Workers' Compensation insurance covering the legal liability of the Contractor and its Subcontractors under the applicable workers' compensation or occupational disease laws for claims for personal injuries and death resulting there from to the Contractor and its Subcontractor's employees. The Subcontractor shall also obtain a minimum of \$500,000 of Employers' Liability insurance. Certificates of insurance must include a waiver of subrogation in favor of Contractor.
- B. Commercial General Liability insurance covering the legal liability (including liability assumed contractually, whether incidental or not) of the Subcontractor who may be engaged in the services, for claims for personal injuries (including death) and property damage resulting there from arising out of the services to be performed by the Subcontractor, in an amount not less than \$500,000 for any one occurrence, \$1,000,000 general aggregate (subject to a per project general aggregate provision), \$1,000,000 Products/Completed Operations aggregate limit. Commercial General Liability insurance shall be obtained and shall include broad form contractual liability coverage, products/completed operations, cross liability, severability of interest and broad form property damage (if required), and Contractor as well as its directors, officers and employees shall be named as an additional insured on such Commercial General Liability policy regarding liability arising out of operations performed under this Agreement. Form CG 20 10 07 04 and CG 20 37 07 04 must be shown on the certificate of insurance or its equivalent.
- C. Automobile Liability insurance covering the legal liability (including liability assumed contractually, whether incidental or not) of the Subcontractor who may be engaged in the services, for claims for personal injuries and death resulting there from and for property belonging to other than the Subcontractor caused by highway licensed vehicles of or used by the Subcontractor in an amount not less than: (i) \$500,000 for any one person; (ii) \$500,000 for bodily injury for any one occurrence; and (iii) \$500,000 for property damage for any one occurrence. Automobile Liability insurance shall provide coverage for owned, hired or non-owned automobile or other automotive equipment and Contractor shall be named as an additional insured on such policy.

The Subcontractor's insurance coverage shall be primary insurance as respects work on this project for Contractor, its directors, officers, and employees. Any insurance or self-insurance maintained by Contractor shall be excess of the Subcontractor's insurance. The Subcontractor, in its agreements with subcontractors, shall require subcontractors to obtain insurance meeting the minimum limits and incorporating the contractual requirements that are prescribed by this Section. The Subcontractor hereby waives and relinquishes any right of subrogation against Contractor and its agents, representatives, employees, and affiliates they might possess for any policy of insurance provided under this Section or under any State or Federal Workers' Compensation or Employer's Liability Act. Subcontractor shall

Revised: July 2006 Page 1

require its insurer to notify Contractor thirty (30) days prior to the effective date of any cancellation or material change in any of the required policies. To the extent that the Subcontractor utilizes deductibles in conjunction with the insurance required by this Agreement, all deductible expenses will be assumed by the Subcontractor. Insurance shall be placed with insurers with a Best rating of not less than A-.

Article 4. Indemnification and Arbitration:

The work performed by the Subcontractor shall be at the risk of the Subcontractor exclusively. Subcontractor hereby indemnifies and holds Contractor, its parent and affiliates and their respective officers, directors, employees and agents, harmless from and against any and all claims, actions, losses, judgments, or expenses, including reasonable attorneys fees, arising from or in any way connected with the work performed, materials furnished, or services provided to Contractor during the term of this Agreement.

Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by binding arbitration and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The prevailing party in any arbitration concerning this Agreement shall be entitled to reasonable attorneys' fees.

Subcontractor is an independent contractor and not an employee of Contractor.

This Agreement shall be in full force and effect from the date of signing unless canceled in writing by either party with thirty (30) days' written notice. The cancellation of this Agreement shall not negate any term or condition, such as the indemnity or insurance requirements.

This Agreement is governed by the laws of the State of SC . Any amendment(s) must be given in writing.

Subcontractor Signature:

Company: PSG Custom Fabrication, LLC

By: Heather Greene

Title: Secretary

Date: 1/27/2017

Contractor Signature:

Company: RTS Construction, Inc.

By: R. Thomas Sofield

Title: Member Manager

Date: 01/27/2017

_	_	Date	313411
Plan Box #	ile	_ Job Name	Morro
		_ \$7	
App #_ 408	11.	Valuation 55500	
App #	17	Valuation 5 5 5 00	SQ Feet #500
			Garage 1500
			<u>=</u>
Inspections for SF	:D/SEA		
mapeenons for St	<u> </u>		
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	Słab
Final	Final	Final	Open Floor
			Rough in
			Insulation
	-		Final
Foundation Survey	•	Envir. Health	Othor
i candation survey		Elivir. Nealth	Other
•			
**************	,	•	
Additions / Other			
Footing			
Foundation			
Slab			
Mono			
Open Floor			
Rough In			
Insulation			
Final			