Initial Application Date: 4 12 18	Application # 18 500 / 378-9
COUNTY OF HARN Central Permitting 108 E. Front Street, Lillington, NC 275	CU# ETT RESIDENTIAL LAND USE APPLICATION 46 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO	D PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Jeff Hull	Mailing Address: 1184 Temple Road
	13 Contact No: 910-263-6395 Email: hullblue devil 220g mail com
APPLICANT*: Mailing	Address:
City:State:Zip: *Please fill out applicant information if different than landowner	Contact No: Email:
CONTACT NAME APPLYING IN OFFICE: JCSF Hull	Phone # 910 - 263 - 6395
PROPERTY LOCATION: Subdivision:	Lot #: 2A Lot Size: 1.90
	-ple Rd Map Book & Page 2012, 435
	(PIN: 0547-32-2822.000
Zoning KA202 Flood Zone: X Watershed: 1 De	ed Book & Page: 3186:435 Power Company*:
*New structures with Progress Energy as service provider need to s	supply premise number from Progress Energy.
PROPOSED USE:	
	Monolithic nent(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: s () no_w/ a closet? () yes_() no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Baser	nent (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? () ye	s () no Any other site built additions? () yes () no
	s () no Any other site built additions? () yes () no) # Bedrooms: Garage:(site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Sizex) Duplex: (Sizex) No. Buildings:	s () no Any other site built additions? () yes () no) # Bedrooms: Garage:(site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Sizex) Duplex: (Sizex) No. Buildings:	s () no Any other site built additions? () yes () no) # Bedrooms: Garage:(site built?) Deck:(site built?) No. Bedrooms Per Unit: Hours of Operation: #Employees:
 Manufactured Home:SWDWTW (Sizex) Duplex: (Sizex) No. Buildings: Home Occupation: # Rooms:Use: Addition/Accessory/Other: (Size <u>36 x 36</u>) Use: <u>Corag</u> 	s () no Any other site built additions? () yes () no) # Bedrooms: Garage:(site built?) Deck:(site built?) No. Bedrooms Per Unit: Hours of Operation: #Employees:
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APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hay 210 towards Spring Lake: Left on emple.

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.

