

ADDRESS : 431 TRIPP RD
CONTRACTOR : BAKER THOMAS HARVEY
OWNER : BAKER BUILDERS
PARCEL : 11-0651- - -0057- - -
APPL NUMBER: 08-50020814 CP MOVED HOUSE

SUBDIV:
PHONE : (910) 814-2207
PHONE : (910) 814-2207

DIRECTIONS : NORTH ON HWY 210 APPROX 1.5 MILES FOREM
401/421 INTERSECTION LEFT ON TRIPP RD
1/2 MILE TO OPEN LOT JB

LAND NOTES : LXMN 1/14/02 11-0651-0058 S/W & SPLIT PER MAP
#99/130 THEN 0058 RENUMBERED TO
11-0651-0057-02

STRUCTURE: 000 000 30X62 3BDR MOVED HOUSE

FLOOD ZONE : FLOOD ZONE X

BEDROOMS : 3.00

PROPOSED USE : MOVED HOUSE

SEPTIC - EXISTING? : NEW

WATER SUPPLY : COUNTY

PERMIT: CPMV 00 CP MOVED HOUSE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS	TIME	VRU #
B101 01	10/31/08 <u>10-31-08</u>	TI <u>APBS</u>	R*BLDG FOOTING / TEMP SVC POLE	17:00	001700152

COMMENTS AND NOTES

ADDRESS . . : 295 TRIPP RD SUBDIV:
 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER . . : BAKER BUILDERS PHONE : (910) 814-2207
 PARCEL . . : 11-0651- - -0057- - -
 APPL NUMBER: 08-50020814 CP MOVED HOUSE
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 #99/130 THEN 0058 RENUMBERED TO
 11-0651-0057-02

STRUCTURE: 000 000 30X62 3BDR MOVED HOUSE
 FLOOD ZONE : FLOOD ZONE X
 # BEDROOMS : 3.00 PROPOSED USE : MOVED HOUSE
 SEPTIC - EXISTING? : NEW WATER SUPPLY : COUNTY

PERMIT: CPMV 00 CP MOVED HOUSE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	10/31/08	BS	R*BLDG FOOTING / TEMP SVC POLE TIME: 17:00 VRU #: 001700152
	10/31/08	AP	
A814 01	11/19/08	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001706878
	11/20/08	AP	295 TRIPP RD LOT 1
E207 01	1/16/09	TI	R*ELEC TEMP SERVICE POLE TIME: 17:00 VRU #: 001726512

1-16 DA KS

----- COMMENTS AND NOTES -----

**Violation Notice
Do Not Remove**

**Harnett County Inspection Department
102 East Front St P.O. Box 65
Lillington, NC 27546
Phone (910) 814-6421 Fax (910) 893-2793**

App #08-50020814

Jan 16, 2009

220 receptacle shall be on a ground fault breaker.

Will also need a premise number from progress energy when breaker is changed.

Code Enforcement Official

Signature ____Ken Slattum

Please call Progress Energy to get a premise number. Once you have the number, please call me with the premise number and application number and I will call Progress Energy and have the power turned on. Thank you.

Ken Slattum 910-984-4766
Building Official

ADDRESS : 295 TRIPP RD
CONTRACTOR : BAKER THOMAS HARVEY
OWNER : BAKER BUILDERS
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APPL NUMBER: 08-50020814 CP MOVED HOUSE

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LAND NOTES : LXMN 1/14/02 11-0651-0058 S/W & SPLIT PER MAP
#99/130 THEN 0058 RENUMBERED TO
11-0651-0057-02

*Premise #
76166590*

STRUCTURE: 000 000 30X62 3BDR MOVED HOUSE

FLOOD ZONE : FLOOD ZONE X
BEDROOMS : 3.00
SEPTIC - EXISTING? : NEW
PROPOSED USE : MOVED HOUSE
WATER SUPPLY : COUNTY

PERMIT: CPMV 00 CP MOVED HOUSE

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	11/20/08	AP	295 TRIPP RD LOT 1
E207 01	1/16/09	KS	R*ELEC TEMP SERVICE POLE TIME: 17:00 VRU #: 001726512
	1/16/09	DA	Need ground fault for 220 circuit
B103 01	1/26/09	TI	R*BLDG FOUND & TEMP SVC POLE TIME: 17:00 VRU #: 001728443

1-26-09 AP KS

Need premise # pole OK

COMMENTS AND NOTES

1043

ADDRESS . . : 295 TRIPP RD SUBDIV:
 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER . . . : BAKER BUILDERS PHONE : (910) 814-2207
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	1/26/09	AP	called in premise number 76166590 at 1043 AM
R325 01	8/19/09	TI	THREE TRADE ROUGH IN VRU #: 001810605

8-19-09 DAB

----- COMMENTS AND NOTES -----

Berry Lewis Electric
Clearwater

Application number, type . . . : 08 50020814 CP MOVED HOUSE
Property address : 295 TRIPP RD

Type information, press Enter.

