Initial Application Date: 12/27//

Residential Land Use Application

Application #	13500	32	665
	CU#		

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICA	TION
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"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext;2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: SOUTH-SCAN, INC Mailing Address: 3128 GOLD DUST LN City: WILLOW SPRING State: NC Zip: 2759 Entact No: 919 669 4273 Email: DUCK BURG IRG MAIL COM APPLICANT*: ____ Mailing Address:__ Utty: ______ State: ___ Zip: ____ Contact No: _____ Email: ___ *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: BERT KYMALAINEN Phone # 919669 4275 PROPERTY LOCATION: Subdivision: TROTTER'S BLUFF AT FOX RUN Lot #: 44 Lot Size: 0.70 AC State Road #______State Road Name: PRAIRIE LN. Map Book & Page: 2013 | 227

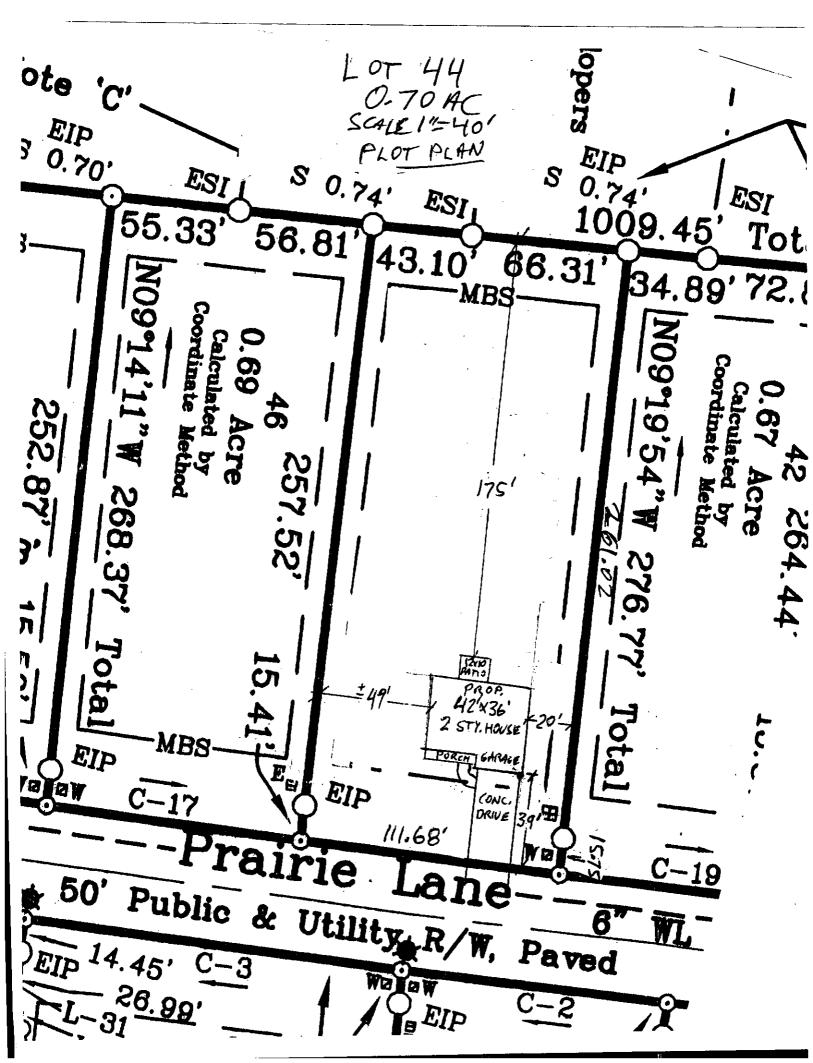
Parcel: 030507006743 PIN: 9597-93-2426.000 Zoning: R4-20R Flood Zone: NA Watershed: NA Deed Book & Page: 03/45/09/9 Power Company*: PROGRESS DVKE *New structures with Progress Energy as service provider need to supply premise number 5909 7587 from Progress Energy. **PROPOSED USE:** SFD: (Size 42 x 38) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): N Garage: Y Deck: Pan Brawl Space: Slab: Slab: Slab: (Is the bonus room finished? (X) yes () no w/ a closet? (X) 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: K 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 __(_k) no Structures (existing or proposed): Single family dwellings:____ Required Residential Property Line Setbacks: Comments:_ Front Rear Closest Side Sidestreet/corner lot Nearest Bullding on same lot

