

Initial Application Date: 5/18/15

Application # 15-50036161

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Robert A. Ormond Mailing Address: R2 Morse Ave
City: Groton State: Ct Zip: 06230 Contact No: 860-625-8792 Email: customrem700@aol.com

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

CONTACT NAME APPLYING IN OFFICE: Robert A. Ormond Phone # _____

PROPERTY LOCATION: Subdivision: ~~Cedar Chase~~ Timmy Lee Wood Lot #: 9-A Lot Size: 1.77 acre
State Road # 1412 State Road Name: Christian Light Road Map Book & Page: 2009, 528
Parcel: 080645 6102 PIN: 0612-45-5093.000
Zoning: RA 30 Flood Zone: X Watershed: 111 Deed Book & Page: 032B, 141-142 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 27.476) # Bedrooms 4 # Baths 2 Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes (X) no Any other site built additions? () yes (X) 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 _____ x _____) Use: _____ 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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: 1 proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|---------------|
| Front | <u>35</u> | <u>141</u> |
| Rear | <u>25</u> | <u>36/125</u> |
| Closest Side | <u>10</u> | <u>36</u> |
| Sidestreet/corner lot | <u>20</u> | <u>+</u> |
| Nearest Building on same lot | <u>10</u> | <u>+</u> |

Comments: Please Contact Pete Ormond At 910-303-5138 so he can meet inspector At property for Perk Test

I HEREBY CERTIFY THAT THIS SUBDIVISION REGULATORY PLAT HAS BEEN PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF DEEDS IN HARNETT COUNTY, NORTH CAROLINA.

7-29-09
DATE

706
5-3188

1=100

8A

10.580 ACRES
NEW RECOMBINED AREA
TO ROAD CENTERLINE

Harnett COUNTY, CERTIFY DISTRICT *RA 30* USE *Modular*

RECORDING. #BEDROOMS *4*
5.18.15 *division*
ZONING ADMINISTRATOR
5/18/10



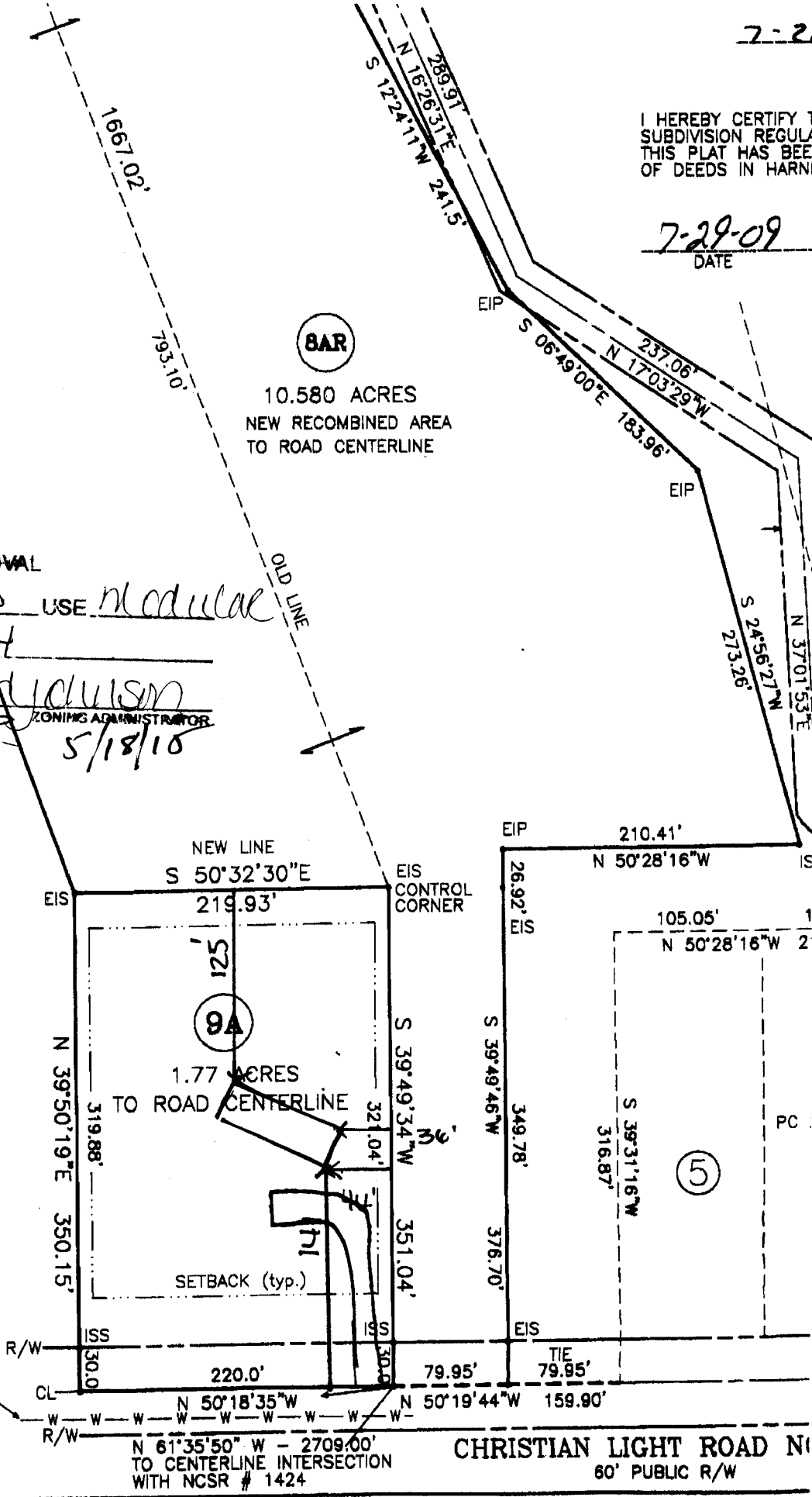
WORK UNDER
R.M.Y.
BROKEN LINES
IN ACCORDANCE
SIGNATURE
[Signature] 20 *09*