Need additional permits for renovations -----

More...

F3=Exit F5=Copy F6=Insert F7=Delete F8=Time stamp
F12=Cancel F21=User defaults

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 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER . . : BAKER BUILDERS PHONE : (910) 814-2207
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 SEPTIC - EXISTING? : NEW WATER SUPPLY : COUNTY

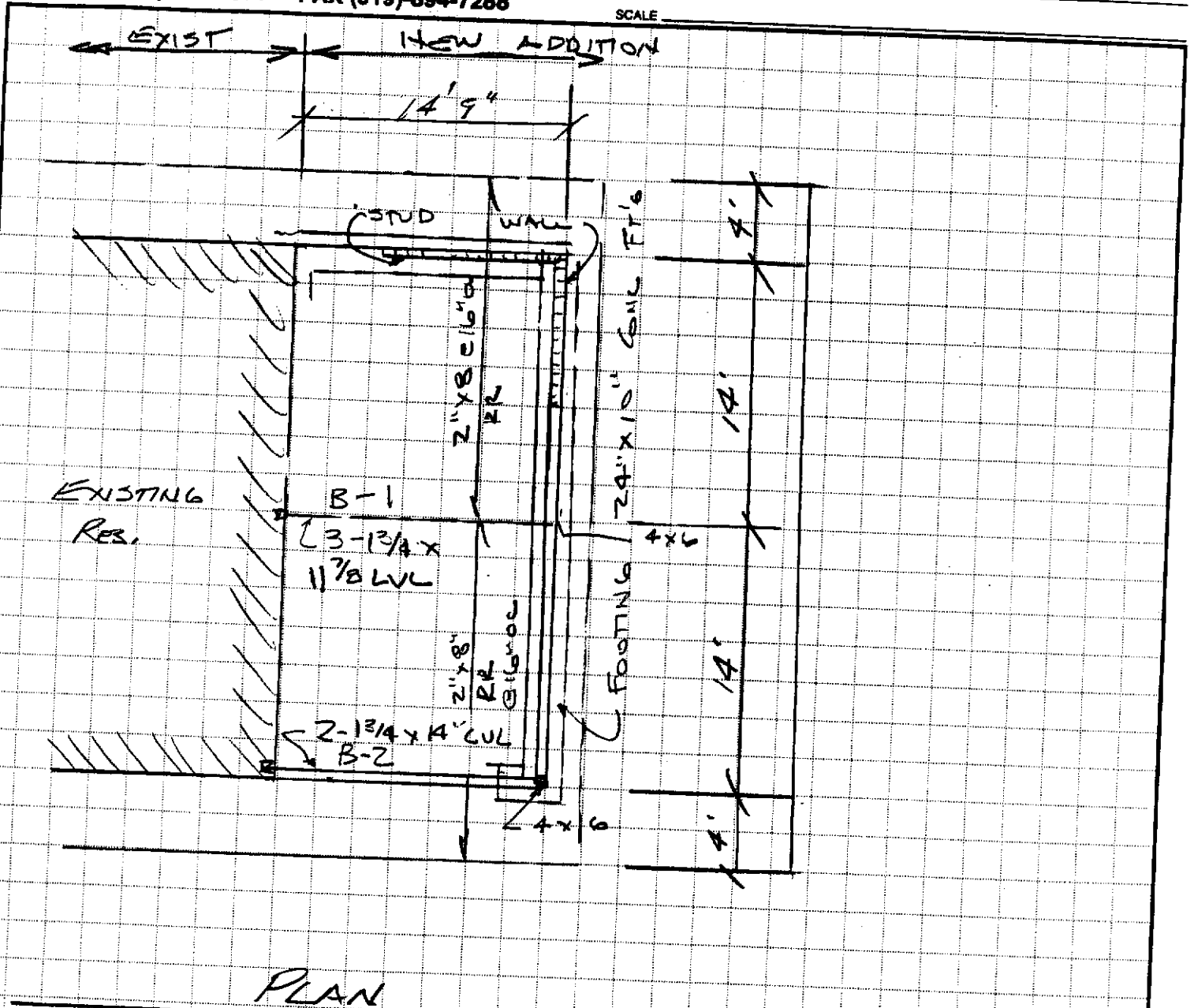
PERMIT: CPBP 00 CP BUILDING PERMIT

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
R125 01	6/24/09 6/24/09	BS DA	ONE TRADE ROUGH IN TIME: 08:00 VRU #: 001785187 THIS INSPECTION IS FOR 8' ADDITION ON CARPORT SHOWN ON ORIGINAL PLANS.RD Need engineers report on new framing. All covered, no designs on LVLs, no plan for lvl supports, footing sizes Etc T/S: 08/19/2009 11:23 AM NTART ----- T/S: 08/19/2009 11:27 AM NTART -----
R425 01	8/21/09 <u>11</u>	TI <u>apks</u>	FOUR TRADE ROUGH IN VRU #: 001811512