Page 1 of 2 APPLICATION CONTINUES ON BACK 03/11

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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



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County Health I	*This application to be filled out when applying for a septic system inspection.*
THE INFORMATION	Department Application for Improvement Permit and/or Authorization to Construct
	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
RMIT OR AUTHORIZ pending upon document	ation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525	5 option 1 CONFIRMATION #
Environmental H	<u>lealth New Septic System</u> Code 800 <u>Irons must be made visible</u> . 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 	e 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. Environmental Health card in location that is easily viewed from road to assist in locating property.
 If property is t 	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. <i>Do not grade property.</i>
All lots to be	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
 After preparin 	in proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
800 (after sel	ecting notification permit if multiple permits exist) for Environmental Health inspection. Please note
confirmation r	number given at end of recording for proof of request. ov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
• Use Click2Go	lealth Existing Tank Inspections Code 800
 Follow above 	instructions for placing flags and card on property.
Prepare for it	respection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if then public back in place . (Unless inspection is for a septic tank in a mobile home park)
possible) and	then puniforpack implace. (Onless inspection is for a septic tank in a mobile nome pain)
 After uncover 	ing outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
if multiple pe	rmits, then use code 800 for Environmental Health inspection. Please note confirmation number
Use Click2Go	of recording for proof of request. by or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
PTIC	
	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
_} Accepted	{} Innovative {_X} Conventional {} Any
_} Alternative	·
e applicant shall notif	fy the local health department upon submittal of this application if any of the following apply to the property in
estion. If the answer	is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
_}YES { <u>X</u> } NO	Does the site contain any Jurisdictional Wetlands?
_}YES { <u>X</u> } NO	Do you plan to have an irrigation system now or in the future?
_}YES { <u>X</u> } NO	Does or will the building contain any drains? Please explain.
}YES { X _}NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
	Is any wastewater going to be generated on the site other than domestic sewage?
IVES (VINO	To the cite subject to approved by any other Public Agency?
	is the site subject to approval by any other I done regency.
_}YES {	And there are Ecomparts or Dight of Ways on this property? PLC CEF PLOT PLAN FOR SIGNER
]YES {K NO	Are there any Easements or Right of Ways on this property? PLS. SEEPLOT PLAN FOR SIENES
]YES {K NO	Are there any Easements or Right of Ways on this property? PLS. SEEPLOT PAN FOR SIENES. Does the site contain any existing water, cable, phone or underground electric lines?
}YES {\omega}NO _}YES {\omega_}NO	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
_}YES { ∠ } NO _}YES	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
_}YES { ∠ } NO ∠}YES } NO _}YES { ∠ * } NO Have Read This Applicate Officials Are Grant	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