NCPLS - 3040

7 pm

DEPUTY

8 HARNETT CO. REG.

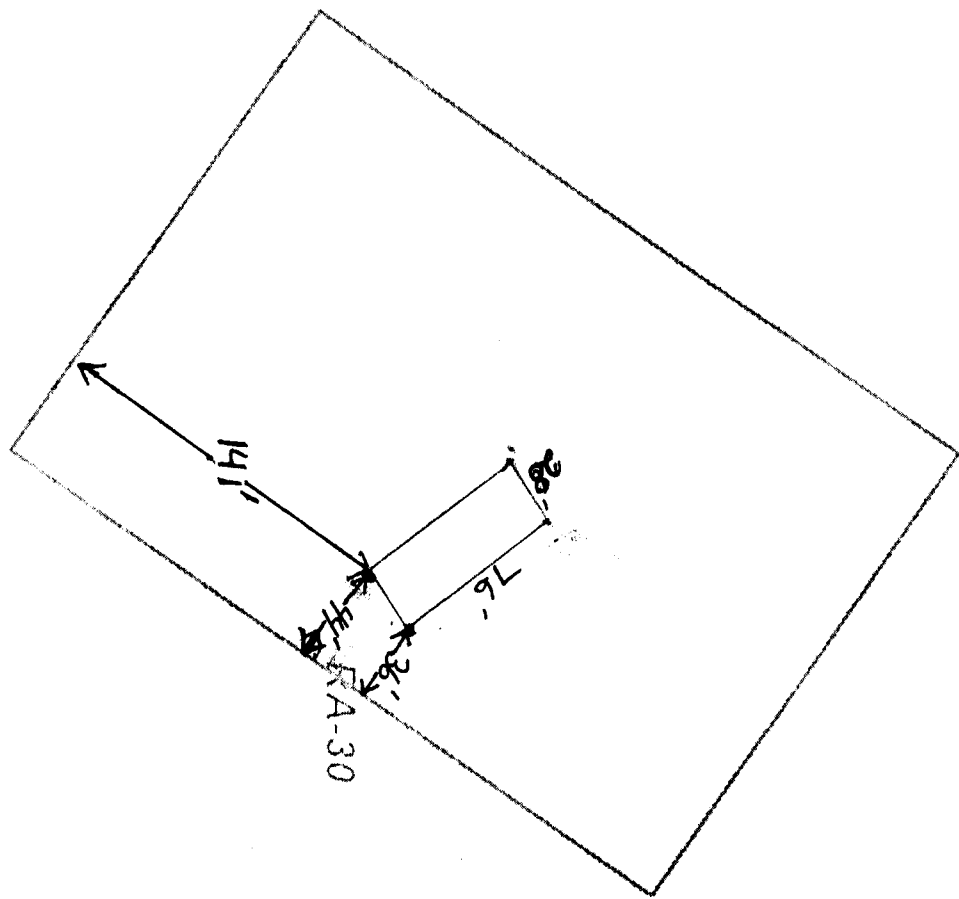


N 61°35'50" W - 2709.00'
TO CENTERLINE INTERSECTION
WITH NCSR # 1424

CHRISTIAN LIGHT ROAD N
60' PUBLIC R/W

ma

ance



Map Tool Options
The current cursor mode is set to 'Pan / Recent'. Clicking on the map directly will adjust th