----- COMMENTS AND NOTES -----

MASSENGILL ASSOCIATES, P.A.
 Consulting Engineering
 Design And Project Management
 116 East Main Street P.O. Box 695
 BENSON, NORTH CAROLINA 27504-0695
 (919)-894-2071 FAX (919)-894-7288

JOB BAKER CARPORT ROOF
 SHEET NO. 5-1 OF 5-5
 CALCULATED BY [Signature] DATE _____
 CHECKED BY _____ DATE _____
 SCALE _____



PLAN

SUMMARY: THE ATTACHED CALCULATIONS INDICATE THE ROOF BEAMS & FOUNDATIONS ARE ADEQUATE TO SUPPORT THE LIVE + DEAD LOAD IAW THE N.C. BUILDING CODE

[Signature]
 7-6-09

MASSENGILL ASSOCIATES, P.A.
116 EAST MAIN STREET, P.O. BOX 695
BENSON, NORTH CAROLINA 27504-695

SHEET NO. 2 OF 5

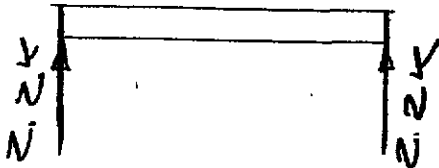
DATE: - - 2008 9

PHONE: 919-894-2071 FAX: 919-894-7288

STRUCTURAL DESIGN CALCULATIONS: PROJECT: BAKER CARPORT ROOF

CONSIDER: CELLING BM B- 1

SPAN: 14'-5" (L)



LIVE LOADS:

ROOF: _____ PSF _____ FT = _____

CEILING: 10 PSF 14 FT = 140

FLOOR: _____ PSF _____ FT = _____

_____ PSF _____ FT = _____

_____ PSF _____ FT = _____

TOTAL LIVE LOAD = _____

DEAD LOADS:

ROOF: _____ PSF _____ FT = _____

CEILING 10 PSF 14 FT = 140

FLOOR: _____ PSF _____ FT = _____

WALL: _____ PSF _____ FT = _____

_____ PSF _____ FT = _____

EQUIVALENT UNIFORM LOAD: _____ FT = _____

BEAM WT. = 20

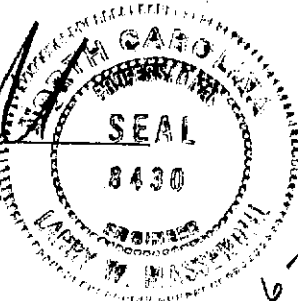
TOTAL DESIGN LIVE AND DEAD LOADING = 300 LBS./LF

USE BEAM TYPE: 3-1 3/4 x 11 7/8 OR

OR

BY: L. W. Massengill

L. W. MASSENGILL, P. E.



MASSENGILL ASSOCIATES, P.A.
116 EAST MAIN STREET, P.O. BOX 695
BENSON, NORTH CAROLINA 27504-695

SHEET NO. 3 OF 5

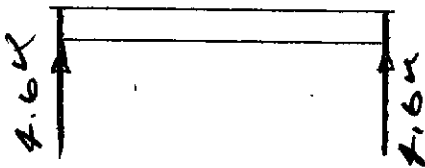
DATE: -- -- 2008 9

PHONE: 919-894-2071 FAX: 919-894-7288

STRUCTURAL DESIGN CALCULATIONS: PROJECT: BAKER CARPORT ROOF

CONSIDER: CARPORT EAVE BM B- 2

SPAN: 14'-5" (L)



LIVE LOADS:

ROOF: 20 PSF 18 FT = 360

CEILING: 10 PSF 7 FT = 70

FLOOR: PSF FT =

 PSF FT =

 PSF FT =

TOTAL LIVE LOAD = 430

DEAD LOADS:

ROOF: 7 PSF 18 FT = 120

CEILING 10 PSF 7 FT = 70

FLOOR: PSF FT =

WALL: PSF FT =

 PSF FT =

EQUIVALENT UNIFORM LOAD: FT =

BEAM WT. = 15

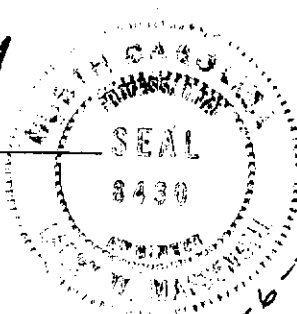
TOTAL DESIGN LIVE AND DEAD LOADING = 635 LBS/LF

USE BEAM TYPE: 2-1 3/4 x 14" LVL OR

 OR

BY:

L. W. MASSENGILL, P. E.



2-6-09

2" x 8" @ 16" ROOF RAFTERS
W/ 4'-0" OVERHANG
14' SPAN

21152115/01-04-1980

Elastic Modulus (ksi)	1100	Allowable Stress (ksi)	.948
Number of Nodes	3	Solution Points	51
No	X-Coord (ft)	Dis Rot	Force (kips)
1	0	n	
2	14	n	
3	18		
		Moment (k-ft)	Dist Load (kips/ft)
			-.036/-.036
			-.036/-.036
		Inertia (in ⁴)	Sec Mod (in ³)
		20.71	7.56