NOTIFIED DAY BEFORE IN SPECTION: JOHNNY KNIGHT 919 4998765

12/23/13

DATE

NOTIFIED DAY BEFORE IN SPECTION: JOHNNY KNIGHT 919 4998765

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Application # 32 (6.5

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 863 7525 Fax 910 893 2793 www.hamett.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 07/25/
Site Address 452 PRAIRIE LN., LILLINGTON, A	JC 215 Phone 919 669 42
Directions to job site from Lillington 27W, Lt. ON DOC	S RD., Rt. ON PRAIRIE
TO NEW SECTION.	
Subdivision TROTTER'S BLUFF AT FOX RUN.	Lot 44
Description of Proposed Work NEW S.F. RESIDENTIAL *ATT	6ARAGE # of Bedrooms 4
Heated SF 1940 Unheated SF 572 Finished Bonus Room?	
General Contractor Information	
SOUTH-SCAN, INC.	919 669 4273
Building Contractor's Company Name	Telephone
3128 GOLD DUST IN WILLOWS PRING NC 2759	
Address	Email Address
36169	
License # Electrical Contractor Information	n.
Description of Work NEW S.F. CONST. Service Size	200 Amps T-Pole Y Yes No
R.A. JACKSON ELECTRIC, INC.	919 8945367
Electrical Contractor's Company Name 9261 RALEIGH RD. BENSON, NC 27504	Telephone
Address	Email Address
2/144	and the second of the second o
License #	
Mechanical/HVAC Contractor Inform	ation :
Description of Work NEW RBS. CONST	Andrew Company
JONES + JONES HEATING + BIR INC	910 424 7702
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name	9/0 4Z 4 770Z
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name 5717 MARRACCO DR. HOPE MILLS NC 28348 Address	9/0 4Z 4 7702 Telephone
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name 5717 MARRACCO DR. HOPE MILLS NC 28348 Address	9/0 4Z 4 770Z
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name 52/7 MARRACCO DR. HOPE MILLS NC 28348 Address 2984-HZ + 3C1-11614 License #	9/0 4Z 4 770Z Telephone Email Address
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name 57/7 MARRACCO DR. HOPE MILLS NC 28348 Address 2984-HZ + 3C1-11614 License # Plumbing Contractor Information	9/0 4Z 4 770Z Telephone Email Address
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST.	9/0 4Z 4 770Z Telephone Email Address 1 # Baths
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name 52/7 MARRACCO DR. HOPE MILLS NC 28348 Address 2984-HZ + 3C1-11614 License #	9/0 4Z 4 770Z Telephone Email Address
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST.	9/0 4Z 4 770Z Telephone Email Address 1 # Baths
Description of Work NEW RBS. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address 2984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST. L.R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name	9/0 4Z 4 770Z Telephone Email Address 1 # Baths 9/9 820 00 76
Description of Work NEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Information Description of Work NEW RES. CONST. L.R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504	9/0 4Z 4 7702 Telephone Email Address 1 # Baths 9/4 820 0026 Telephone
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST. L. R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address 07958 License #	9/0 4Z 4 7702 Telephone Email Address # Baths 9/9 820 0026 Telephone Email Address
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST. L.R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address 07958 License # Insulation Contractor Informatio	9/0 4Z 4 770Z Telephone Email Address 1 # Baths 9/4 8Z0 00Z6 Telephone Email Address
Description of Work NEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST. L. R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address O7958 License # Insulation Contractor Informatio TATUM INSULATION INC	9/0 4Z 4 770Z Telephone Email Address 1 # Baths 9/4 8Z0 00Z6 Telephone Email Address
Description of Work NEW RBS. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28348 Address Z984-HZ + 3C1-11614 License # Plumbing Contractor Informatio Description of Work NEW RES. CONST. L.R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address 07958 License # Insulation Contractor Informatio	7/0 4Z 4 770Z Telephone Email Address 1 # Baths 9/4 8Z0 00Z6 Telephone Email Address 1 40 86Z 5958 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 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 PRES 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 Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of penury 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 X 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

