Initial Application Date.	3	/12	/	I T	
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Application #	18.50043\$25	

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	OCCUPATION TO THE PROPERTY OF			
Central Permitting	108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 ext:2	Fax: (910) 893-2793	W۱

ww.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: David WAlker Mailing Address: 492 Rollins mill Rd
City: Hay Springs State: NC Zip: Contact No: Email:
APPLICANT*: Obstity one Contine Mailing Address: 1.0 Box 1444
City: State: NC Zip: 2757 Contact No: 919-90734% Email:
CONTACT NAME APPLYING IN OFFICE: SAI STAFFANO Phone # 919-909-3495
PROPERTY LOCATION: Subdivision: Lot #: 3 Lot Size: 16.92
State Road # State Road Name: Map Book & Page: 2003 / 120S
Parcel: 050436 0068 05 PIN: 0626-82-3539.000
Zoning: PA-30 Flood Zone: X Watershed: No Deed Book & Page: 34 (43 / 82 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: (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 24 x 40) Use: Congress Storing = Closets in addition? () yes () no
Water Supply: 2 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: Z Manufactured Homes: Other (specify): Manufactured Homes:
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 254
Rear 25 466
Closest Side 10 228
Sidestreet/corner lot
Nearest Building
on same lot Residential Land Use Application Page 1 of 2 03/11

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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: Quality one Confineting-