Deflection Summary

	Maximum	Location	Minimum	Location
Displacement (in)	0.0876	10.0000	-0.4255	6.1800
Rotation (rad)	0.0062	11.1600	-0.0056	0.0000

OK

Shear, Moment and Bending Stress Summary

	Maximum	Location	Minimum	Location
Shear	0.1474	0.0000	-0.1046	14.0000
Moment	0.3407	5.0400	-0.3680	14.0000
Stress	0.5408	5.0400	0.0000	0.0000

OK

Support Reactions

Node	X-Coord (ft)	Force (kips)	Moment (k-ft)
1	0.0000	0.1474	
2	14.0000	0.2486	



Massengill Associates, PA
116 E. Main Street
Benson, N.C. 27504
Phone (919) 894-2071

S-5

0.1474

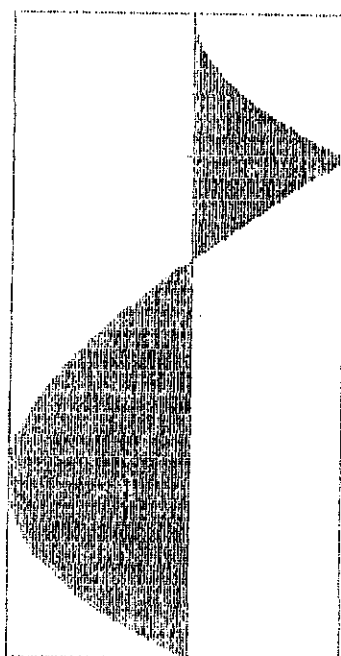
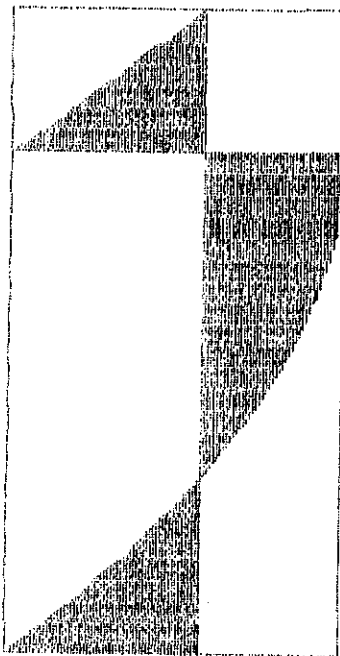
0.1492

0.1492

-0.2000

0.0876

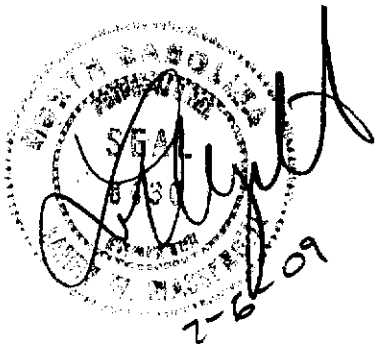
-0.4255



0.1474

0.1492

0.0876



Massengill Associates, PA
 118 E. Main Street
 Benson, N.C. 27504
 Phone (919) 894-2071

Harnett County

INSPECTOR: IVR

DATE 12/01/09

ADDRESS : 295 TRIPP RD SUBDIV:
 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER : BAKER BUILDERS PHONE : (910) 814-2207
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STRUCTURE: 000 000 30X62 3BDR MOVED HOUSE
 FLOOD ZONE : FLOOD ZONE X
 # BEDROOMS : 3.00 PROPOSED USE : MOVED HOUSE
 SEPTIC - EXISTING? : NEW WATER SUPPLY : COUNTY

PERMIT: CPMV 00 CP MOVED HOUSE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
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	10/31/08	AP	
A814 01	11/19/08	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001706878
	11/20/08	AP	✓ 295 TRIPP RD LOT 1
E207 01	1/16/09	KS	R*ELEC TEMP SERVICE POLE TIME: 17:00 VRU #: 001726512
	1/16/09	DA	Need ground fault for 220 circuit
B103 01	1/26/09	KS	R*BLDG FOUND & TEMP SVC POLE TIME: 17:00 VRU #: 001728443
	1/26/09	AP	called in premise number 76166590 at 1043 AM
R325 01	8/19/09	BS	THREE TRADE ROUGH IN VRU #: 001810605
	8/19/09	DA	Need additional permits for renovations -----
H824 01	9/16/09	JM	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 001822840
	9/16/09	DA	T/S: 09/16/2009 10:31 AM S STEWART ----- T/S: 09/16/2009 10:31 AM S STEWART ----- T/S: 09/16/2009 10:33 AM S STEWART ----- ON HOLD FOR WATER LINE INSTALL.
R429 01	11/23/09	BS	FOUR TRADE FINAL VRU #: 001854025
	11/23/09	CA	per nancy mber 23, 2009 09:00 AM BSUTTON -----
R429 02	12/01/09	TI	FOUR TRADE FINAL VRU #: 001855998

