Initial Application	Date	8 April	2013
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Residential Land Use Apparation

Application II	13500	310	20
	CU#_		-

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

Central Permitting

A ATTACAMA COMM.	Snyder	190 Stoppe	wheel Drive
ANDOWNER		Mailing Address:	wheel Drive
	State: NC Zip:	27222 040 004 004	shroon20@aol.com
PPLICANT*: Kristi Snyde	er I	Mailing Address: 189 Stonewheel drive	
Sanford ty:	NC.	27332 910-624-5411 Contact No.	househound@gmail.com
lease till out applicant informal	bon if different than landowner		·
	TD#7 Common Cra	ak Farme	
ROPERTY LOCATION: Su HWY 87	ibdivision:	27	Lot #:Lot Size; 22.01 Map Book & Page: 2000, 5-5
ate Road #	State Road Name:	37	Map Book & Page: 2000, 5-3
099567 0054 26		9567-94-7475.000	
RA-20M Flood Zoo	ne. Watershed: NA	PIN: 9567-94-7475.000 Deed Book & Page: 15-08,626	_Progress Energy _Power Company*:
w structures with Progres	s Energy as service provider ne	ed to supply premise number	from Progress Energy.
	(Is the bonus room finished? (yes O no w/a closel? O yes O	te Built Deck: On Frame Off Fram
	100		
		x) # Bedrooms: Garage: No. Bodrooms Per Unit	
Duplex. (Sizex_	No. Buildings:	No. Bedrooms Per Unit	
Duplex. (Sizex Home Occupation: # Ro) No. Buildings: oms:Use:	No. Bedrooms Per Unit	#Employees:
Duplex. (Sizex_ Home Occupation: # Ro		No. Bedrooms Per Unit: Hours of Operation:	#Employees:Closets in addition? (a) yes
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Other		No. Bedrooms Per Unit: Hours of Operation:	#Employees:Closets in addition? O yes O
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Other er Supply: County rage Supply: New S	Oms: Use: Use: Use: Use: Oms: Use: Oms: Use: Oms: Use: Oms: Oms: Oms: Oms: Oms: Oms: Oms: Oms	No. Bedrooms Per Unit: Hours of Operation: ew Well (# of dwellings using well	Closets in addition? yes () *Must have operable water before final lecklist) County Sewer
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Other ter Supply: County vage Supply: New Section of this tract of land	Ons: Use: Use: Use: Septic Tank (Complete Checklish	No. Bedrooms Per Unit: Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Ch	Closets in addition? yes C *Must have operable water before final lecklist) County Sewer
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Othe er Supply: County rage Supply: New S s owner of this tract of land s the property contain any	No. Buildings: orns:Use: orn (Sizex) Use:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well Existing Septic Tank (Complete Charactured home within five hundred feet (500)	#Employees:Closets in addition? \(\int \) yes \(\int \)) *Must have operable water before final lecklist) \(\int \) County Sewer (') of tract listed above? \(\int \) yes \(\int \) no
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Other er Supply: County rage Supply: New S s owner of this tract of lan s the property contain any ctures (existing or propose	No. Buildings: orns:Use: orns:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	#Employees:Closets in addition? \(\int \) yes \(\int \)) *Must have operable water before final ecklist) \(\int \) County Sewer (') of tract listed above? \(\int \) yes \(\int \) no
Duplex. (Sizex	Ons: Use: Use: Use: Septic Tank (Complete Checklist of, own land that contains a many easements whether undergrounded): Single family dwellings: Use: Use: Use: Use: Use: Use: Use: Us	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	Closets in addition? yes () *Must have operable water before final lecklist) () County Sewer () of tract listed above? () yes () no Other (specify):
Duplex. (Sizex Home Occupation: # Rol Addition/Accessory/Other er Supply: County age Supply: New S s owner of this tract of lands the property contain any ctures (existing or propose uired Residential Property Minimum	No. Buildings:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	Closets in addition? (a) yes (b) *Must have operable water before final secklist) (b) County Sewer (c) of tract listed above? (a) yes (b) no (b) Other (specify):
Duplex. (Sizex Home Occupation: # Roy Addition/Accessory/Other er Supply: County rage Supply: New Size of the property contain any chures (existing or proposite Minimum	No. Buildings:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	Closets in addition? yes () *Must have operable water before final lecklist) () County Sewer () of tract listed above? () yes () no Other (specify):
Duplex. (Sizex Home Occupation: # Ron Addition/Accessory/Other er Supply: County rage Supply: New 5 s owner of this tract of land s the property contain any ctures (existing or propose wired Residential Property Minimum	No. Buildings:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	Closets in addition? yes () *Must have operable water before final lecklist) () County Sewer () of tract listed above? () yes () no Other (specify):
Duplex. (Sizex	No. Buildings:	No. Bedrooms Per Unit Hours of Operation: ew Well (# of dwellings using well DExisting Septic Tank (Complete Charactured home within five hundred feet (500 and or overhead yes no	Closets in addition? (a) yes (b) *Must have operable water before final secklist) (b) County Sewer (c) of tract listed above? (c) yes (d) no (d) Other (specify):

