

Initial Application Date: 09/15/15

Application # 1050023707R

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

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

LANDOWNER: SOUTH-SCAN, INC Mailing Address: 3128 GOLD DUST LN.
City: WILLOW SPRING State: NC Zip: 27592 Contact No: 919 669 4273 Email: DUCKBURG106@MAIL.COM

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

CONTACT NAME APPLYING IN OFFICE: BERT KYMALAINEN Phone # 919 669 4273

PROPERTY LOCATION: Subdivision: TINGEN POINTE Lot #: 32 Lot Size: 1.65 AC
State Road # _____ State Road Name: OMAHA DR. Map Book & Page: 2007, 0711
Parcel: 039576008832 PIN: 9597-35-4905,000

Zoning: RA 20R Flood Zone: NO Watershed: NO Deed Book & Page: 3304, 0001 Power Company*: PROGRESS DUKE
*New structures with Progress Energy as service provider need to supply premise number 20373602 from Progress Energy.

PROPOSED USE:

- SFD: (Size 42 x 40) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): N Garage: Y Deck: Y Crawl Space: Y Slab: Monolithic Slab: Y
(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: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>35.5</u>
Rear	<u>25</u>	<u>116</u>
Closest Side	<u>10</u>	<u>90</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: PREVIOUS SEPTIC PERMIT
HTE # 10-5-23707

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

27 W, LEFT AT OMAHA, (TINGEN POINT RD)
LOT ON LEFT @ SWORD DR. MARKER.

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.