12-1-9 DA-MR

see attached

----- COMMENTS AND NOTES -----

HTE# 08-5-20814R

Harnett County Department of Public Health

20464

PERMIT # 24841

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SR 1435 Tripp RD

Name: (owner) T.H. BAKER SUBDIVISION WMT LOT # 1

System Installer: OTTIS STUCKLIANA Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% REDUCTION System Type III G-62049 Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

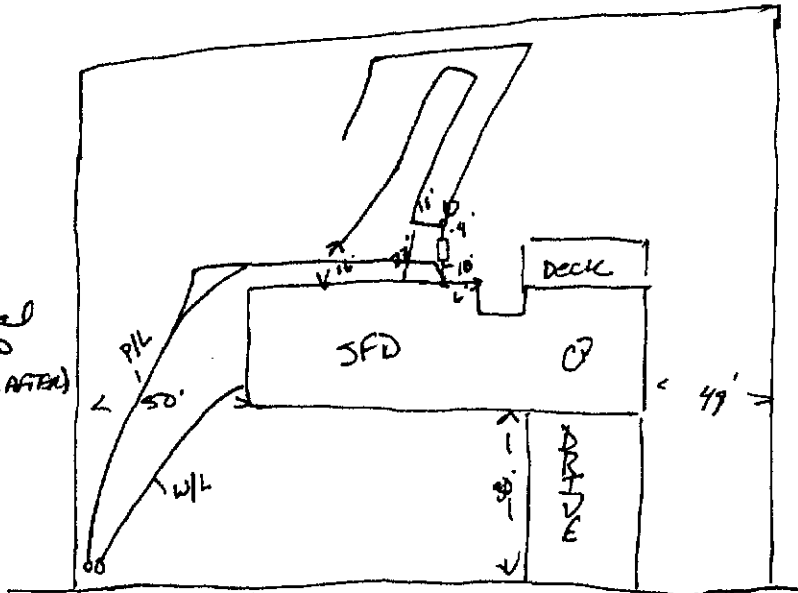
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

*System INSTALLED
Exactly as permitted!

*P-I.

*NEEDS
WATER LEAK
FOR FINAL
6-22-09

*WATER + Electrical
INSTALLED THEN
INSPECTED (DAYS AFTER)
11-23-09



SR 1435 Tripp RD

PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% REDUCTION Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet ditches 20-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Monahan

Date 6-22-09 - 11-23-09 WFE LENS

DO NOT REMOVE!

Harnett County Inspection Department

102 East Front Street • P.O. Box 65

Lillington, NC 27546

Phone: (910) 893-7527 • Fax: (910) 893-2793

Job Name: Baker Date: 12-1-9

Address: 295 Tripp

Lot No.: _____ Permit No.: 08-50020814

(Check Box for Violation)

- | | | | | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|--|-------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Footing | <input type="checkbox"/> Foundation | <input type="checkbox"/> Bldg. | <input type="checkbox"/> Elec. | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Mech. | <input type="checkbox"/> Insul. | <input type="checkbox"/> Floor Fram. |
| <input type="checkbox"/> Floor Slab | <input type="checkbox"/> MFG. Home | <input type="checkbox"/> Modular | <input type="checkbox"/> Damp/Water Proof. | <input type="checkbox"/> Structural | <input type="checkbox"/> Wall Sheath. | <input type="checkbox"/> Other | |

Violations Found: _____

- 1) Insulate boots an A/c Supply
- 2) Water Heater must rest on concrete or plastic Slab - No Bricks
- 3) Relief Line must extend outside
- 4) Permanently Label Panel
- 5) Water heater needs a water Shut-off
- 6) Water " not wired to code it needs a disconnect also

Code Enforcement Official

Signature: T. Melal Rivers

Date: _____

It is unlawful for any sub contractor, general contractor, or owner to cover or cause to be covered any part of the work with flooring, sheetrock, earth or other material until the proper inspector had ample time to approve the installation.

ADDRESS : 295 TRIPP RD SUBDIV:
 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER : BAKER BUILDERS PHONE : (910) 814-2207
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	9/16/09	DA	T/S: 09/16/2009 10:31 AM S STEWART T/S: 09/16/2009 10:31 AM S STEWART T/S: 09/16/2009 10:33 AM S STEWART ON HOLD FOR WATER LINE INSTALL.
R429 01	11/23/09	BS	FOUR TRADE FINAL VRU #: 001854025
	11/23/09	CA	per nancymber 23, 2009 09:00 AM BSUTTON
R429 02	12/01/09	MR	FOUR TRADE FINAL VRU #: 001855998
	12/01/09	DA	T/S: 12/01/2009 12:09 PM MREARIC 1. insulate boots on ac supply lines 2. water heater must rest on concrete pad or other approved pad, not bricks 3. relief line must extend outside the foundation 4. permanently label panel 5. water heater needs a water shut-off 6. water heater is not wired and has no disconnecting means
R429 03	2/03/10	TI	FOUR TRADE FINAL TIME: 17:00 VRU #: 001878784
	2-3-10	DP-MR	T/S: 02/02/2010 08:33 AM RDCONTE

