

SCANNED

Initial Application Date: 10-16-13
09/26/13

Application # 1350032209R

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 #: 41 Lot Size: .70AC

State Road # 443 State Road Name: PRAIRIE LN. Map Book & Page: 2013 | 227

Parcel: 030507006740 PIN: 9597-93-3145.000

Zoning: RA-20R Flood Zone: NA Watershed: NA Deed Book & Page: 31450919 Power Company*: PROGRESS DUKE

*New structures with Progress Energy as service provider need to supply premise number 64415176 from Progress Energy.

PROPOSED USE:

SFD: (Size 36 x 36) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): NA Garage: V Deck: NA Crawl Space: _____ Slab: X Slab: _____
(Is the bonus room finished? (NA) yes (NA) 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: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: X 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 (X) no

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

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

Required Residential Property Line Setbacks:


Front	Minimum	<u>35</u>	Actual	<u>39 59</u>
Rear		<u>25</u>		<u>185 165</u>
Closest Side		<u>10</u>		<u>36 21</u>
Sidestreet/corner lot		<u>NA</u>		<u>NA</u>
Nearest Building on same lot		<u>NA</u>		<u>NA</u>

Comments: 10-15-13 Rev More Home Per FH

11-11-01

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27W, LT AT DUC'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 of Owner or Owner's Agent

09/24/13
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

REVISED

13-500 32209

LOT # 41 PLAN # 1501
SCALE 1"=40'

SITE PLAN APPROVAL

DISTRICT RAZOR USE SFP

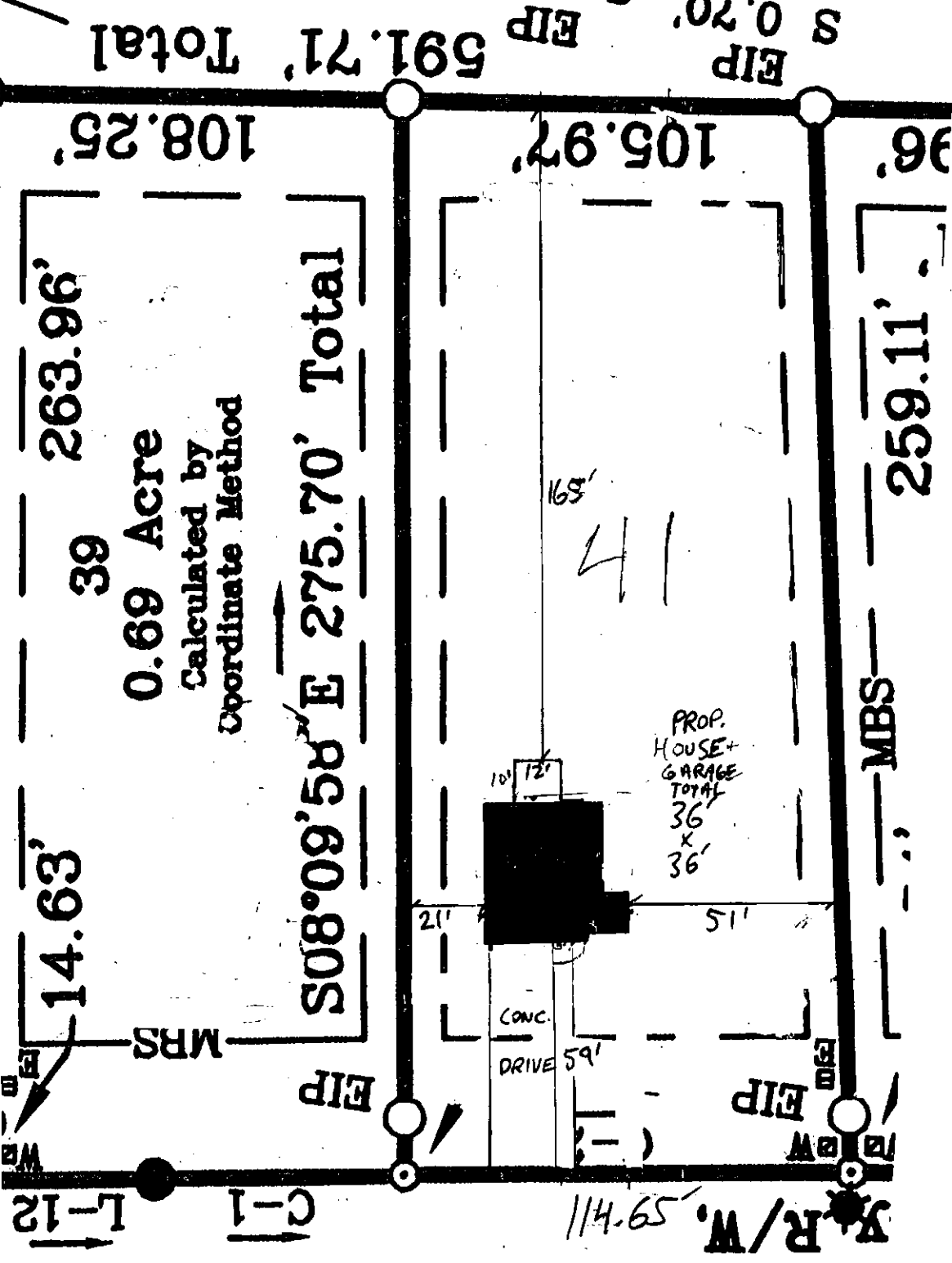
#BEDROOMS 3

Date 10-16-13

V.L.A.
Zoning Administrator

~~The Lines~~

Note: S 0.70' EIP
S 0.84' EIP



09/09/11

Application #

13-50032209

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

Willard
10.23.13

Owner's Name SOUTH-SCAN, INC. Date 10/23/13
Site Address 443 PRAIRIE LN, LILLINGTON NC 27546 Phone 919 669 4273
Directions to job site from Lillington NC 27 WEST, LT. AT DOCS RD, RT. AT PRAIRIE LN TO NEW SECTION, LOT 41 ON LH.

Subdivision TROTTER'S BLUFF AT FOX RUN Lot 411
Description of Proposed Work NEW RES. SF. CONST W GARAGE # of Bedrooms 3
Heated SF 1501 Unheated SF 528 Finished Bonus Room? NO 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 27592 DUCKBURG1@GMAIL.COM
Address Email Address
36169

License #

Electrical Contractor Information

Description of Work NEW RES. 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. HANGIER 27501
Address Email Address
22446-1

License #

Mechanical/HVAC Contractor Information

Description of Work NEW RES. CONST.
JONES B JONES HEATING & AIR, INC. 910 424 7702
Mechanical Contractor's Company Name Telephone
5217 MARRACCO DR., HOPE MILLS 28348
Address Email Address
2984-H2 B 3C1-11614

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
85 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 [Signature] PRES.
Signature of Owner/Contractor/Officer(s) of Corporation

10/23/13
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 SOUTH-SCAN, INC

Sign w/Title BY [Signature] PRES. Date 10/23/13

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: 56865

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

443 Prairie Ln

Map: 2013-227

Lillington

Block:

NC 27546

Lot: 41

030507006740

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