

Initial Application Date: 2/5/18

Application # 1850043 227

CU# _____

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

SCANNED

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

LANDOWNER: Matthew & Kayla Bass Mailing Address: 2148 Plainview ~~DATE~~
City: Dunn State: NC Zip: 28334 Contact No: _____ Email: _____

APPLICANT: Jerry Pounds Mailing Address: 333 Josie Dr.
City: Benson State: NC Zip: 27504 Contact No: 919-422-1175 Email: jerry.pounds@hotmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Matthew Bass Phone # (910) 985-0154
Jerry Pounds Phone # 919-422-1175

PROPERTY LOCATION: Subdivision: _____ Lot #: - Lot Size: .92
State Road # _____ State Road Name: 156 Maude Parker Ln Map Book & Page: 2017, 388
Parcel: 021527 0108 12 PIN: 1527-43-3665-000
Zoning: R20 Flood Zone: X Watershed: NO Deed Book & Page: 35661574 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size 58 x 57'6") # Bedrooms: 3 # Baths: 3 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 _____ x _____) # 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: _____ 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 no

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

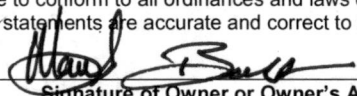
Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual	Comments:
Front	_____	<u>63.82'</u>	_____
Rear	_____	<u>25'</u>	_____
Closest Side	_____	<u>46.84'</u>	_____
Sidestreet/corner lot	_____	_____	_____
Nearest Building on same lot	_____	_____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

X 
Signature of Owner or Owner's Agent

2/15/18
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****

CITY OF DUNN
Zoning Compliance Form

Please attach a plot plan showing lot lines and dimensions, the location and size of all existing and proposed buildings, the distance from each building to property lines, all driveway entrances, parking and loading areas, all existing landscaping (generally).

TO BE COMPLETED BY THE PROPERTY OWNER

Property Identification Information:

Applicant Name: Matthew & Kayla Bass

Applicant Contact Telephone Number: (___) ___ - ___

Property Address: 156 Maude Parker Lane
(Please include City, State, Zip Code) Dunn, NC 28334

County PIN: 1527 - 43 - 3665

Subdivision _____

Phase _____

Lot # _____

Property Owner Name: _____

Property Owner Address: 2148 Plainview Hwy
(Please include City, State, Zip Code) Dunn, Nc 28334

Dimensions of Property:

Width: _____ Depth: _____

Square Feet: _____ Acreage: _____

Property Owner Contact Telephone Number: (___) ___ - ___

Current Use of the Property:

Residential

Commercial

Name of Business: _____

of Square Feet: _____

Office

Name of Business: _____

of Square Feet: _____

Other

Name of Business: _____

of Square Feet: _____

Proposed Use of the Property

Residential

Office

Name of Business: _____

of Square Feet: _____

Commercial

Name of Business: _____

of Square Feet: _____

Other: _____

Name of Business: _____

of Square Feet: _____

CITY OF DUNN
Zoning Compliance Form

Existing Building(s):

- Vacant Land
- Building One
Width:
Depth:
Current Use:
- Building Two
Width:
Depth:
Current Use:
- Building Three
Width:
Depth:
Current Use:

Proposed Project:

- New Construction
- Use of Existing Structure
- Modification of Existing Structure
- Addition to Existing Structure
- Additional Building

Dimensions of new construction _____

Connection to Utilities:

- Electricity
- Public Water Private Well
- Public Sewer Private Septic System
- Storm Water System
- Natural Gas

Square feet of new construction _____

Parking Spaces

_____ Number spaces provided

Owner Certification:

I hereby certify that I am the owner of the above identified property, that the information shown above and shown on the attached plot plan is correct and complete to the best of my knowledge. I understand that all decisions rendered will be based on and enforced according to this information. I understand that this permit, if granted, is issued on the basis of the information supplied by the owner and that this permit may be revoked in the event of any breach of representation or conditions.

Property Owner Signature: _____

TO BE COMPLETED BY THE ZONING OFFICIAL

Zoning Classification

R-20
20,000sqft Required Lot Size
30ft Required Front Yard Set Back
25ft Required Rear Yard Set Back
10ft Required Side Yard Set Back

Floodplain Determination:

- Property is not located in a floodplain
- Property is located in floodplain, but development is not.
- Development is located in a designated flood hazard area.

Parking Spaces:

- _____ Required
- _____ Provided

Panel Number _____ Date of Panel _____

Special Conditions:

septic approval for single family dwelling

Approved Denied Reason: _____

Signature: Lana Miller Date: 1-30-18 Amount: NA Receipt Number: NA
Zoning Administrator

NAME: _____

APPLICATION #: 43227

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 # 026083-LL
2/6/18

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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/5/18
DATE

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

Matthew Bass (910) 985-0154
Applicant/Owner Phone Number
2148 Plainview Hwy Ann, NC 28334
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 changed 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 156 Maude Parker Ln Subdivision/Lot # _____
Parcel # 021527 0108 12 PIN # 1527-43-3665-050

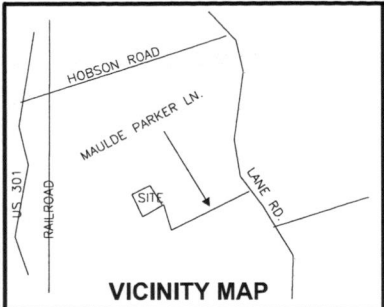
Directions to the Site

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.