COMMENTS AND NOTES

HTE# 08-5-20814R

Harnett County Department of Public Health

20464

PERMIT # 24841

Operation Permit

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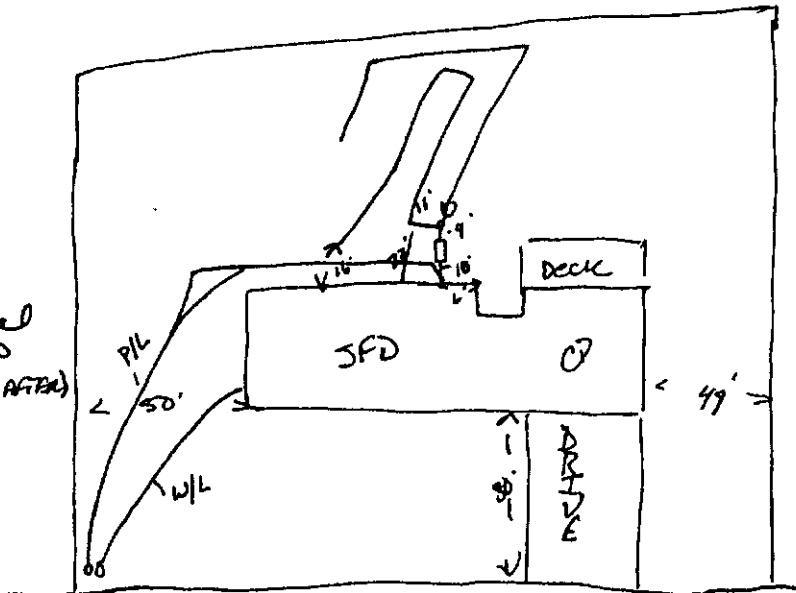
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*P-I.

*NEEDS
WATER LEAS
FOR FINAL!
6-22-09

*WATER + Electrical
INSTALLED THEN
INSPECTED. (DAYS AFTER)
11-23-09



SR 1435 Tripp RD

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- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% REDUCTION Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet ditches 30-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent James E. Monahan Date 6-22-09 - 11-23-09 WFE LEAS

VIOLATION NOTICE

DO NOT REMOVE!

Harnett County Inspection Department

102 East Front Street • P.O. Box 65

Lillington, NC 27546

Phone: (910) 893-7527 • Fax: (910) 893-2793

Job Name: Baker Builders Date: 2-3-10

Address: 295 Trapp Rd.

Lot No.: _____ Permit No.: 08-50020814

(Check Box for Violation)

- | | | | | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|--|-------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Footing | <input type="checkbox"/> Foundation | <input type="checkbox"/> Bldg. | <input checked="" type="checkbox"/> Elec. | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Mech. | <input type="checkbox"/> Insul. | <input type="checkbox"/> Floor Fram. |
| <input type="checkbox"/> Floor Slab | <input type="checkbox"/> MFG. Home | <input type="checkbox"/> Modular | <input type="checkbox"/> Damp/Water Proof. | <input type="checkbox"/> Structural | <input type="checkbox"/> Wall Sheath. | <input type="checkbox"/> Other | |