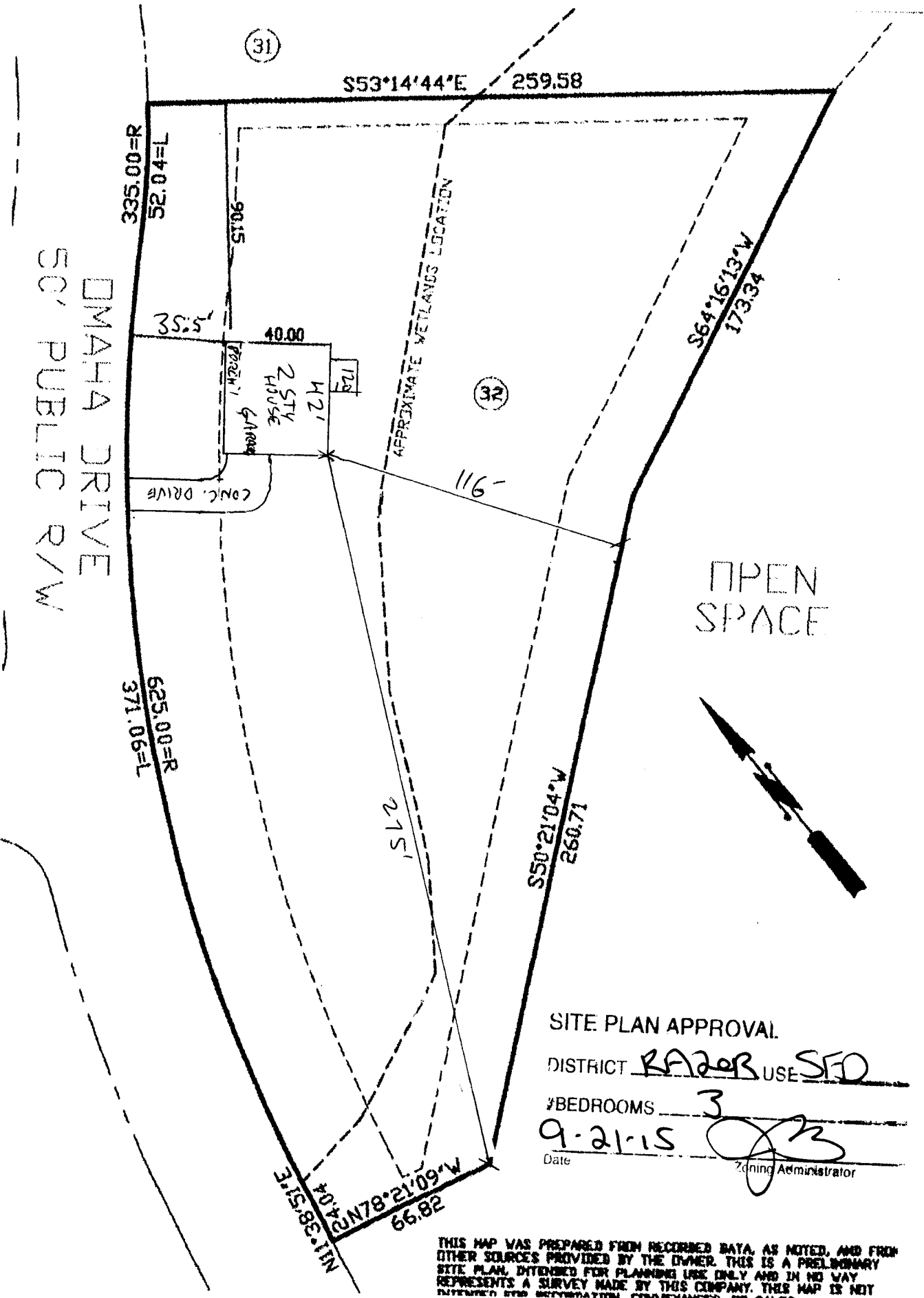
BY 
Signature of Owner or Owner's Agent

09/15/15
Date

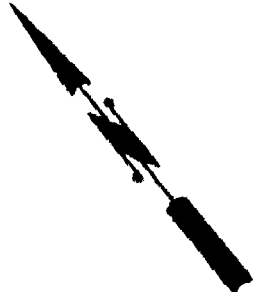
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

W J C SC



OPEN SPACE



SITE PLAN APPROVAL
 DISTRICT RAZOR USE SFD
 #BEDROOMS 3
 Date 9-21-15
 Zoning Administrator

THIS MAP WAS PREPARED FROM RECORDED DATA, AS NOTED, AND FROM OTHER SOURCES PROVIDED BY THE OWNER. THIS IS A PRELIMINARY SITE PLAN, INTENDED FOR PLANNING USE ONLY AND IN NO WAY REPRESENTS A SURVEY MADE BY THIS COMPANY. THIS MAP IS NOT INTENDED FOR CONTRACTUAL PURPOSES OR AS A BASIS FOR SALE.

NAME: SOUTH-SCAN, INC.

NOTE EXISTING PERMIT ENCLOSED
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 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 25% REDUCTION

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? SEE ON PLOT PLAN
 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.

BY _____
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

09/15/15
DATE

25836

HTE# 10-5-23707

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Wade Hare PROPERTY LOCATION: Hwy 27 west
 NEW REPAIR EXPANSION SUBDIVISION: Tingen Pointe LOT # 32
 Type of Structure: SFD 60x50 Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% Reduction System
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 No expiration
 Permit conditions: _____

Authorized State Agent: Dwain McSwain, LEHS Date: 3/3/2010 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Wade Hare PROPERTY LOCATION: Hwy 27 west
 SUBDIVISION: Tingen Pointe LOT # 32
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable) 25% Reduction System (Repair)

Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 2
 Pump Tank Size _____ gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 8 inches
 Maximum Trench Depth of: 20 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/-1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM _____ inches below pipe
 Aggregate Depth: _____ inches above pipe
 _____ inches total

Conditions: Permit based on consultants proposal. See attachment for sketch. No utilities allowed in system & or repair areas.
Water line must be 10ft. from any part of septic system

