

2-14-13

SCANNED

Application # 13500 305898  
CU#

Initial Application Date: 02/05/13

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: Milton Enterprises, Inc. Mailing Address: 3205 Highway 421 North  
City: Lillington State: NC Zip: 27546 Contact No: 910.303.1967 Email:

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

CONTACT NAME APPLYING IN OFFICE: Stephen T. Milton Phone #: 910.303.1967

PROPERTY LOCATION: Subdivision: Wade Pointe Lot #: 5 Lot Size: .88 AC.  
State Road #: State Road Name: Compass Landing Map Book & Page: 615

Parcel: 021527 0104 12 PIN: 1527-65-0412.000  
Zoning: RA-30 Flood Zone: X Watershed: W/4 Deed Book & Page: 2923 182 Power Company\*: Progress Energy

\*New structures with Progress Energy as service provider need to supply premise number 41752301 from Progress Energy.

PROPOSED USE:

- SFD: (Size 48 x 75) # Bedrooms: 3 # Baths: 2  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: Proposed Manufactured Homes: Other (specify):

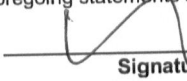
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	36 44.2
Rear	25	180.5 177.6
Closest Side	10	13.5 20
Sidestreet/corner lot	20	n/a
Nearest Building on same lot	10	n/a

Comments: 2-14-13 New Site Plan

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:** Take 421 S. to Dunn. Turn left on Ellis Ave. Continue onto 301 N towards Benson. Take right onto Hobson Rd. just past Warren Oil. Turn right at stop sign on Lane Rd. Turn left into Wade Pointe S/D approximately 1/4 after the turn at the stop sign. Turn right onto Compass Lane. The house will be the second one on the right.

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

2/5/13  
\_\_\_\_\_  
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\*\***

SITE PLAN APPROVAL SFD  
 DISTRICT BB 30 USE  
 #BEDROOMS 3  
2-14-13 VCPM  
 Date  
 Zoning Administrator