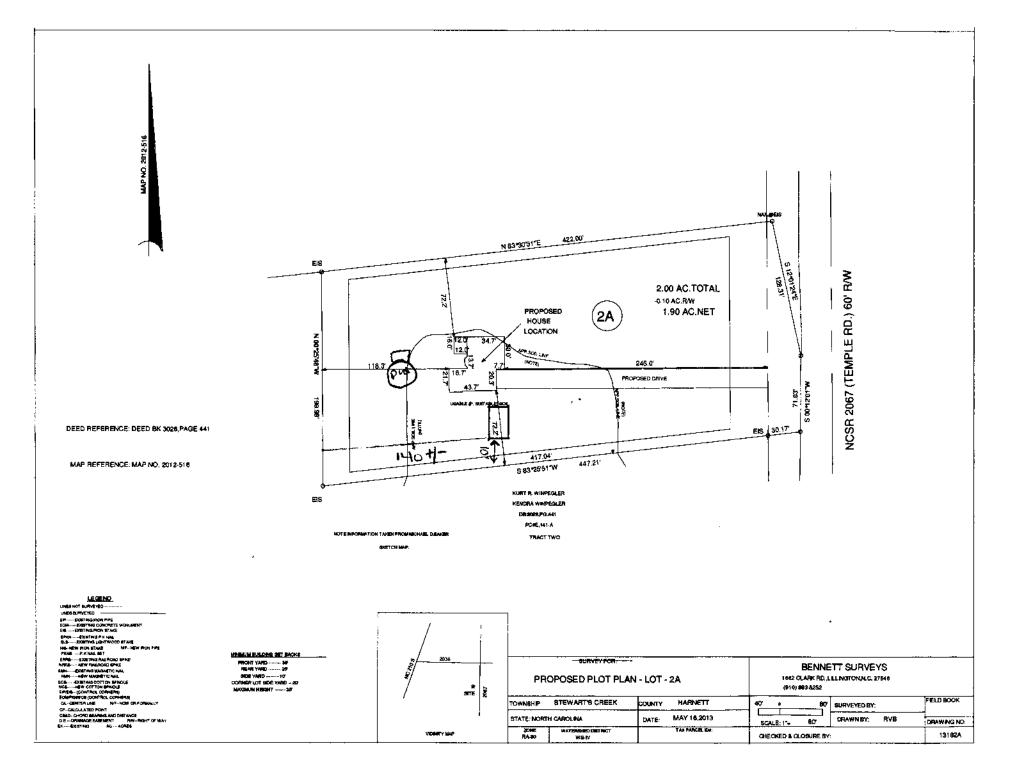
or18

Date

of Owner or Owner's Agent Sigor

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



HTT#13-5-3	Harnett County Department of Public Health 23058	•
PERMIT # 2766	67 Operation Permit	
	🛛 New Installation 💐 Septic Tank 💐 Nitrification Line 🗆 Repair 🗀	Expansion
N (PROPERTY LOCATION: TEMPLE KD 26 HILLIAMS CONST. CO. SUBDIVISION JEFF HULL LOT # d	<u>a</u>
System Installer:		
Basement with plumbin	ing: 🗇 Garage 🖄, Number of Bedrooms <u>3</u>	
Type of Water Supply: System Type:	r: Community E Public E Well Distance from well <u>100</u> feet	
(In accordance with Tal		
This system has been installe	iled in campliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Dispesal, and all conditions of the Improvement Permit and Construction Authorizatio	A .
	``PPı	
	OF ST ST	
	447 HOUSE	
	Pa	
	×	
		-
	TEMPLE RY	
PERMIT CONDITIONS:		<u> </u>
I. Performance:	System shall perform in accordance with Rule .1961.	
11. Monitoring: 111. Naintenance:	As required by Rule .1961. As required by Rule .1961. Other:	
	Subsurface system operator required? Yes 🗀 No 🕱	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
Y. Other:	D-Box D Pump D Alarm D H20Line D	PWR Line
following the specifi	D-Box Pump Alarm H20Line cifications for the sewage disposal_system on the above captioned property.	
Type of system: 🗖 (Conventional X Other EZFLOW Septic Tank 1000 gallons Pump Tanic	gallons
Subsurface Drainage Field	-No of exact length CO feet ditches 3 leet ditches 18	inches
French Drain Required	Linear test	
	and the second s	
Authorized State Ag	Agent Date 12/3/13	

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NAME: JEFF Hull

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 SystemCode 800

- <u>All property irons must be made visible</u>. 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 IId 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. <u>Please note confirmation number</u> 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 <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.

12Apr 18

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT *** Oper: JBROCK Type: CP Drawer: 1 Date: 4/12/18 52 Receipt no: 320326 Year Number Amount 2018 50043789 1184 TEMPLE RD BUNNLEVEL, NC 28323 B4 BP - ENV HEALTH FEES B4 S100.00 EXT TANK JEFF HULL Tender detail \$100.00 Total tendered \$100.00 Total tendered \$100.00 Total tendered \$100.00 Total payment \$100.00 Trans date: 4/12/18 Time: 15:10:38

