

Initial Application Date: 7-3-13

Application # 13500 31658

CU# \_\_\_\_\_

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: Bernard F. Young Mailing Address: 3485 Johnston County Road  
City: AWG, NC State: NC Zip: 27501 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

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

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 1 Lot Size: 1  
State Road # \_\_\_\_\_ State Road Name: 45 401 Map Book & Page: 2003, 1817  
Parcel: 08 0652 0092 05 PIN: 0651 17 4469,000  
Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 2725, 624 Power Company\*: \_\_\_\_\_  
New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

PROPOSED USE:  
SFD: (Size 45x33.6) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck: 12x14 Crawl Space:  Slab: \_\_\_\_\_ Monolithic 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

Waste Water 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
<u>35</u>	<u>55</u>
<u>25</u>	
<u>10</u>	<u>32</u>
Street/corner lot	
Closest Building	
Same lot	

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N. 2 1/2 MILES FROM HOSPITAL  
CLASSIC COVE

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.

Bernard J. York  
Signature of Owner or Owner's Agent

7-3-13  
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 FOR:**  
**BERNARD F. YOUNG and wife, JOYCE K. YOUNG**  
 3465 Johnston County Road, Angier, N.C. 27501

**HECTOR'S CREEK TWP., HARNETT COUNTY, N.C.**

**DRAWN BY: JOYNER PIEDMONT SURVEYING**

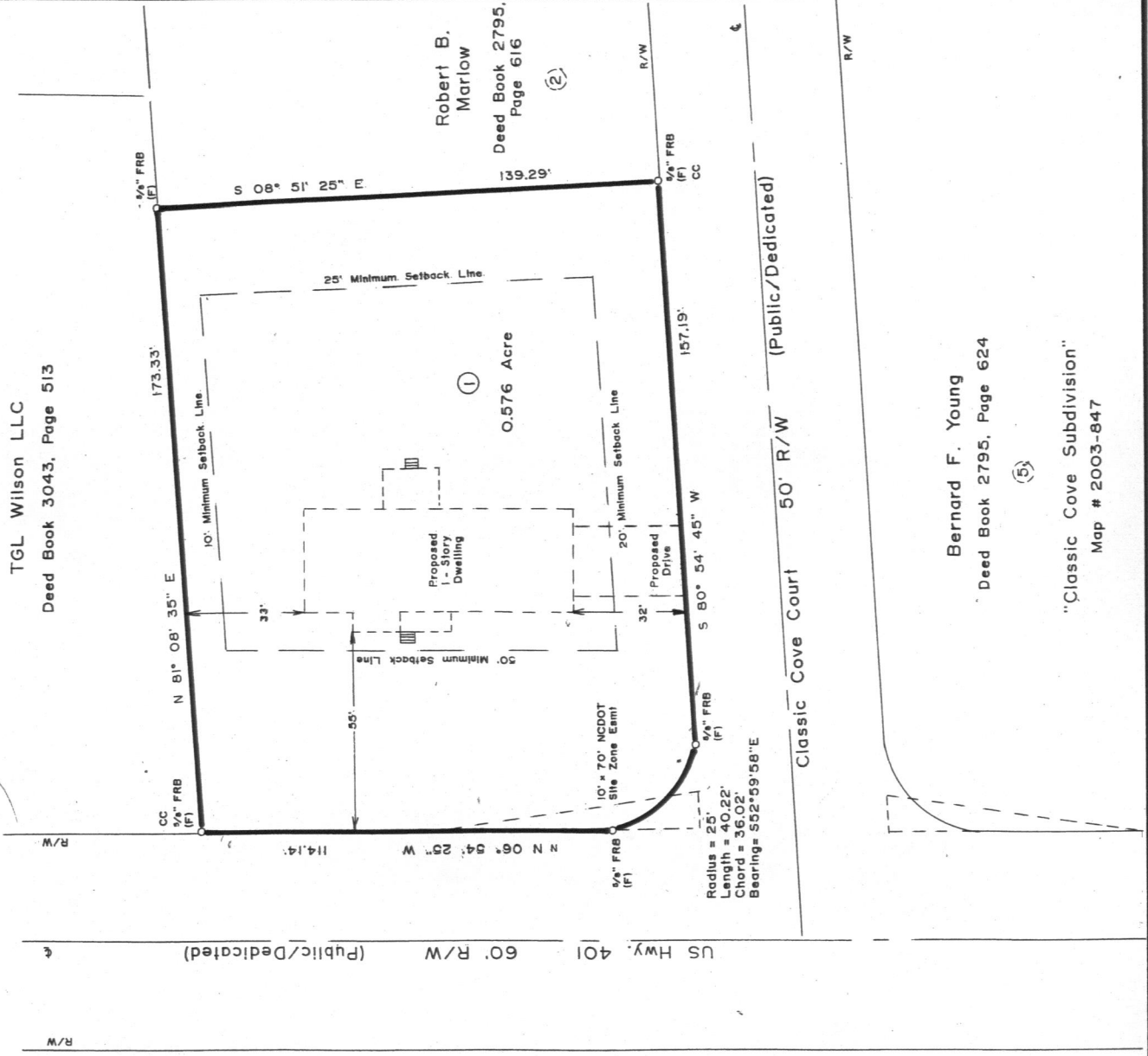
License No. F-0712  
 105 East Cumberland Street, P.O. Box 115, Dunn, N.C. 28334  
 Phone (910) 892-2511

**ZONE: RA-30 FEBRUARY 15, 2013 SCALE: 1" = 30'**



NOTE: Deed Reference: Lot No. 1 of "Classic Cove Subdivision"  
 Map # 2003-847  
 Deed Book 2795, Page 624  
 PIN # 0651-17-4469,000

**TGL Wilson LLC**  
 Deed Book 3043, Page 513



**Bernard F. Young**  
 Deed Book 2795, Page 624

"Classic Cove Subdivision"  
 Map # 2003-847

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.

