

Initial Application Date: 7-1-13

Application # 13500311043

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: Matthew & Carra McLane Mailing Address: 60 Country Meadow Lane
City: Coots State: NC Zip: 27521 Contact No: 910 890 3749 Email: _____

APPLICANT: Robbie Pope Mailing Address: 1305 Wellons Ave
City: Dunn State: NC Zip: 28334 Contact No: 919 868 2912 Email: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Robbie Pope Phone # 919 868 2912

PROPERTY LOCATION: Subdivision: Renaissance Avery Lot #: 1 Lot Size: .90 AC
State Road # 2101 State Road Name: Crawford Rd Map Book & Page: 2013/116
Parcel: 070599 0075 01 PIN: 0599-02-9627-000
Zoning: RA3 Flood Zone: X Watershed: NA Deed Book & Page: 03109 1 0565 Power Company*: Progress

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

PROPOSED USE:

- SFD: (Size 71 x 29) # Bedrooms: 4 # Baths: 3 Basement(w/w 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/w 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

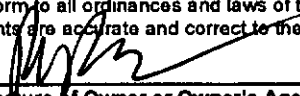
Does the property contain any easements whether underground or overhead yes no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:	Comments: _____
Front Minimum <u>35</u> Actual <u>125</u>	_____
Rear <u>25</u> <u>73</u>	_____
Closest Side <u>10</u> <u>30/38</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.