Mapping Search

Show All Selections Clear

Selection Options
Zoom to selected map feature
Selected Parcels Feature

Parcel Identification

PIN 0642-45-5093.000
 [ParcelNumber] 080645 0102
 [REID] 0008760

Owner Information

[AccountNumber] 1500012268
 [Name1] ORMOND ROBERT ANTHONY
 [Name2] ORMOND VIVIAN TERESA WIFE
 192 MORSE AVE

[Address1]
 [Address2]
 [Address3]
 [City]
 [State] GROTON CT
 [ZipCode] 06340

Assessment Data

[ParcelBuildingValue]
 [ParcelObjxValue] 26000
 [ParcelLandValue] 26000
 [TotalAssessedValue]

Property Information

[StreetDirection]
 [UnitNumber]
 [HouseNumber]
 [StreetName] CHRISTIAN LIGHT
 [StreetType] RD
 [StreetSuffix]

Legal Description

[LegalDescription] LT#9A TIMMY LEE WOOD
 1.77MAP#2009-528

[LegalLandUnits] 1.77
 [LegalLandType] AC
 GIS_Calc_Acres 1.62
 [PlatBook]

Street Area Data

[ActualYearBuilt]
 [TotalActualAreaHeated]
 [DeedBook] 03218

Notes Information

NAME: Robert Ormond

APPLICATION #: 15-50036161

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. _____
 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.

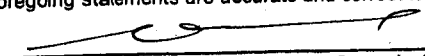
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/18/15
DATE

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 N to left on
Christian Light Rd approx 1 mile on Rt Just-passed
Cedar Chase

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

5/18/15

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

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: KGOINS Type: CP Drawer: 1
Date: 5/18/15 51 Receipt no: 338689

| Year | Number | Amount |
|-------|-------------------------|----------|
| 2015 | 50036161 | |
| 92941 | TECH 4 | |
| | LILLINGTON, MC 27546 | |
| | 84 BP - ENV HEALTH FEES | \$750.00 |

NEW TANK

ROBERT A ORMOND

| | |
|----------------|----------|
| Tender detail | |
| CP CREDIT CARD | \$750.00 |
| Total tendered | \$750.00 |
| Total payment | \$750.00 |

Trans date: 5/18/15 Time: 13:01:04

** THANK YOU FOR YOUR PAYMENT **

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 1550034141

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Robert & Vivian Ormond Date: _____

Site Address: Christian Light Rd Lillington, VA Phone: 860-625-8794

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____ #Bedrooms: 3

Heated SF 1803 Unheated SF 640 Finished Rec Room? _____ Crawl Space Slab ()

General Contractor Information

TCC Vanderbuilt LLC

Building Contractor's Company Name _____ Telephone _____
3300 Jefferson Davis Hwy Sanford NC 27332 43964
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____
Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: 200 Amps TPole: yes no
Main Switch Electric 910-944-4283

Electrical Contractor's Company Name _____ Telephone _____
306 E Main Aberdeen NC. 28315 23276
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____
CARDINA AIR, INC. 23549
3700 Hwy 15/501 Carthage NC 28327 _____
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths 3
W Curtis 919-770-0168

Plumbing Contractor's Company Name _____ Telephone _____
6314 Caribton Rd Sanford NC 27330 10924
Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

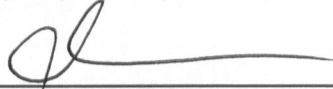
Insulation Contractor's Company Name & Address _____ Telephone _____

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

- 1. Do you own the land on which this building will be constructed? ___ yes ___ no
- 2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
- 3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
- 4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
- 5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

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 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.



1/20/17

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.

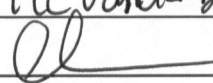
___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: TCC Vanderbuilt LLC

Sign w/Title:  OFFICER/Agent

Date: 1/20/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 590134

Filed on: 01/19/2017

Initially filed by: Burtonbr

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Cust. No. C10352 PIN: 0642-45-5093.000
Christian Light Rd
Fuquay Varina, NC 27526
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Robert & Vivian Ormond
192 Morse Ave
Groton, CT 06340
USA
Email: none@none.com
Phone: 860-625-8794

Date of First Furnishing

01/27/2017

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

Plan Box # File

Date 1/20/17

Job Name Ormond

App # 15500
30101

Valuation 173,088

SQ Feet 1803

Garage _____

= _____

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 _____