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

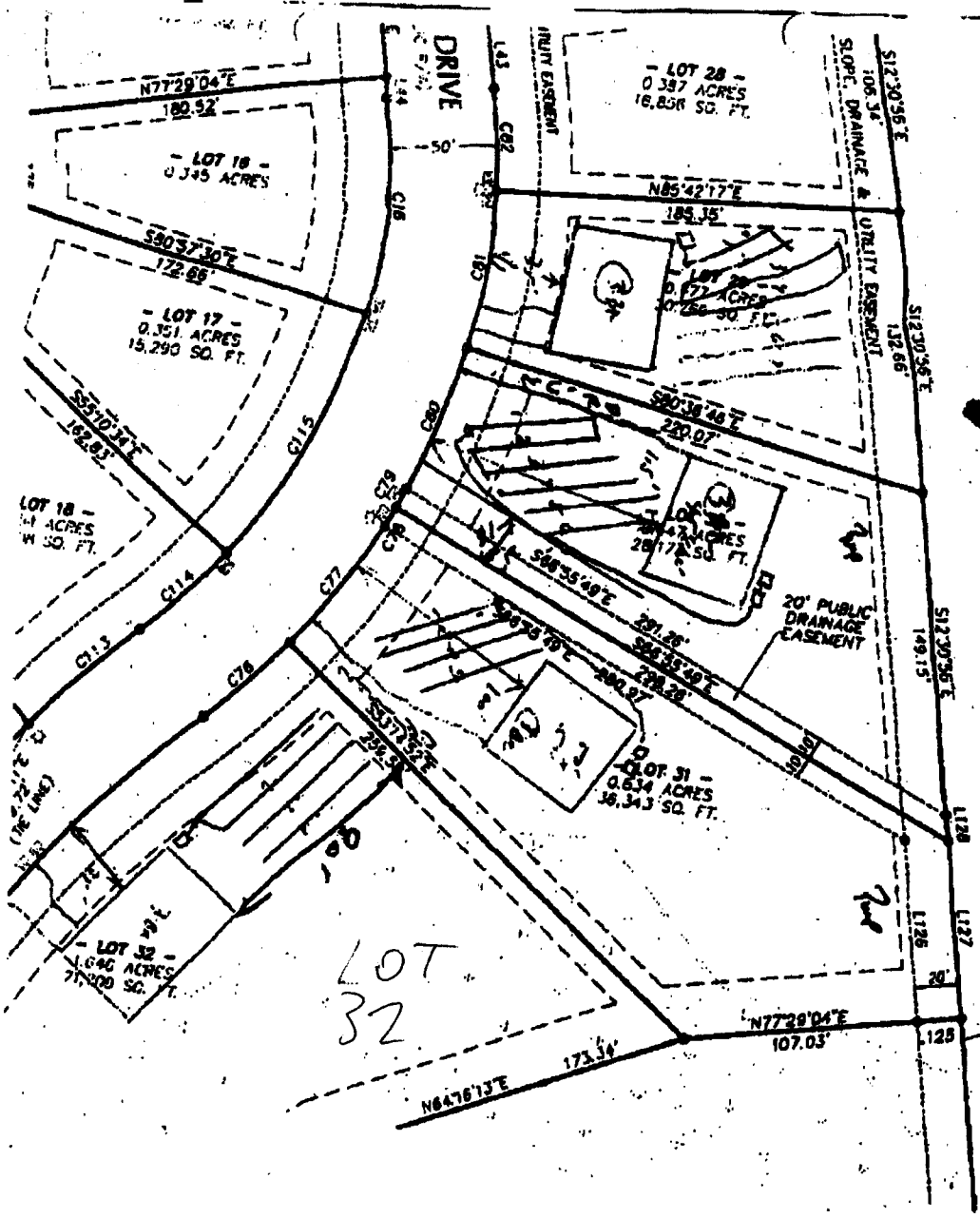
Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: Dwain McSwain, LEHS Date: 3/3/2010
 Construction Authorization Expiration Date: 3/3/2010

OVER

UNKNOWN E.T.
MC C. SLIDE 1
HARNETT COUNTY
OF DEEDS
ZONE: RA-2



Harnett County Central Permitting
PO Box 65 Lillington NC 27548
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 SOUTH-SCAN, INC Date 10/20/15
Site Address 275 OMAHA DR, BROADWAY NC (LOT 32) Phone 919 669 4273
Directions to job site from Lillington 27W, Lt. ON OMAHA DR, LOT ON LEFT ACROSS SWORD LOOP.