LEFT ON 3	TONE WHEE	1 DRIVE	- PWITT	Disio C	CREEK FAR
		and the second section of the section of the second section of the section of the second section of the section of th			
		200000000000000000000000000000000000000	(COMP) - 1989 (AMP) - 1994 (AMP		
rrists are granted I agree to c	onform to all ordinances a	and laws of the State	of North Carolina regula	ting such work and the s	pecifications of plans submit se information is provided.

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"

BRAD + KRISTI SWYDER 910-624-5411 910-624-5381 PID 099567 0054 18 PIN 9567-95-1432,000

NAME: PRF	AD SUYDER	APPLICATION #:
INAMES.		Live for a conting system inspection *
	This application to be filled out when	applying for a septic system inspection.
County Hea	ilth Department Application for Impr	ovement Permit and/or Authorization to Construct ANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ANGED, THE SITE IS ALTERED, THEN THE IMPROVEMENT ANGED, THE SITE IS ALTERED, THEN THE IMPROVEMENT
IF THE INFORMAT	TION IN THIS APPLICATION IS FALSIFIED, CHA	INVALID. The permit is valid for either 60 months or without expiration
PERMIT OR AUTH	umentation submitted. (Complete site plan = 60 mon	ths: Complete plat = without expiration)
depending upon doci	-7525 option 1	CONFIRMATION #
V = duament	tal Haalth Many Cantia System Code 800	
All prop	ntal Health New Septic System Code 800 erty irons must be made visible. Place	"pink property flags" on each corner from or lot. All property
Illiana a massa	at he clearly flagged approximately every 5	teet netween comers.
Diago "or	range house corner flage" at each corner of	the proposed structure. Also liag driveways, garages, decks,
DI	and Environmental Health card in location	site plan developed at/for Central Permitting. that is easily viewed from road to assist in locating property.
16	wie thickly weeded Environmental Health	requires that you clean out the undergrowth to allow the soil
avaluation	n to be performed. Inexpectors should be at	ale to walk freely around site. Do not grade property.
411 1-4-4	a ha addressed within 10 husiness days	after confirmation, \$25.00 feturii trip fee iliay be lifeuited
for follow	a to unacular outlet lid mark house corn	are and property lines, etc. once lot confirmed ready.
A (1	work party and site call the voice permitting	a evetam at 910-893-7525 oblion 1 to schedule and use code
800 (after	r selecting notification permit if multiple per	mits exist) for Environmental Health inspection. Hease note
confirmati	ion number given at end of recording for pro	oof of request.
 Use Click 	2Gov or IVR to verify results. Once approv	ed, proceed to Central Permitting for permits.
Environment	tal Health Existing Tank Inspections Coo	e 800
F-II-mak	ave instructions for placing flags and card of	n property.
 Prepare for possible) 	or inspection by removing soil over outlet and then put lid back in place . (Unless ins	end of tank as diagram indicates, and lift lid straight up (if spection is for a septic tank in a mobile home park)
MO MOTI	EAVELING OFF OF CEPTIC TANK	
 After unco 	overing outlet end call the voice permitting	system at 910-893-7525 option 1 & select notification permit
if multiple	permits, then use code 800 for Environr	nental Health inspection. Please note confirmation number
airen at al	nd of recording for proof of request.	
 Use Click2 	2Gov or IVR to hear results. Once approved	, proceed to Central Permitting for remaining permits.
EPTIC	the state of the s	troo(s); can be ranked in order of preference, must choose one
f applying for autho	rization to construct please indicate desired system	type(s): can be ranked in order of preference, must choose one.
Accepted	{_}} Innovative {∑} Convent	
} Alternative	{}} Other	
he applicant shall nuestion. If the answ	notify the local health department upon submittation is "yes", applicant MUST ATTACH SUPP	of this application if any of the following apply to the property in ORTING DOCUMENTATION :
YES (_) NO		
_}YES {\\Rightarrow NO	Do you plan to have an <u>irrigation system</u>	now or in the future?
_)YES (≥ NO		
IVES I VINC	Are there any existing wells, springs, wat	erlines or Wastewater Systems on this property?