Violations Found: _____

1) Water Heater Disconnect
does not comply with
Any code

2) Boots not insulated

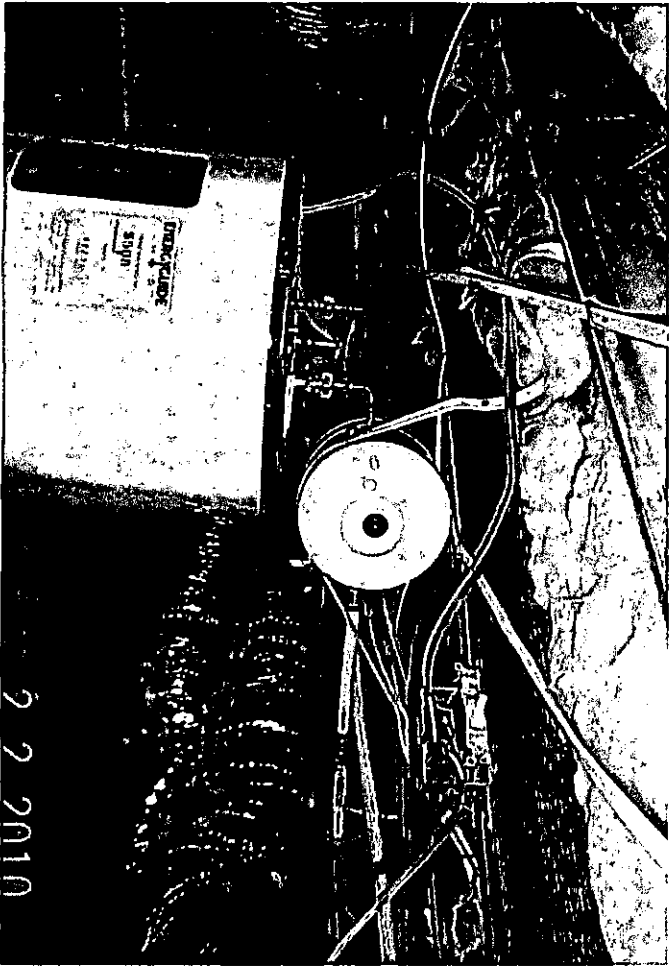
see 50

Code Enforcement Official

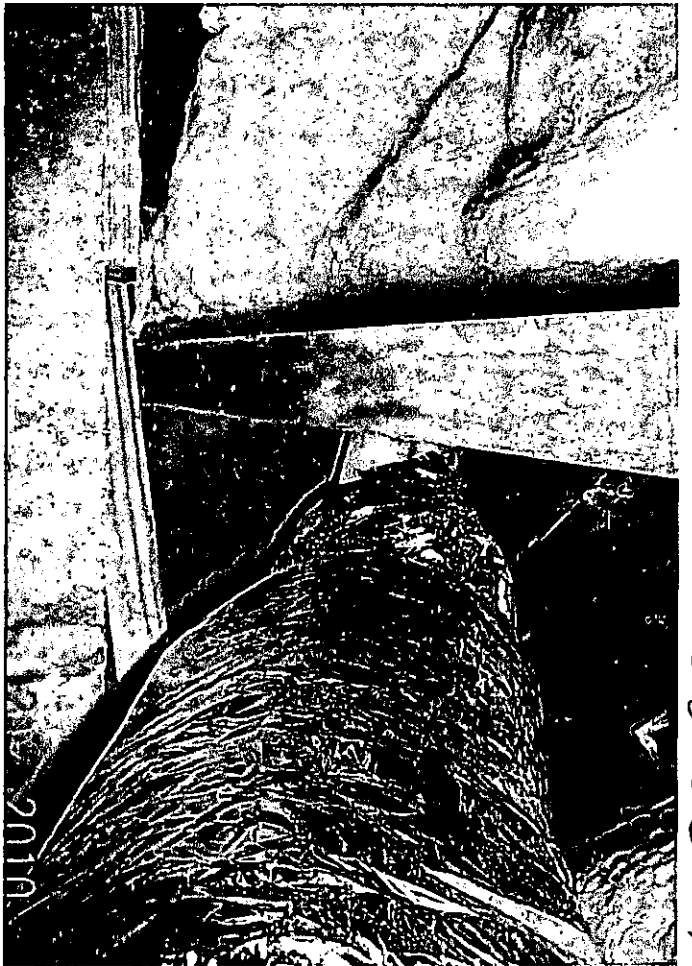
Signature: T. Michael Ream

Date: _____

It is unlawful for any sub contractor, general contractor, or owner to cover or cause to be covered any part of the work with flooring, sheetrock, earth or other material until the proper inspector had ample time to approve the installation.



9 2 2010

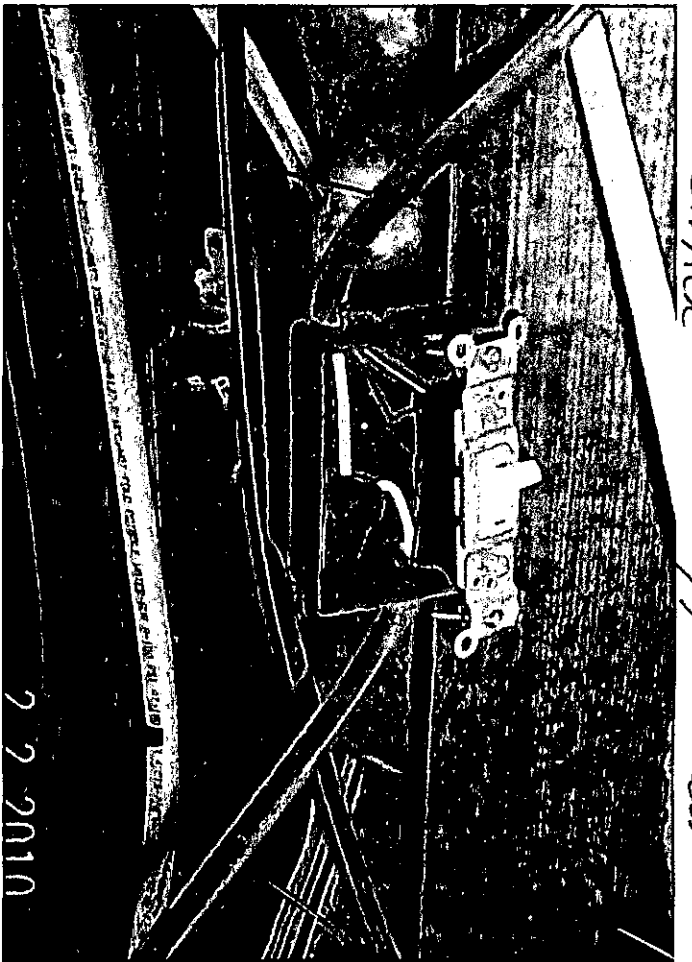


9 2 2010

08-500 20814 Bake Tripp Rd.