MAP REFERENCE: MAP NO. 2010-700

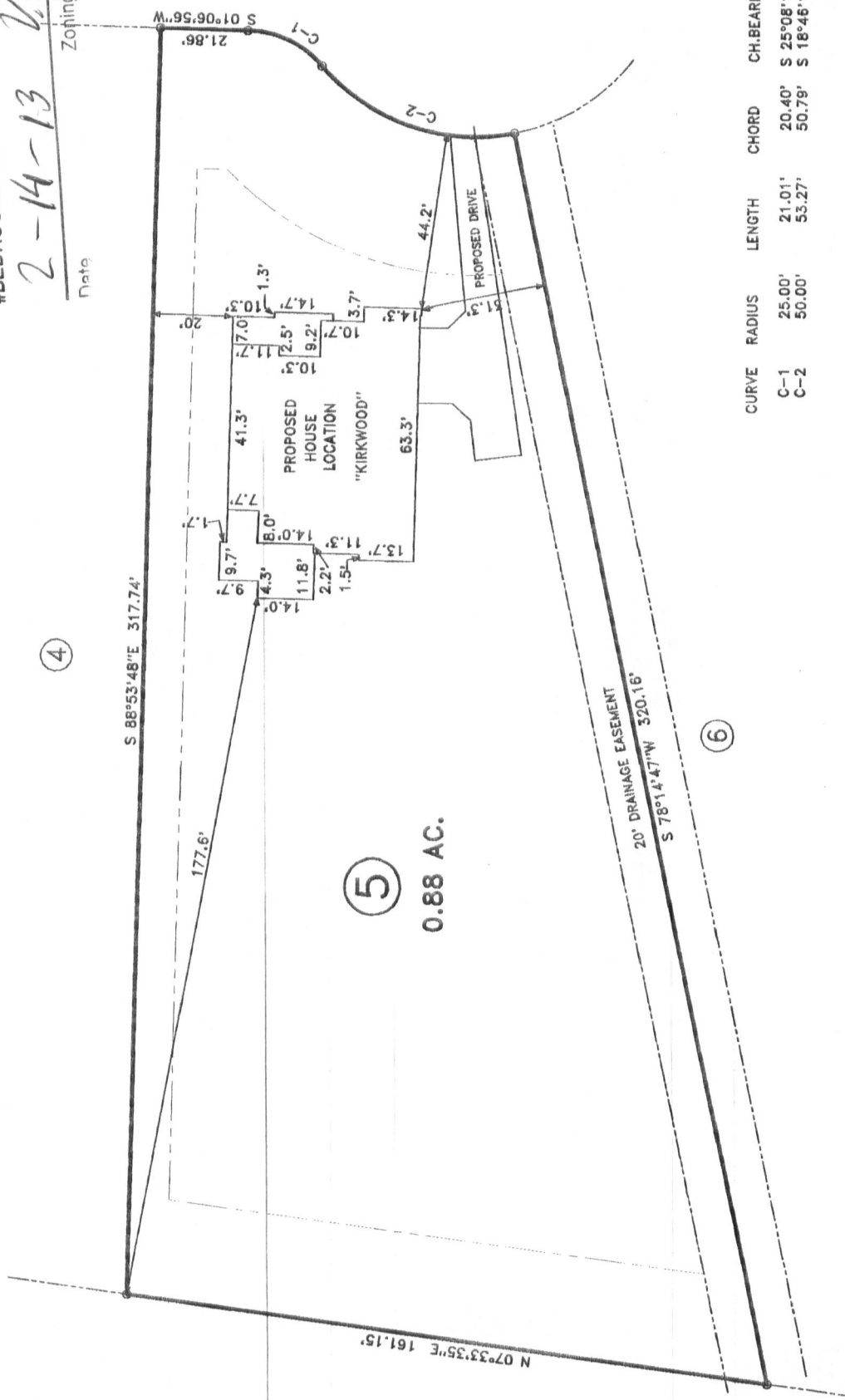
MAP NO. 2010-700

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⑤

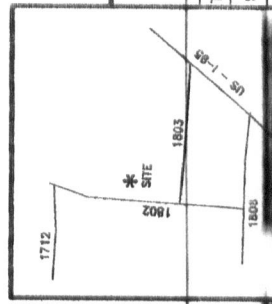
0.88 AC.

⑥



CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C-1	25.00'	21.01'	20.40'	S 25°08'19\"W
C-2	50.00'	53.27'	50.79'	S 18°46'12\"W

"COMPASS LANDING" 50' R/W



MINIMUM BUILDING SET BACKS  
 FRONT YARD ----- 30'  
 REAR YARD ----- 20'  
 SIDE YARD ----- 10'  
 CORNER LOT SIDE YARD ----- 20'  
 MAXIMUM HEIGHT ----- 30'

13-5-305-89

JOB NO # 13037

**BENNETT SURVEYS**  
 1662 CLARK RD., LILLINGSTON, N. C. 27546  
 (910) 893-8252

PROPOSED PLOT PLAN - LOT - 5  
 WADE POINTE SUBDIVISION

TOWNSHIP	AVERASBORO	COUNTY	HARNETT
STATE	NORTH CAROLINA	DATE	JANUARY 31, 2013
SURVEYED BY:		SCALE:	1" = 40'
DRAWN BY:		RVB	

FIELD BOOK  
 DRAWING

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 MILTON Enterprises, Inc. Date 2/5/13

Site Address 104 COMPASS LANDING Phone 910.303.1967

Directions to job site from Lillington TAKE 421 S. TO DUNN. TURN LEFT ON ELLIS AVE. CONTINUE ONTO 301 N. TOWARDS BENSON. TURN RIGHT ONTO HOBSON RD. TURN RIGHT ONTO LANE RD. IN 1/4 mile turn Left INTO WADE POINTE S/O

Subdivision WADE POINTE Lot 5

Description of Proposed Work NEW STICK BUILT SFD # of Bedrooms 3

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? YES Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

MILTON BUILDERS  
Building Contractor's Company Name

910.303.1967  
Telephone

3205 Hwy 421 N, Lillington, NC 27546  
Address

\_\_\_\_\_  
Email Address

72052  
License #

**Electrical Contractor Information**

Description of Work NEW SERVICE Service Size 200 Amps T-Pole  Yes  No

DAWSON'S ELECTRIC, INC.  
Electrical Contractor's Company Name

919.201.3841  
Telephone

3754 Cokesbury Rd. Fuquay Varina, NC 27526  
Address

\_\_\_\_\_  
Email Address

25948-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
CAPE FEAR AC + HEATING CO.

910.483.8790  
Telephone

Mechanical Contractor's Company Name  
1139 ROBESON ST., FAYETTEVILLE, NC 28305  
Address

\_\_\_\_\_  
Email Address

07232  
License #

**Plumbing Contractor Information**

Description of Work NEW CONSTRUCTION # Baths 2.5

WAGNER PLUMBING, INC.  
Plumbing Contractor's Company Name

910.893.3050  
Telephone

PO BOX 494, MAMERS, NC 27552  
Address

\_\_\_\_\_  
Email Address

07674  
License #

**Insulation Contractor Information**

TATUM INSULATION 519 OLD DRUG ST. RD  
Insulation Contractor's Company Name & Address  
GARNER, NC 27529

919.461.7255  
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]  
Signature of Owner/Contractor/Officer(s) of Corporation

2/5/13  
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 MILTON BUILDERS, LLC

Sign w/Title [Signature] MEMBER Date 2/5/13