Matthew Bass
Property Owner's or Owner's Legal Representative Signature Required

2/5/18
Date



North Carolina, Johnston County

I, _____, certify that this plat was drawn under my supervision from an actual survey made under my supervision (see description recorded in Book _____ Page _____ etc.) (other) that the boundaries not surveyed are clearly indicated as drawn from information found in Book _____ Page _____ that the ratio of precision or positional accuracy as calculated is _____ that this plat was prepared in accordance with G.S. 47-30 as amended.

I certify to one or more of the following:

A. That the survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

B. That the survey is located in a portion of a county or municipality that is unregulated as to an ordinance that regulates parcels of land.

C. Any one of the following: (1) That the survey is of an existing parcel or parcels of land or one or more existing easements and does not create a new street or change an existing street. For the purposes of this subsection, an "existing parcel" or "existing easement" is an area of land described in a single, legal description or legally recorded subdivision that has been or may be legally conveyed to a new owner by deed in its existing configuration. (2) That the survey is of an existing feature, such as a building or other structure, or natural feature, such as a watercourse. (3) That the survey is a control survey. For the purposes of this subsection, a "control survey" is a survey that provides horizontal or vertical position data for support or control of other surveys or for mapping. A control survey, by itself, cannot be used to define or convey rights or ownership. (4) That the survey is of a proposed easement for a public utility as defined in G.S. 82-3.

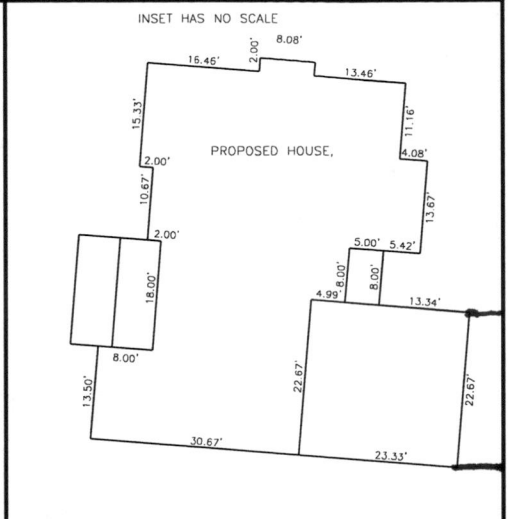
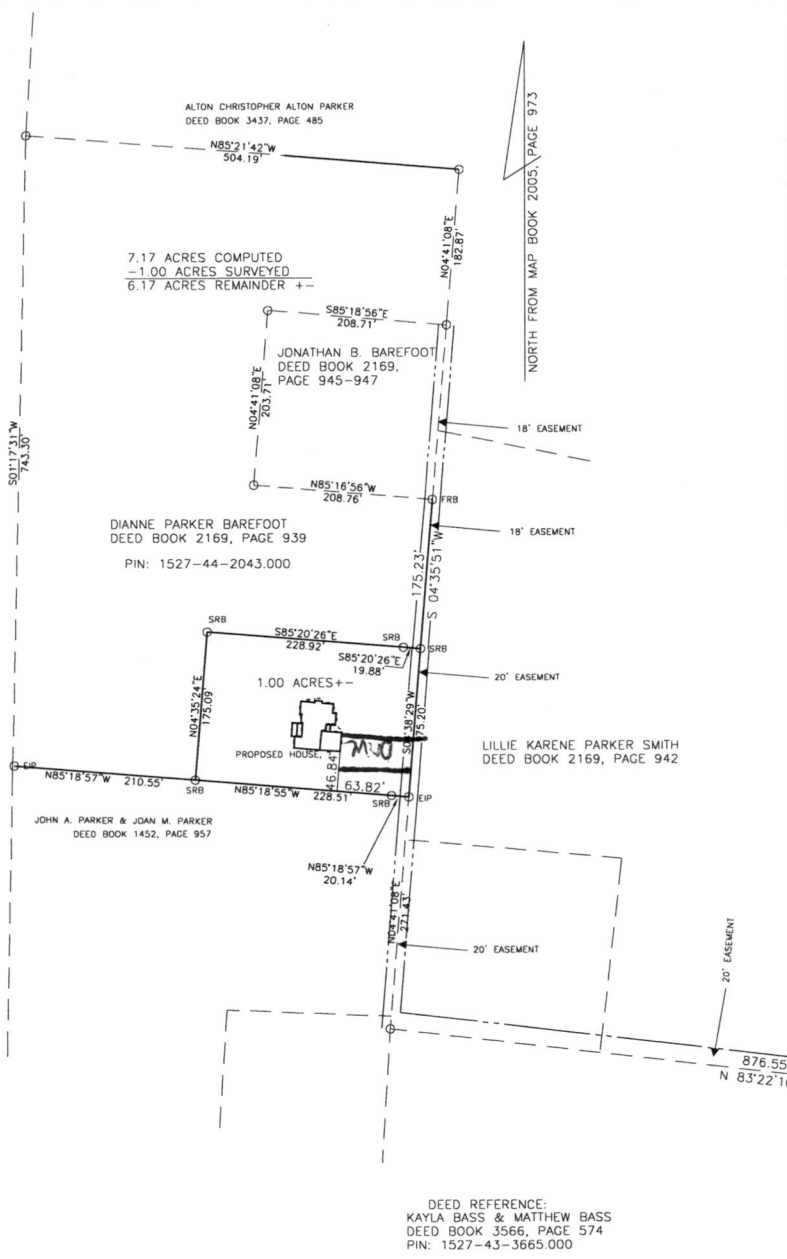
D. That the survey is of another category, such as the recombination of existing parcels, a court-ordered survey, or other exemption or exception to the definition of subdivision.