9 2 2010



9 2 2010

ADDRESS : 295 TRIPP RD SUBDIV:
 CONTRACTOR : BAKER THOMAS HARVEY PHONE : (910) 814-2207
 OWNER : BAKER BUILDERS PHONE : (910) 814-2207
 PARCEL : 11-0651- - -0057- - -
 APPL NUMBER: 08-50020814 CP MOVED HOUSE
 DIRECTIONS : NORTH ON HWY 210 APPROX 1.5 MILES FOREM
 401/421 INTERSECTION LEFT ON TRIPP RD
 1/2 MILE TO OPEN LOT JB
 LAND NOTES : LXMN 1/14/02 11-0651-0058 S/W & SPLIT PER MAP
 #99/130 THEN 0058 RENUMBERED TO
 11-0651-0057-02

STRUCTURE: 000 000 30X62 3BDR MOVED HOUSE
 FLOOD ZONE : FLOOD ZONE X
 # BEDROOMS : 3.00 PROPOSED USE : MOVED HOUSE
 SEPTIC - EXISTING? : NEW WATER SUPPLY : COUNTY

PERMIT: CPMV 00 CP MOVED HOUSE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	10/31/08	BS	R*BLDG FOOTING / TEMP SVC POLE TIME: 17:00 VRU #: 001700152
	10/31/08	AP	
A814 01	11/19/08	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001706878
	11/20/08	AP	✓ 295 TRIPP RD LOT 1
E207 01	1/16/09	KS	R*ELEC TEMP SERVICE POLE TIME: 17:00 VRU #: 001726512
	1/16/09	DA	Need ground fault for 220 circuit
B103 01	1/26/09	KS	R*BLDG FOUND & TEMP SVC POLE TIME: 17:00 VRU #: 001728443
	1/26/09	AP	called in premise number 76166590 at 1043 AM
R325 01	8/19/09	BS	THREE TRADE ROUGH IN VRU #: 001810605
	8/19/09	DA	Need additional permits for renovations
H824 01	9/16/09	JM	✓ ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 001822840
	9/16/09	DA	T/S: 09/16/2009 10:31 AM SSTEWARD T/S: 09/16/2009 10:31 AM SSTEWARD T/S: 09/16/2009 10:33 AM SSTEWARD ON HOLD FOR WATER LINE INSTALL.
R429 01	11/23/09	BS	FOUR TRADE FINAL VRU #: 001854025
	11/23/09	CA	per nancymber 23, 2009 09:00 AM BSUTTON
R429 02	12/01/09	MR	FOUR TRADE FINAL VRU #: 001855998
	12/01/09	DA	T/S: 12/01/2009 12:09 PM MREARIC 1. insulate boots on ac supply lines 2. water heater must rest on concrete pad or other approved pad, not bricks 3. relief line must extend outside the foundation 4. permanently label panel 5. water heater needs a water shut-off 6. water heater is not wired and has no disconnecting means
R429 03	2/03/10	MR	FOUR TRADE FINAL TIME: 17:00 VRU #: 001878784
	2/03/10	DP	T/S: 02/02/2010 08:33 AM RDCONTE T/S: 02/03/2010 12:36 PM MREARIC 1. water heater disconnect is a violation of code 2. ac duct boots are still not insulated
R429 04	3/03/10	TI	FOUR TRADE FINAL VRU #: 001889567
	<u>3-3-10</u>	<u>AP</u>	

**COUNTY OF HARNETT
DEPARTMENT OF BUILDING INSPECTION
AND PLANNING
CERTIFICATE OF OCCUPANCY**

This certificate issued pursuant to the requirements of Section 309 of the North Carolina State Building Code Vol. 1 -A and the Harnett County Zoning Ordinance certifies at the time of issuance this structure was in compliance with the various ordinances of the County of Harnett regulating development and building construction or use. For the following:

Use Classification: Residential
Type of Construction: 1 Moved house
Owner of Building: Thomas Baker
Building Address: 295 Tripp Rd
Zoning District: _____
Zoning Permit No.: _____

Conditional Use Permit No.: _____
Building Permit No.: _____
Electrical Permit No.: _____
Insulation Permit No.: _____
Plumbing Permit No.: _____
Mech. Permit No.: _____
Envir. C.O. No.: 08-50020814

Date: 3-3-10
Ke Slatt
Building Official