Signature of Owner or Owner's Agent

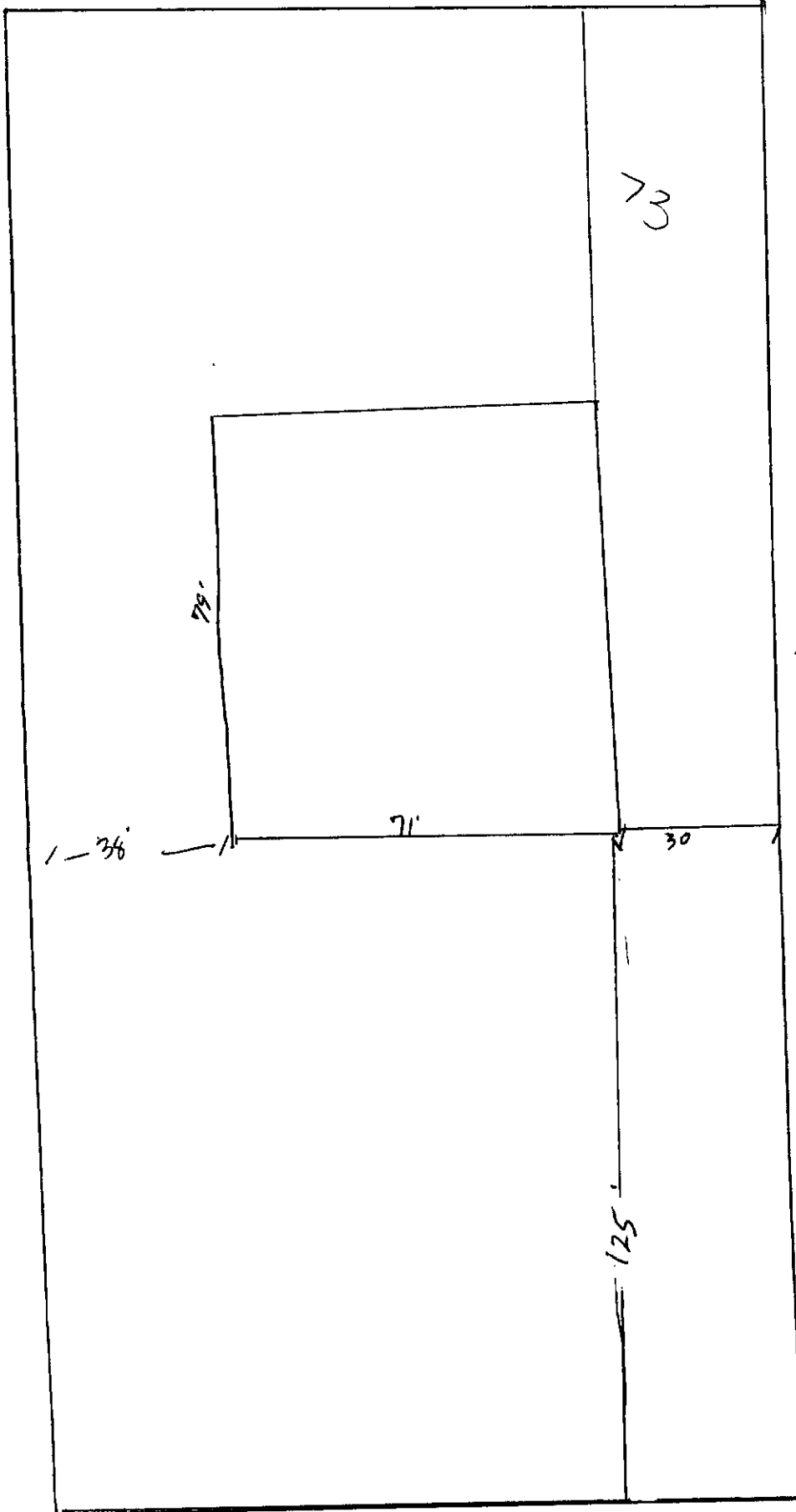
11/1/13
Date

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****

140'

30 scale



SITE PLAN APPROVAL

DISTRICT R400 USE SFD

#BEDROOMS 4

Date 7-1-13

Zoning Administrator

140'

Crawford Rd # SR # 2004

NAME: _____

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 _____

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7/1/13
DATE

Harnett County Central Permitting

PO Box 85 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 Matthew E Cerro McLamb Date

Site Address Phone

Directions to job site from Lillington HWY 421 towards Dunn, (LH) onto Crawford rd., approx 2 miles on (LH) at Harvell Rd. Intersection

Subdivision N/A Lot

Description of Proposed Work New Home SFD # of Bedrooms

Heated SF Unheated SF Finished Bonus Room? Yes Crawl Space Yes Slab

General Contractor Information

Pope Builders (Robbie Pope)

919 868 2912

Building Contractor's Company Name

Telephone

1305 Wellone Ave, Dunn NC 28334

roberti.pope@yahoo.com

Address

Email Address

60584

License #

Electrical Contractor Information

Description of Work New home Service Size 200 Amps T-Pole Yes No

Electrical Solutions

910-892 2452

Electrical Contractor's Company Name

Telephone

902 Friendly Rd

electricalsolutionsnc@gmail.com

Address

Email Address

22659 L

License #

Mechanical/HVAC Contractor Information

Description of Work New Home

BES Air Conditioning

919 844 5151

Mechanical Contractor's Company Name

Telephone

5446 Elevation Rd. Benson, 27504

Email Address

Address

4256

License #

Plumbing Contractor Information

Description of Work New Home # Baths 3

J.C. Wilkins Plumbing

Telephone

Plumbing Contractor's Company Name

Email Address

440 Massengill Pond Rd. Angier 27501

Address

10421 P1

License #

Insulation Contractor Information

Insulating Inc. Telephone

Insulation Contractor's Company Name & Address

*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 of Owner/Contractor/Officer(s) of Corporation

7/1/13

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 Pope Builders

Sign w/Title  owner Date 7/1/13

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 22502

Filed on: 06/26/2013

Initially filed by: robertipope

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 919-489-5231

Email: support@liensnc.com**Project Property**deed book 03109 page0565
Tax Map: 2013, Block: 116, Lot: 01
2101 Crawford Rd
Coats, NC 27521

Tax Parcel ID: 0599-02-9627

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.

Property Type

1-2 Family Dwelling

none to date

Notification Alert Emails:

1. robertipope@yahoo.com

Date of First Furnishing

2013-07-01

Owner InformationMatthew and Carra McLamb
60 Country Meadow Lane
Coats, NC 27521
Phone: 910-890-3749**Contractor Information**Robert Pope
1305 Wellons Ave
Dunn, NC 28334
Email: robertipope@yahoo.com
Phone: 919-868-2912

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 13-50031643 Date 7/23/13
Property Address 2101 CRAWFORD RD
PARCEL NUMBER 07-0599- - -0075- -01-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner

MCLAMB MATTHEW & CARRA
60 COUNTRY MEADOW LANE
COATS NC 27521

Contractor

POPE ROBERT
1305 N WELLONS AVE
DUNN NC 28334
(919) 868-2912

Applicant

POPE ROBBIE
1305 WELLONS AVE
DUNN NC 28334
(919) 868-2912

--- Structure Information 000 000 71X79 4BDR CRAWL W/ GARAGE
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc
Phone Access Code 991422
Issue Date 7/23/13 Valuation 211677
Expiration Date 7/23/14

Special Notes and Comments

T/S: 07/01/2013 02:30 PM JBROCK ----
CRAWFORD RD IN COATS - ADDRESS 2101
CRAWFORD RD
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.

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PARCEL NUMBER	07-0599- - -0075- -01-		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	991422		

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	_____	___/___/___
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	_____	___/___/___