Company or Name ______SOUTH - SCAN, INC

Sign w/Title

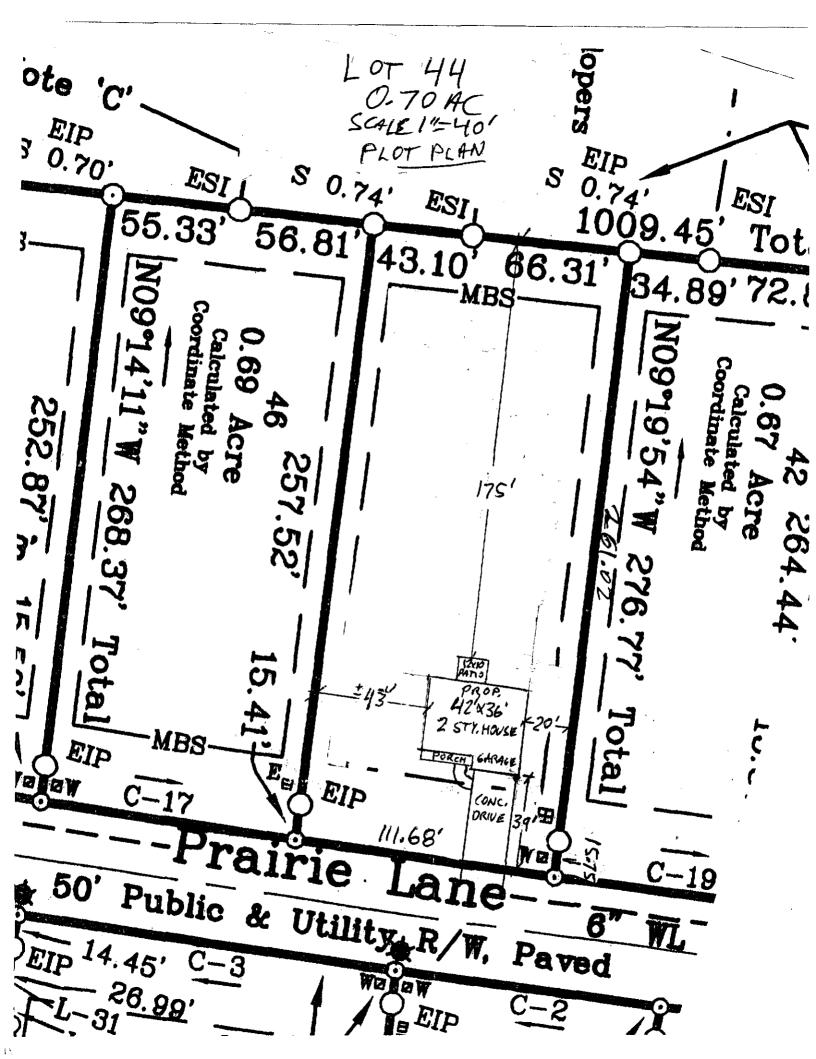
PRSS.

Date 07/25/14

Initial Application Date: 12/27/13	Application #
COUNTY O Central Permitting 108 E. Front Street, Lillington,	F HARNETT RESIDENTIAL LAND USE APPLICATION NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
The second secon	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: SOUTH-SCAN, INC	and district the control of the cont
City: WILLOW STATING State: W Z	ip: 7759 Contact No: 919 669 4273 Email: DUCK BURG ICG GOMIL. Com
APPLICANT:	Malting Address:
City:State: Zi	ip:Contact No:Email:
*Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: BERT	KYMALAINEN Phone # 9196694273
PROPERTY LOCATION: Subdivision: TROTTE	R'S BLUFF AT FOX RUN Lot #: 44 Lot Size 0.70AC
State Road # State Road Name: PR	RAIRIE LN. Map Book & Page 2013 227
Parcel 030507006743	RAIRIE LN. Map Book & Page: 2013 227 PIN: 9597-93-2426.000
Zoning R4-29R Flood Zone: NH Watershed: N	1A Deed Book & Page: 03/45/09/9 Power Company*: PROGRESS PUKE
	need to supply premise number
PROPOSED USE:	- Monolithic
SFD: (Size 7 × 50) # Bedrooms; 7 # Baths: - (Is the bonus room finished?	Basement(w/wo bath): N Garage: Y Deck: PITErawl Space: Slab: K Slab: Slab: (K) yes () no (if yes add in with # bedrooms)
D. Med (Circ.) At Deducers 40 Dete	
	Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame ? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Size_	x)# Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
G 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
	klist) Existing Septic Tank (Complete Checklist) County Sewer
	nanufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether undergr	1
Structures (existing or proposed): Single family dwellings:_	Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks:	Comments:
Front Minimum 35 Actual 39	
Rear <u>25</u> 175	
Closest Side 10 201	
Sidestreet/corner lot <u>NA</u> <u>NA</u>	
Nearest Building	

Page 1 of 2
APPLICATION CONTINUES ON BACK

Residential Land Use Application



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 167792

Filed on: 07/25/2014 Initially filed by: duckburg1@gmail.com

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensne.com.ang//www.imme.com

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto suppostational com-

Owner Information

South-Scan, Inc. 3128 Gold Dust Ln Willow Spring, NC 27592

United States Email: duckburg1@gmail.com

Phone: 919-669-4273

Project Property

Lot 40 412 Prairie Ln.

Lillington, NC, NC 27546 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

07/25/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.