

Initial Application Date: 8-11-14

FHA

Application #

1650039464

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: Amy Pleasant Mailing Address: 170 E. South St
City: Coats State: NC Zip: 27521 Contact No: 919-915-9276 Email: apleasant@gmail.com

APPLICANT*: Clayton Homes Mailing Address: 3912 Fayetteville Rd
City: Raleigh State: NC Zip: 27603 Contact No: 919-772-503 Email: r781@claytonhomes.com

CONTACT NAME APPLYING IN OFFICE: Maynard Wilkins, GM Phone # 919-422-6668

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 1.04
State Road # _____ State Road Name: Dixon Rd Map Book & Page: 2002, 1513
Parcel: 071600-0244-04 PIN: 1600-88-8747-000
Zoning: RA-36 Flood Zone: X Watershed: _____ Deed Book & Page: 01734, 0674 Power Company*: Duke

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.
*Was told we have have 911 Address in order to get

- PROPOSED USE: Premise #.
- 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 28 x 72) # Bedrooms 3 # Baths 2 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: _____ #Employees: _____
 - Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

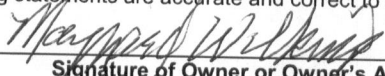
Water Supply: _____ County _____ Existing Well New Well (# of dwellings using well 1) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer
Does owner of this tract of land, own land that contains 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: _____ Manufactured Homes: _____ Other (specify): MOD

Required Residential Property Line Setbacks:		Comments:
Front	Minimum <u>35</u> Actual <u>50'</u>	
Rear	<u>25</u> <u>130'</u>	
Closest Side	<u>10</u> <u>70'</u>	
Sidestreet/corner lot		
Nearest Building on same lot	<u>NA</u> <u>N/A</u>	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take Hwy 421 South to NC 27 E to
Dixon Rd 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

8/11/2016

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

NAME:

Curt / Raleigh

APPLICATION #:

39464

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 #

017292
LB-8-12-16

- 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)

[Handwritten Signature]

DATE

8/11/16

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Clayton Hames / Raleigh 919, 772-5013
Applicant/Owner Phone Number
3912 Fayetteville Rd Raleigh NC 27603
Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address

Parcel # 071600-0244-04

Subdivision/Lot #

N/A

PIN # 1600-88-8747-000

Directions to the Site

From Lillington Take Hwy 421 South to
NC 27E. U to Dixon Rd.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

[Signature]
Property Owner's or Owner's Legal Representative Signature Required

8/11/16
Date

09/09/11

Application # 39464

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 name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Amy Pleasant Date _____
Site Address TBD Dixon Rd Coats NC Phone _____
Directions to job site from Lillington Take US 421 S. to NC 27 E to Dixon Rd.

Subdivision _____ Lot _____
Description of Proposed Work off frame mod # of Bedrooms 3
Heated SF 1920 Unheated SF _____ Finished Bonus Room? N/A Crawl Space Slab _____

General Contractor Information

Clayton homes 919-772-5013
Building Contractor's Company Name Telephone
3912 Fayetteville Rd Raleigh NC r781@claytonhomes.com
Address BOND/6853 27603 Email Address
License # _____

Electrical Contractor Information

Description of Work Wire home Service Size 200 Amps T-Pole Yes No
Glenns Serv Co 919-779-0849
Electrical Contractor's Company Name Telephone
6005 Brack Penny Rd Raleigh 27603 r781@claytonhomes.com
Address 12810 L Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC Install
Glenns Serv Co 919-779-0849
Mechanical Contractor's Company Name Telephone
6005 Brack Penny Rd Raleigh 27603 r781@claytonhomes.com
Address 12327 H3 Email Address
License # _____

Plumbing Contractor Information

Description of Work Plumb to water + septic # Baths 2
Priority Plumbing Contr. 919-422-4935
Plumbing Contractor's Company Name Telephone
POB 264 Willow Spring NC 27592 r781@claytonhomes.com
Address 18550 P Email Address
License # _____

Insulation Contractor Information

N/A
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 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

____ 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 C.M.H. Homes (Clayton Homes)

Sign w/Title Maggie Atkins DM Date 8/11/16