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. BARKIS DATE

Is any wastewater going to be generated on the site other than domestic sewage?

Does the site contain any existing water, cable, phone or underground electric lines?

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

(NO

NO

NO NO

[HNO

{_}}YES

{_}}YES

{_}}YES

{_}}YES

CONTRACT PROMISEMS - JUNIVER Brode (105 E FRONTST LITTINOTENING 2754 Application # 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 whomæ∨∉ performing work Must be owner or licensed contractor Address company Application for Residential Building and Trades Permit name & p. hole must match Ovner's Name Phone Directions to job site from Lillington d Lot Description of Proposed Work # of Bedrooms Finished Bonus Room? Crawl Space _ Heated SF Unheated SF General Contractor Information resign Building Contractor's Company Name Telephone 1105 FOR HOLLOW Caminal Address 988 **Email Address** Electrical Contractor Information

C+ OB Service Size 400 Amps T-Pole Vyes No Description of Work To 910-639-7934 Telephone Electrical Contractor's Company Name 300 LHU U Email Address Address Mechanical/HVAC Contractor Information Mechanical Contractor's Company Name Telephone 132 West Gotte DVI, Ox3 Address Email Address Plumbing Contractor Information Description of Work 1 Maran Plumbing Contractor's Company Name Telephone Email Address Address License # Insulation Contractor Information 800-408-1012 Insulation Contractor & Company Name & Address 11 cust# 200000041733

*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 Owner/Contractor/Officer(s) of Corporation Signature g 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 Camula

Company or Name

Camula Sign w/Title

DO NOT REMOVE!

Detail s Appointment of Lien Agent

Entry #: 125905

Filed on: 04/21/2014

Initially filed by: Camina1Design

Designated Lien Agent

Old RepublicNational Title Insurance Company

Online: www.liensnc.com

Address: 9 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 88-690-7384

Fax: 9 13-489-5231

Email: suport@liensnc.com

Project Property

TR#7 Cypress Creek Farms 1889 Dino Cr Sanford, NC 27332 Harnett County

1-2 Family Dwelling

Property Type

Date of First Furnishing

04/21/2014

Owner Information

Bradley & Kristi Snyder 189 Stonewheel Dr Sanford, NC 27332 United States

Email: cam ina-susan@nc.rr.com

Phone: 910-695-4271

View Comments (0)

Technical Support Hotline: (888) 690-7384



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.

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 13-50031020 Date 10/23/14

Property Address 92420 *UNASSIGNED

Property Zoning RES/AGRI DIST - RA-20M

Owner

Contractor

SNYDER BRADLEY & KRISTI 189 STONEWHELL DRIVE NC 27332 SANFORD

CAMINA DESIGN & CONSTRUCTION,

NC 28374

SFD

165 FOX HOLLOW RD PINEHURST

(910) 695-4271

Applicant

_______ SNYDER BRADLEY J & KRISTI

Structure Information 000 000 32X60 3BDR 3BATH SFD W GAR DECK

Flood Zone FLOOD ZONE X

Other struct info # BEDROOMS 3.00 PROPOSED USE

SEPTIC - EXISTING? NEW TANK

WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1030410
Issue Date . . . 10/23/14 Valuation . . . 225841
Expiration Date . . 10/23/15

Special Notes and Comments

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

INSULATION AND LAND USE.

Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations T/S: 04/09/2013 12:51 PM VBROWN ----OFF OF DINO COURT SANFORD 27332. 27W, 8 7N, LEFT ON CALVERY CH RD, LEFT ON CYPRE

SS CREEK FARM RD, LEFT ON STONEWHEEL DRI

VE, RIGHT ON DINO COURT.

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day.

Paqe

Date 10/23/14 Application Number 13-50031020 Property Address 92420 *UNASSIGNED

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1030410

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		<u> </u>
	20-30	814	A814	ADDRESS CONFIRMATION		//
	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		<u> </u>
	50-60	329	R329	THREE TRADE FINAL		//
	50-60	229	R229	TWO TRADE FINAL		//
	999		H824	ENVIR. OPERATIONS PERMIT		/ / /