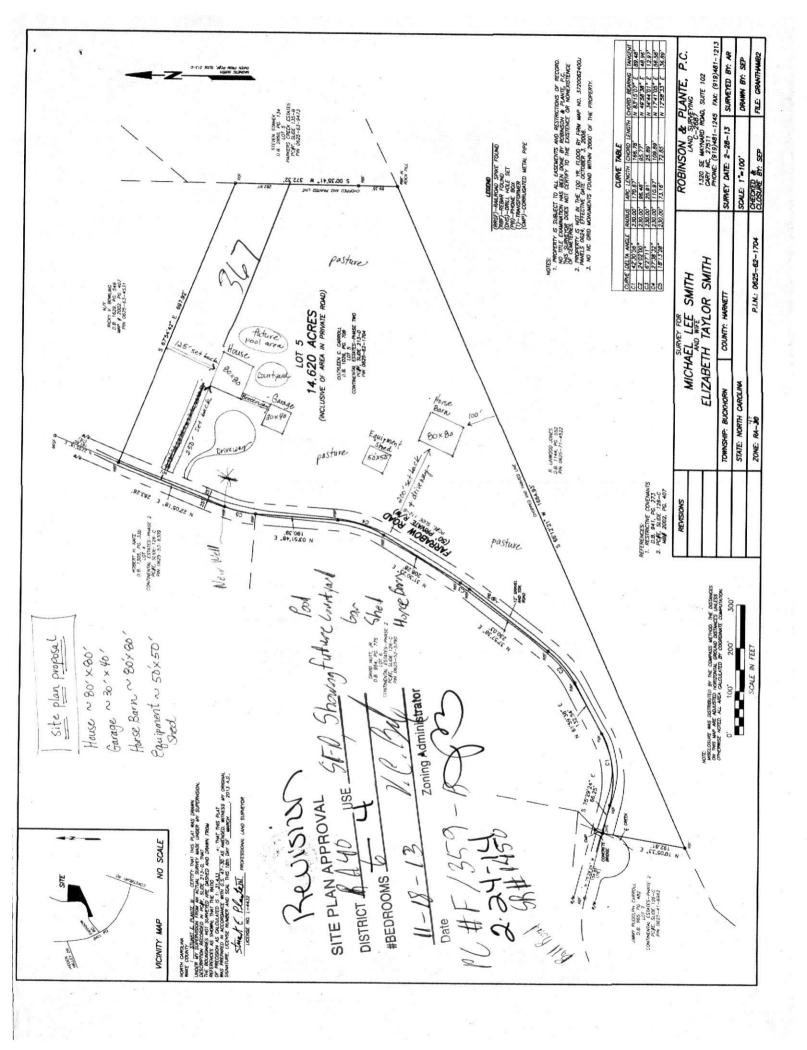
*Initial Application Date: # - 18 - 13
CU#COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION."
LANDOWNER: Michael & Elizabetu Smita Mailing Address: 9004 Aspen Glen Ct.
City: Fuguray Varina State: NC zip: 27526 Contact No: 336-260-164 Email: bethsmith 478 Cogmail.com
City. Thattay Variable State. 19 Sta
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: Continental Est Lot #: 5 Lot Size: # 2
State Road # 145 State Road Name: Ball Map Book & Page: #E 126C+F2131
Parcel: 05 0624 2016 06 PIN: 0625 62 1704,000
Zoning: KAYO Flood Zone: Watershed: WA Deed Book & Page: 31071 185 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:  SFD: (Size 80 x 80) # Bedrooms: 4 Baths: 4 Basemen (w) wo bath): 6 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: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) 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 (V) yes (_) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): -   detached garag
Required Residential Property Line Setbacks: Comments: "I equipment She
Front Minimum 36 Actual 50 22414- Keulsium on # 0+ BDRS
Rear <u>28</u> <u>36/</u> <u>to (4) -NO I-ea</u>
Closest Side 10 125
Sidestreet/corner lot
Nearest Buildingon same lot
Residential Land Use Application Page 1 of 2 03/11  APPLICATION CONTINUES ON BACK

