

Initial Application Date: 09/26/13

Application # 1350032208

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: 9196694273 Email: DUCKBURG1@GMAIL.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 # 9196694273

PROPERTY LOCATION: Subdivision: TROTTER'S BLUFF AT FOX RUN Lot #: 39 Lot Size: .69 AC.

State Road # 421 State Road Name: PRAIRIE LN Map Book & Page: 2013 227

Parcel: 030507006738 PIN: 9597-93-4157.000

Zoning: RA20R Flood Zone: NO Watershed: NO Deed Book & Page: 03145 10919 Power Company*: PROGRESS DUKE

*New structures with Progress Energy as service provider need to supply premise number 34220657 from Progress Energy.

PROPOSED USE:

SFD: (Size 48 x 38) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): N Garage: Y Deck: PAT. Crawl Space: _____ Slab: Y 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: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 39
Rear 25 185
Closest Side 10 30
Sidestreet/corner lot NA NA
Nearest Building on same lot NA NA

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27W, LT AT DDC'S RD,
RT AT PRAIRIE LN. LOT ON LT IN NEW SECTION.

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] PRES. 09/24/13
Signature of Owner or Owner's Agent 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

LOT 39 PLAN # 1940
SCALE 1" = 40'

The Lines

Note 'C'

N

S 0.96' EIP

591.71' Total

S 0.84' EIP

S 0.70' EIP

96'

105.93 MBS

108.25'

105.97' MBS

0.68 Acre

Calculated by
Coordinate Method

S 08°06'27"E 278.59' Total

261.12'

41

0.70 Acre

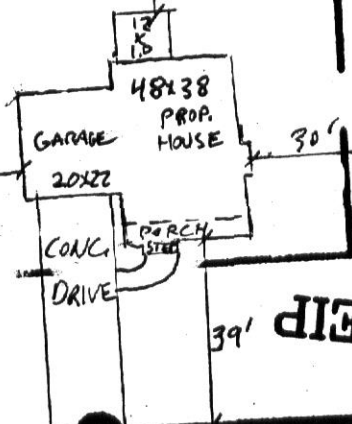
Calculated by
Coordinate Method

S 09°59'25"E 273.65' Total

259.11'

10.22'

3



14.58'

C-2

MBS

L-3 L-11

LOT 25-801

R/W, Paved

Lane 6" WL

NAME: SOUTH-SCAN, INC-BERT K.

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.

Bj [Signature] PRES.
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

09/26/13
 DATE

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 SOUTH-SCAN, INC Date 11/07/13
Site Address _____ Phone _____
Directions to job site from Lillington 27W, Lt. ON DOC'S RD., R.T. ON PRAIRIE LN.
TO NEW SECTION.

Subdivision TROTTER'S BLUFF AT FOX RUN. Lot 39
Description of Proposed Work NEW S.F. RESIDENTIAL + ATT. GARAGE # of Bedrooms 4
Heated SF 1940 Unheated SF 572 Finished Bonus Room? Y Crawl Space _____ Slab X

General Contractor Information

SOUTH-SCAN, INC. 919 669 4273
Building Contractor's Company Name Telephone
3128 GOLD DUST LN WILLOW SPRING NC 27592 DUCKBURG7@GMAIL.COM
Address Email Address
36169

License #

Electrical Contractor Information

Description of Work NEW S.F. CONST. Service Size 200 Amps T-Pole X Yes _____ No _____
RST ELECTRIC 919 291 8766
Electrical Contractor's Company Name Telephone
3376 ZACKS MILL RD. ANGIER 27501
Address Email Address
22446-1

License #

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-HZ + 3CL-77674

License #

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

License #

Insulation Contractor Information

TATUM INSULATION INC 910 862 5958
Insulation Contractor's Company Name & Address Telephone
83 WILLARD TATUM RD. ELIZABETH TOWN, NC 28337

*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

BY JR PRES.

11/07/13

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

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 SOUTH-SCAN, INC

Sign w/Title BY JR PRES.

Date 11/07/13

Appointment of Lien Agent

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Email: support@liensnc.com

Fax: (919) 489-5231

Technical Support Hotline (888) 690-7384

Entry Number: 56897

Filed by: duckburg1@gmail.com

Payment Amount: \$25.00

Filing Date: 10/17/2013



Owner Information

South-Scan, Inc.

3128 Gold Dust Ln

Willow Spring NC 27592

United States

duckburg1@gmail.com 919-669-4273

Project Property

421 Prairie Ln

Map: 2013-227

Lillington

Block:

NC 27546

Lot: 39

030507006738

Property Type: 1-2 Family Dwelling

Original Contractor

South-Scan, Inc.

3128 Gold Dust Ln

Willow Spring NC 27592

duckburg1@gmail.com 919-669-4273

Date of First Furnishing

Pre-Permit Workers

none

Pre-Permit Worker Emails

duckburg1@gmail.com

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 13-50032208 Page 2
 Property Address 421 PRAIRIE LN Date 11/14/13
 PARCEL NUMBER 03-0507- - -0067- -38-
 Application description CP NEW RESIDENTIAL (SFD)
 Subdivision Name TROTTER'S RIDGE PH2B 23LOTS
 Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1008259

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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
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	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Owner Contractor

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

Applicant

SOUTH SCAN INC #39
3128 GOLD DUST LN
WILLOW SPRINGS NC 27592
(919) 669-4273

--- Structure Information 000 000 48X38 4BDR SLAB 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 . . 1008259
Issue Date 11/14/13 Valuation 0
Expiration Date . . . 11/14/14

Special Notes and Comments
T/S: 09/27/2013 10:25 AM JBROCK ----
TROTTERS BLUFF @ FOX RUN #39
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

Plan Box # File

Date 11-7-13

Job Name South Scan

App # 32208

Valuation 154827

SQ Feet 2383

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 _____