** THANK YOU FOR YOUR PAYMENT **

09/09/1	1
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Application #

	Harnett County Central Permitt	ing
section below to be filled out	PO Box 65 Lillington NC 27548 910 893 7525 Fax 910 893 2793 www.hamett	org/permits
mever performing work a owner or licensed		
tor Address company	Application for Residential Building and	Trades Permit
phone must match		
Owner's Name <u>10</u>	FF Holl 4 Temple Rd Bunntevel WC	Date _//+pr/15
Site Address//30	4 Temple 100 USAA LEVEL (NOC	<u></u> Phone <u>7/0·2/.3-6395</u>
Directions to job site fr	rom Lillington 210 South, Icft on To	emple
Subdivision N/A		Lot
Description of Propose	ed Work Detected Garage	# of Bedrooms
Meeted SE	Inheated SF Finished Bonus Room?	Crawl Space Slab
nealed Sr U	General Contractor Informati	on
Owner		
Building Contractor s C	Company Name	Telephone
<u></u>	······································	
Address		Email Address
License #	_	
	Electrical Contractor Information	tion
Description of Work _		eAmps T-PoleYesNo
		T -lb
Electrical Contractor s	Company Name	Telephone
Addrees		Email Address
Address		
License #	—	
	Mechanical/HVAC Contractor Info	rmation
Description of Work		<u></u>
• <u>•••</u> ••••••••••••••••••••••••••••••••		
Mechanical Contracto	r s Company Name	Telephone
		Email Address
Address		LINDE FORTOG
License #		
"	Plumbing Contractor Informa	tion
Description of Work _		# Baths
Plumbing Contractor a	s Company Name	Telephone
	······································	Email Address
Address		
License #	_	
Livenes T	Insulation Contractor Informa	ition
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 Hamett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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

27 Apr 18 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 DateDate

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Date 4/26/18 Application Number 18-50043789 Intersection Property Address 1184 TEMPLE RD Application type description CP GARAGE/CARPORT RESIDENTIAL DETACHED Subdivision Name EDWIN MCDONALD HEIRS PROPERTY Property Zoning PENDING Contractor Owner _____ OWNER HULL JEFF A & CRYSTAL N 1184 TEMPLE RD NC 28323 BUNNLEVEL Applicant ____ HULL JEFF A A & HULL CRYSTAL N WIFE 1184 TEMPLE RD BUNNLEVEL, NC NC 28323 BUNNLEVEL (910) 263-6395 --- Structure Information 000 000 26X36 DET GARAGE / STORAGE BLDG Flood Zone FLOOD ZONE X GARAGE / STORAG Other struct info PROPOSED USE SEPTIC - EXISTING? EXT WATER SUPPLY COUNTY _____ RESIDENTIAL BUILDING PERMIT Permit Additional desc . . Phone Access Code . 1238278 Valuation 0 4/26/18 Issue Date Expiration Date . . 4/26/19 Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1238294 Issue Date . . . 4/26/18 Valuation Expiration Date . . 4/26/19 0 Permit LAND USE PERMIT Additional desc . . 0 Special Notes and Comments T/S: 04/12/2018 03:02 PM JBROCK ----____*

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Page 2 Application Number . . . 18-50043789 Date 4/26/18 Special Notes and Comments HWY 210 TOWARDS SPRING LAKE L ON TEMPLE RD

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P.O. 1 LILLI	TT COUNTY CENTRAL PERMITTING BOX 65 NGTON, NC 27546 Inspections Call: (910) 893-7525 Fax: (910)) 893-2793	
Property PARCEL N Applicat Subdivis	ion Number	04- RESIDENTIAL	4/26/18 DETACHED
	Required Inspections		
	one Insp sp# Code Description	Initials	Date
Permit t	Type RESIDENTIAL BUILDING PERMIT		
999 999 999 999 999 999	<pre>103 B103 R*BLDG FOUND & TEMP SVC POLE 111 B111 R*BLDG SLAB INSP/TEMP SVC POLE 101 B101 R*BLDG FOOTING / TEMP SVC POLE 131 R131 ONE TRADE FINAL 125 R125 ONE TRADE FINAL 229 R229 TWO TRADE FINAL 225 R225 TWO TRADE ROUGH IN</pre>		

HARNETT COUNTY CASH RECEIPT *** CUSTOMER RECEIPT *** Uper: JBROCK Type: CP Dra Date: 4/26/18 52 Receipt no: Year Number 2018 50043769	wer: j
1184 TEMPLE RD BUNNLEVEL, NC 28323 BUNNLEVEL, BP - PERAIT FEES B1 DET GARAGE	\$268.00
JEFF HULL	
Tender detail CP CREDIT CARD Total tendered	\$260.00 \$260.00 \$260.00
Trans date: 4/26/18 Time:	: 15:11:05 **
** THANK YOU FOR YOUR PAYNENT	