SCANNED

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*



NAME: Michael & Elizabeth Snitu 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 FALSTED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT THE INFORMATION IN THIS APPLICATION IS FALSTED, THE PROPERTY IS valid for either 60 months or without expirate the property of the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the permit is valid for either 60 months or without expirate the first or without e
THE OR ATTENDED ATTOM TO CONCERD IT SHALL RECTIME INVALID. THE DELIM IS TAILED OF WHITE OF WHITE OF WHITE
depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1  CONFIRMATION #
V = wisemmental Health New Centic System Code 800
All property irons must be made visible. Place "pink property flags" on each corner from or lot. All prop
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, dec
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<ul> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property</li> <li>If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the</li> </ul>
inaportore english to walk treety alound site. Do not grade property.
• All lots to be addressed within 10 business days after confirmation, \$25.00 return the fee may be incur-
the voice permitting every at 910-093-7525 upitott 1 to schedule and use co
con (after selecting notification permit if multiple permits exist) for Environmental regular inspection.
<ul> <li>Confirmation number given at end of recording for proof of request.</li> <li>Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.</li> </ul>
Environmental Health Existing Tank Inspections Code 800
<ul> <li>Follow above instructions for placing flags and card on property.</li> <li>Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up</li> </ul>
Prepare for inspection by removing soil over outlet end of tank as diagram medicines, and inthe straight appossible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
A A MARI PAUP MAA ARR AR ARRING TANK
<ul> <li>After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 &amp; select notification permit multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation numbers</li> </ul>
above at and of recording for proof of regulact
<ul> <li>Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.</li> </ul>
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 {} Any
2  Alternative {_} Other
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property is question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
V
YES (_) NO Do you plan to have an <u>irrigation system</u> now or in the future?
[_]YES [\( \sum \) NO Does or will the building contain any drains? Please explain
YES (XNO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {\rightarrow} 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 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 City Association of That A Complete Site Evaluation Can Be Performed.
9/12/16/15
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

## **Harnett County Department of Public Health**

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION
Michael & Elizabetu Smitu (336) 260-1164.  Applicant/Owner Phone Number 9004 Aspen Glen Ct. Fuguay Varina, NC 27526  Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:  1. existing and/or proposed property lines and easements with dimensions;  2. the location of the facility and appurtenance;  3. the location for the proposed well;  4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed we  5. the location of any existing wells within 100 feet of the property; surface water bodies;  6. above ground and/or underground storage tanks;  7. and any other known sources of contamination within 100 feet of the proposed well site.  The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:  1. there is a relocation of the proposed facility;  2. there is a change in the intended use of the facility;  3. there is a need for installing the waste water system in an area other than indicated on the well permit; or  4. there are landscape changed that affect site drainage.
Contact information: Environmental Health Division - 910-893-7547  PROPERTY INFORMATION
Proposed use of well  Single-Family   Multifamily   Church   Restaurant   Business   Irrigation    Street Address   540   Farabow   Dr.   Subdivision/Lot # 5  Parcel # 05 0624 0016 06 PIN # 0625 62 1704.00
From Ball Road turn onto Farabow Drive Property  15 located about 1/2 - I mile on the right.
have thoroughly read and completed this Application and certify that the information provided herein is true, complete and orrect to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and

making the site accessible so that a will can be properly constructed according to the permit.

Property Owner's of Owner's Legal Representative Signature Required

Date

130

Application # 13500 32493

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

### Application for Residential Building and Trades Permit

e a phone mast materi	
Owners Name LEE SMITH (ELIZABETH	
Site Address 540 FARABOW DR HOLLYSPRINGS	27540 Phone 919 - 291 - 6449
Directions to job site from Lillington Hwy 401 North	
TURN LEFT ONTO HWY 42 WEST.	
BALL Rd. TURN LEFT ONTO FARA	
SUBDIVISION CONTINENTAL ESTATES	Lot 5
Description of Proposed Work NEW HOME	# of Bedrooms 4
Heated SF <u>4043</u> Unheated SF <u>3386</u> Finished Bonus Room?	No Crawl Space Slab BASEMENT
SEVENTY MEST BUILDERS INC	919-995-5755
Building Contractor's Company Name	Telephone
Address PARIGH, NC 27608	Frail Address
64926	
License # Electrical Contractor Information	0.0
Description of Work EUEC. NEW HOME Service Size	200 Amps T-PoleYes / No
ABSOLUTE ELECTRIC	919-395-9406
Electrical Contractor's Company Name	Telephone
246 BOONE TRUIL EMWELNE 27529	UELFELLAN C GNAL, CON
Address	Email Address
<u>24282</u> License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work HVAR NEW HOME	
CAPOLINA COMPORT AIR	919- 977- 4500
Mechanical Contractor's Company Name	Telephone
6708 WESTBOUROUGH DR RAW, NC 27612	JOSHE CAROUNA CONFATAIR. COM.
Address	Email Address
20515	
License # Plumbing Contractor Information	on .
Description of Work PLUMB NEW HOME	# Baths
AUGUCAN PLUMBING	919-772- (346
Plumbing Contractor's Company Name	Telephone
3716 AUBIEN CHIPCH PD GAZNER NC 27529	Tomy 4 AMPLUMBING C BELL SOUTH NET
Address	Email Address
13228	*
License # Insulation Contractor Information	· "
	919-665-7525
Insulation Contractor's Company Name & Address	Telephone
madianon soundario southern trains a ridaross	