APPLICATION #: 18-500434525

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

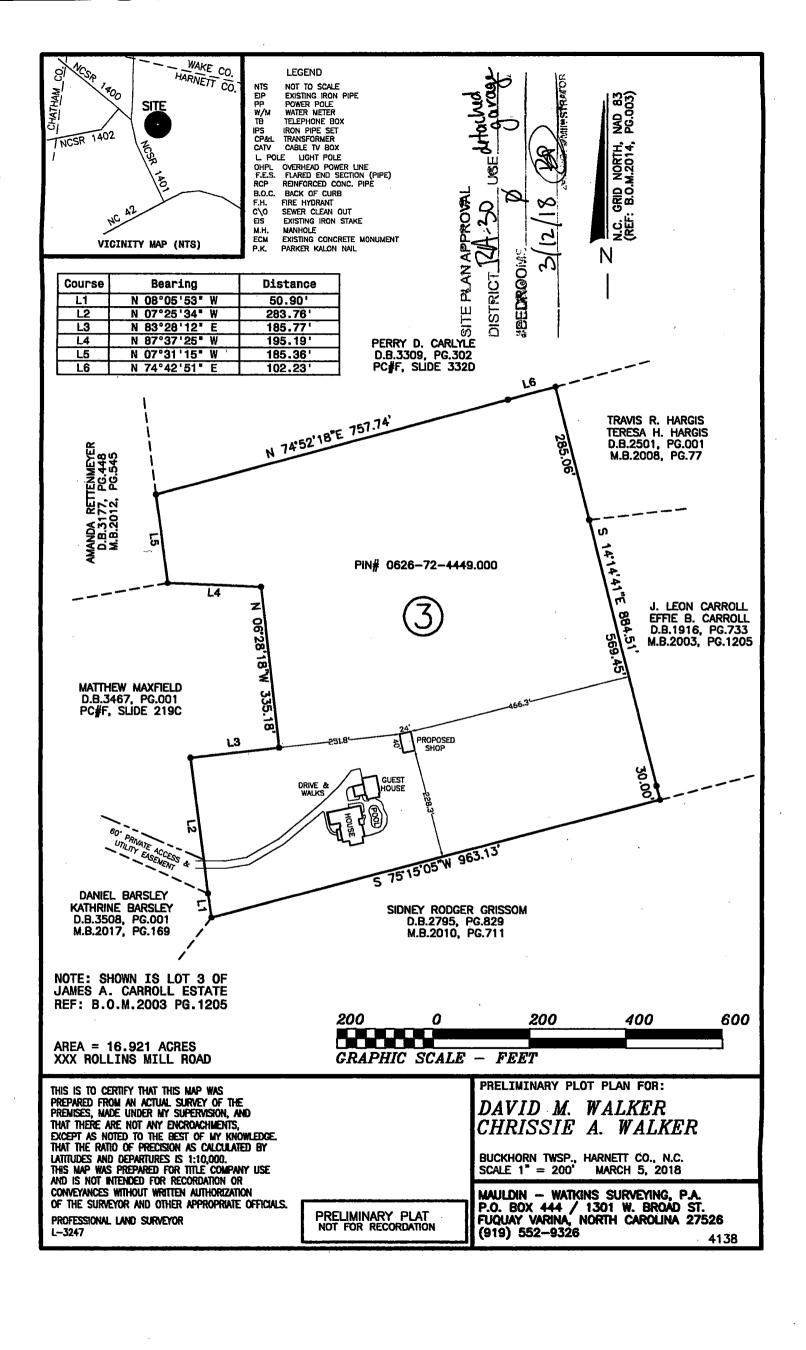
CONFIRMATION # 3/12

- □ 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 <u>undergrowth</u> 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. <u>Please note</u> 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.

<u>SEPTIC</u>					
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	٦			
{}} Alternative	{}} Other				
	he local health department upon submittal of this application if any of the following ap 'yes'', applicant MUST ATTACH SUPPORTING DOCUMENTATION:	ply to the property in			
{_}}YES	Does the site contain any Jurisdictional Wetlands?				
{}}YES	you plan to have an <u>irrigation system</u> now or in the future?				
{}}YES	Does or will the building contain any drains? Please explain.				
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this proper	ty?			
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?				
{}}YES	Is the site subject to approval by any other Public Agency?				
{_}}YES	Are there any Easements or Right of Ways on this property?				
{_}}YES	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	on And Certify That The Information Provided Herein Is True, Complete And Correct. At	uthorized County And			
State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.					
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.					
DD ODEDWY ONNIEDC	D OWNERS LEGAL DEDDECENTATIVE SIGNATUDE (DECLUDED)	DATE.			



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

		r Address company bhone must match	Application for Residential Building and Tr	ades Permit
		Owner's Name Site Address 492 Directions to job site from 125 00 256 Subdivision 100 Description of Propose Heated SF 00 Ur Building Contractor's Contractor	Parid Chrissie Walker Pollins Will Pd Hally Spr om Lillington Take 401 +5; to Rollins Mill Rd and thand Side. A d Work Pair foundation install Steel nheated SF 960 Finished Bonus Room? Install Steel General Contractor Information company Name	Date 3/12/2018 The Phone 919-337-3863 Dest Academy, turn make risht property Lot NA Share # of Bedrooms D Crawl Space Slab X
1	NA	Description of Work Electrical Contractor's		Amps T-PoleYesNoTelephone
	[1\	Address		Email Address
		License # Description of Work	Mechanical/HVAC Contractor Inform	<u>ation</u>
	\ <u>\</u>	Mechanical Contractor	s Company Name	Telephone
	1tt	Address		Email Address
		License #	Plumbing Contractor Information	
	1	Description of Work		# Baths
/) 10	Plumbing Contractor s	Company Name	Telephone
	H	Address		Email Address
,	J	License #	Insulation Contractor Informatio	<u>n</u>
	JI M	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 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 ontraction LY Company or Name

Sign w/Title

```
HARNETT COUNTY CASH RECEIPTS
        *** CUSTOMER RECEIPT ***
                   Type: CP Drawer: 1
Oper: BPETRICH
Date: 3/12/18 51
                    Receipt no:
                                 285779
     Year
             Number
                                 Amount
          56643525
492 ROLLINS MILL RD
HOLLY SPRINGS, NC 27540
            TRP - ENV HEALTH FEES
R4
                                $100.00
EXISTING TANK
 SALVATORE SERAFANO
```

Trans date: 3/12/18 Time: 14:37:02

** THANK YOU FOR YOUR DAYMENT **

\$100.00

\$100.00

\$100.00

Tender detail CP CREDIT CARD

Total tendered

Total payment