Subdivision TINGEN POINTE Lot 32
Description of Proposed Work NEW S.F. RESIDENTIAL + ATT. GARAGE # of Bedrooms _____
Heated SF 1889 Unheated SF 574 Finished Bonus Room? NA Crawl Space Slab

General Contractor Information

SOUTH-SCAN, INC. 919 669 4273
Building Contractor's Company Name Telephone
3128 GOLD DUST LN WILLOWS PRING NC 27592 DUCKBURG1@GMAIL.COM
Address Email Address
36169

Electrical Contractor Information

Description of Work NEW S.F. CONST. Service Size 200 Amps T-Pole Yes No
R.A. JACKSON ELECTRIC, INC. 919 894 5367
Electrical Contractor's Company Name Telephone
9261 RALEIGH RD. BENSON, NC 27504
Address Email Address
21144

Mechanical/HVAC Contractor Information

Description of Work NEW RES. CONST
JONES + JONES HEATING + AIR INC 910 424 7702
Mechanical Contractor's Company Name Telephone
5217 MARRACCO DR. HOPE MILLS NC 28348
Address Email Address
2984-H2 + 3C1-71674

Plumbing Contractor Information

Description of Work NEW RES. CONST. # Baths _____
L.R. GLOVER PLUMBING CO. INC 919 820 0026
Plumbing Contractor's Company Name Telephone
P.O. BOX 764 BENSON, NC 27504
Address Email Address
07958

Insulation Contractor Information

INSULATING INC 919-772-9000
Insulation Contractor's Company Name & Address Telephone
5902 FAYETTEVILLE RD., RALEIGH NC 27603

*NOTE General Contractor must fill out and sign the second page of this application

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 369372

Filed on: 10/20/2015
Initially filed by:
duckburg1@gmail.com

Designated Lien Agent

Investors Title Insurance Company

Online: 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

Owner Information

South Scan, Inc
3128 Gold Dust Ln
Willow Spring, NC 27592
United States
Email: duckburg1@gmail.com
Phone: 919-669-4273

Project Property

Lot 32 Tingen Pointe
275 Omaha Dr, Broadway, NC
Broadway, NC 27505
Hargett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

10/20/2015

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 10-50023707 Date 10/28/15
Property Address 299 OMAHA DR
PARCEL NUMBER 03-9576- - -0088- -32-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name TINGEN POINTE 86LOTS
Property Zoning RES/AGRI DIST - RA-20R

Owner

Contractor

SOUTH SCAN INC
3218 GOLD DUST LNE
WILLOW SPRINGS NC 27592
(919) 669-4273

SOUTH-SCAN INC
3128 GOLD DUST LN
WILLOW SPRINGS NC 27592
(919) 669-4273

Applicant

SOUTH SCAN INC #32
3128 GOLD DUST LN
WILLOW SPRINGS NC 27592
(919) 669-4273

--- Structure Information 000 000 42X40 3BDR CRAWL W/ GARAGE & DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1114123
Issue Date 10/28/15 Valuation 198697
Expiration Date 10/27/16

Special Notes and Comments

T/S: 01/29/2010 09:25 AM RDCONTE ---
251 OMAHA / TINGEN POINT #
TAKE 27W. T/L INTO SUBDIVISION.
PREMISE # WAITING ON CUS
XX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Page 2
Date 10/28/15

Application Number 10-50023707
 Property Address 299 OMAHA DR
 PARCEL NUMBER 03-9576- - -0088- -32-
 Application description . . . CP NEW RESIDENTIAL (SFD)
 Subdivision Name TINGEN POINTE 86LOTS
 Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1114123

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___