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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

# LiensNC

## **Appointment of Lien Agent**

Entry Number: 152141

Designated Lien Agent

Filed by: seventywest

Fidelity National Title Company, LLC

Payment Amount: \$25.00

Filing Date: 06/19/2014

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



#### Owner Information

Lee Smith

540 Farabow Drive

Holly Springs

NC

27540

**United States** 

843-345-2308

craig@70westbuilders.com

### **Project Property**

540 Farabow Drive

Holly Springs

NC

27526

Property Type:

1-2 Family Dwelling

Date First Furnished:

07/04/2014

7-8-14	SGANNES	1.2 ==	
nitial Application Date:	· ·	$\frac{1}{1}$ lication # $\frac{1}{3}$	0 3249
-2-24-14		CU#	
Central Permitting 108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 ext:2		narnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PU	RCHASE) & SITE PLAN ARE REQUIRED	WHEN SUBMITTING A LAND USE /	APPLICATION"
NDOWNER: Michael & Elizabetu Smith	Mailing Address: 9004	Aspen Glen C	<del>'</del>
y: Fuguay Varina State: NC Zip: 27526	Contact No: 336-260-116	4 Email: bethsmith4	78@gmail.com
PLICANT*: Mailing Add	ress:		:
y: State: Zip: ease fill out applicant information if different than landowner	Contact No:	Email:	;
NTACT NAME APPLYING IN OFFICE:	P	hone #	
	T.L	<u></u>	# 2
OPERTY LOCATION: Subdivision: Opt 19		Lot #: Lot S	12 12 1
te Road # 145  State Road Name: <u>Ball</u> cel: 05  0	1171-1	Map Book & Page:	= 11C6C+F-21
01/10	PIN: <u>V625</u> 6	7 100,000	:
ning: KHYU Flood Zone: Watershed: WA Deed B		Power Company*:	
w structures with Progress Energy as service provider need to supp	y premise number	from Progres	ss Energy.
Mod: (Sizex) # Bedrooms # Baths Basement (Is the second floor finished? () yes (_			Off Frame
Manufactured Home:SWDWTW (Sizex_	) # Bedrooms: Garage:	_(site built?) Deck:(site	built?)
Duplex: (Sizex) No. Buildings: No. E	ledrooms Per Unit:		
Home Occupation: # Rooms: Use:	Hours of Operation:	#Em	oloyees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition?	() yes () no
ter Supply: County Existing Well New Well (#	of dwellings using well	) *Must have operable water b	efore final
rage Supply: New Septic Tank (Complete Checklist) I	Existing Septic Tank (Complete Ch	ecklist) County Sewer	i -
s owner of this tract of land, own land that contains a manufactured	home within five hundred feet (500'	') of tract listed above? () yes	s ( <u>V</u> ) no
es the property contain any easements whether underground or over	nead ( <u>V</u> ) yes () no		
octures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify): -/	<u>detache</u> d gan horse barn
uired Residential Property Line Setbacks: Comment	s:	- 1	equipment s
nt Minimum 35 Actual 250 2.20	1:14- Keuisiur	2 cm # 0.	F BDR'S
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sest Side <u>10</u> 125 1-8	-HKK Cha Fi	rom 11 - 6 Bala	NEB+ L6
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rest Buildingsame lot			<del></del>
Residential Land Use Application	Page 1 of 2		03/11