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. 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.

*Bernard Young*

*7-3-13*

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE



09/09/11

Application #

1350031058

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 BERNARD F. YOUNG Date
Site Address 146 Old Stage Road Lillington NC Phone 919 639 2934
Directions to job site from Lillington 210 EAST RUSCHOFF ROAD TO Old Stage Road Go Right House on Left

Subdivision Description of Proposed Work SPICE # of Bedrooms 2
Heated SF Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information

LM Langdon 919-422-6946
Building Contractor's Company Name Telephone
150 Lansing Dr. Benson NA
Address Email Address
55716

Electrical Contractor Information

Description of Work SPIC House Service Size Amps T-Pole Yes No
R.A. JACKSON Electric Inc 919 894 5367
Electrical Contractor's Company Name Telephone
9261 Raleigh Road Benson NC 27504
Address Email Address
21144
License #

Mechanical/HVAC Contractor Information

Description of Work New House
Boonley Heat & Air Inc 919 894 4248
Mechanical Contractor's Company Name Telephone
577 W. Lane Coats NC 27521
Address Email Address
9497
License #

Plumbing Contractor Information

Description of Work New House # Baths 1
Mike Smith Plumbing 919 639 3117
Plumbing Contractor's Company Name Telephone
109 AdLit 20 Lane Angier, NC 27501
Address Email Address
18200
License #

Insulation Contractor Information

Insulation Inc Raleigh NC 919 772 9000
Insulation Contractor's Company Name & Address 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

Bernard F. Young  
Signature of Owner/Contractor/Officer(s) of Corporation

8/13/12  
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 Bernard F. Young

Sign w/Title \_\_\_\_\_ Date 8/13/12

Plan Box # C-1

Date 4-1-14

Job Name Bernard Young

App # 1350031658

Valuation 127,734

Heated SQ Feet 1342

Garage 624

1966

**Inspections for SFD/SFA**

**Crawl** \_\_\_\_\_

**Slab** \_\_\_\_\_

**Mono** \_\_\_\_\_

**Basement** \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

**Foundation Survey** \_\_\_\_\_

**Envir. Health** \_\_\_\_\_

**Other** \_\_\_\_\_

**Additions / Other**

**Footing** \_\_\_\_\_

**Foundation** \_\_\_\_\_

**Slab** \_\_\_\_\_

**Mono** \_\_\_\_\_

**Open Floor** \_\_\_\_\_

**Rough In** \_\_\_\_\_

**Insulation** \_\_\_\_\_

**Final** \_\_\_\_\_

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

Entry #: 120808

Filed on: 04/09/2014

Initially filed by: spope

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://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](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)**Project Property**Lot 1, Classic Cove, Map No. 2003-847  
15 Classic Cove Ct.  
Fuquay-Varina, NC 27526  
Harnett County**Property Type**

1-2 Family Dwelling

**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.

**Owner Information**Bernard F. Young and Joyce K. Young  
3485 Johnston County Road  
Angier, NC 27501  
United States  
Email: [spope@popeandpope.com](mailto:spope@popeandpope.com)  
Phone: 919-902-1173**Date of First Furnishing**

08/26/2013

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.

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Application Number . . . . .	13-50031658	Date	4/09/14
Property Address . . . . .	15 CLASSIC COVE CT		
PARCEL NUMBER . . . . .	08-0652- - -0092- -05-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	CLASSIC COVE		
Property Zoning . . . . .	UNZONED		

Owner

Contractor

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YOUNG BERNARD & JOYCE  
 3485 JOHNSTON COUNTY RD  
 ANGIER NC 27501  
 (919) 639-2934

OWNER

Applicant

-----

YOUNG BERNARD F #1

--- Structure Information 000 000 45X.2X33.6 3BDR 2BATH SFD W GAR DECK CRL  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW TANK  
 WATER SUPPLY COUNTY

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Permit . . . . .	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1027341		
Issue Date . . . . .	4/09/14	Valuation . . . . .	127734
Expiration Date . . . . .	4/09/15		

Special Notes and Comments

T/S: 07/03/2013 02:12 PM VBROWN ----  
 401N AND CLASSIC COVE COURT. US 401N  
 ON THE CORNER OF 401 AND CLASSIC COVE  
 COURT.  
 T/S: 04/08/2014 03:23 PM VBROWN ----  
 PREMIS NUMBER 77593118  
 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

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\_\_\_\_\_

\_\_\_\_\_

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 . . . . .	13-50031658	Page	2
Property Address . . . . .	15 CLASSIC COVE CT	Date	4/09/14
PARCEL NUMBER . . . . .	08-0652- - -0092- -05-		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	CLASSIC COVE		
Property Zoning . . . . .	UNZONED		
Permit . . . . .	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc . .			
Phone Access Code .	1027341		

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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___