E. That the information available to the surveyor is such that the surveyor is unable to make a determination to the best of the surveyor's professional ability as to provisions contained in (a) through (d) above.

Witness my original signature, license number and seal this ____ day of _____ A.D., 20____

Seal or Stamp _____ Professional Land Surveyor
 _____ License Number

JOHN A. PARKER & JOAN M. PARKER
 DEED BOOK 1574, PAGE 69



LEGEND

FSR	Found Steel Rod
SSR	Set Steel Rod
FCPS	Found Cotton Picker Spindle
SCPS	Set Cotton Picker Spindle
FN	Found Nail
FP	Found Iron Pipe
SIP	Set Iron Pipe
FS	Found Iron Stake
SIS	Set Iron Stake
FPN	Found Fire Hydrant
SPN	Set Fire Hydrant
FCM	Found Concrete Monument
SRB	Set Rebar
FRB	Found Rebar
FLS	Found Lightwood Stake
EL	Property Line
PL	Power Pole
LP	Light Pole
FTN	Found Fire Hydrant

LAMBERT SURVEYING INC.
 C-1280

W. R. LAMBERT, PLS 1211
 W. ROYCE LAMBERT, Jr. PLS 3517
 CAROLYN J. LAMBERT, MANAGER
 509 N. LINCOLN STREET
 919-894-3575 PHONE
 919-207-0873 FAX
 BENSON, NC 27504

STATE OF NORTH CAROLINA, _____ COUNTY

I, _____, REVIEW OFFICER OF _____ COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATE IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

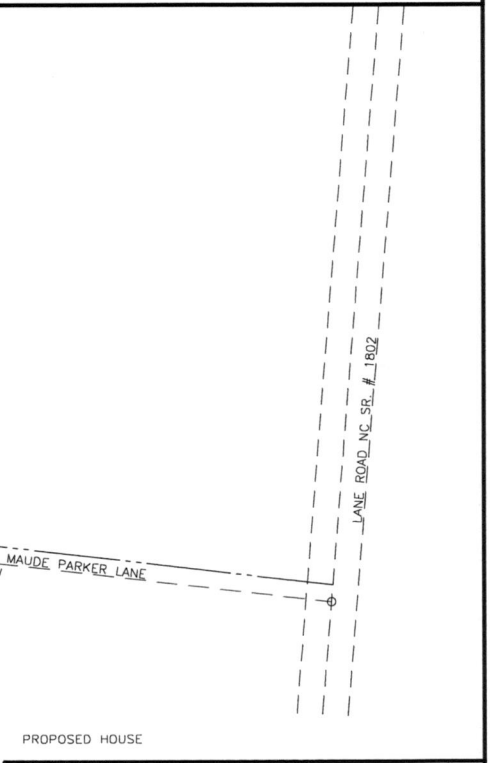
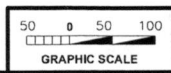
REVIEW OFFICER _____
 DATE: _____

STATE OF NORTH CAROLINA, _____ COUNTY

FILED FOR REGISTRATION AT _____ M. _____, 20____, IN THE REGISTER OF DEEDS OFFICE.

RECORDED IN BOOK _____, PAGE _____.

REGISTER OF DEEDS _____
 BY: _____



MAP FOR
 KAYLA BASS & MATTHEW BASS

TOWNSHIP AVERASBORO COUNTY HARNETT

STATE: NORTH CAROLINA DATE: 12/20/2017 SCALE: 1 in.=100 ft.
 ZONE: TAX PARCEL: PIN: 1527-43-3665.000

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
 Date: 2/05/18 53 Receipt no: 239212

Year	Number	Amount
2018	50043227	
91750 TECH 3		
LILLINGTON, NC 27546		
B4	BP - ENV HEALTH FEES	\$1000.00
NEW SEPTIC & NEW WELL		

JERKY POUNDS CONSTRUCTION

Tender detail	
CP CREDIT CARD	\$1000.00
Total tendered	\$1000.00
Total payment	\$1000.00

Trans date: 2/05/18 Time: 15:54:46

** THANK YOU FOR YOUR PAYMENT **