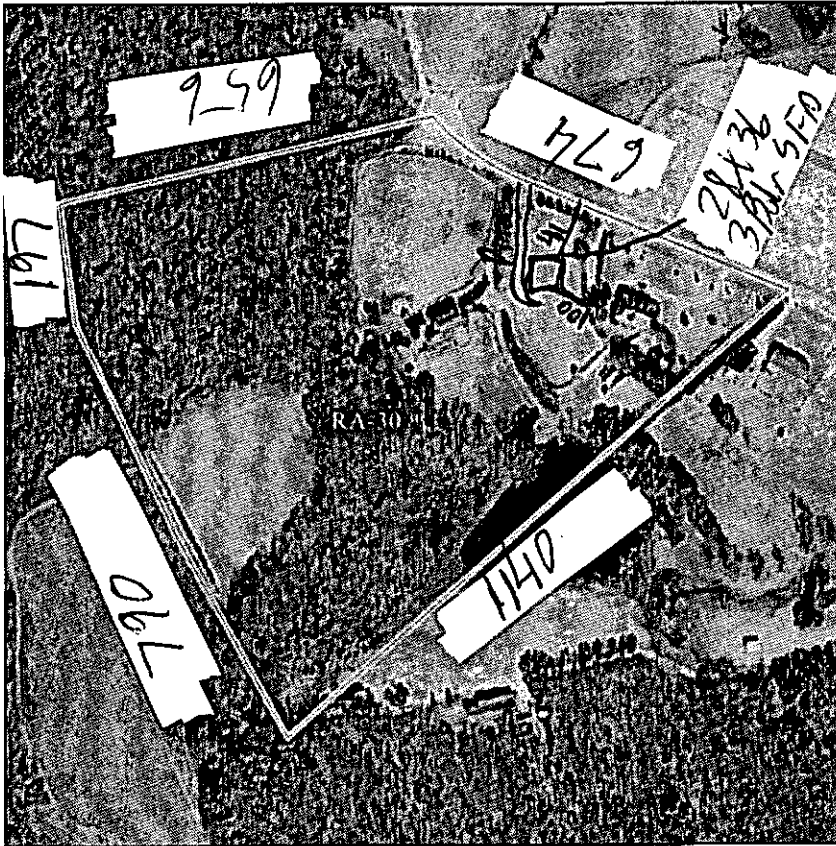


 **Zoning Overlay Results**

○ Zoom in ○ Zoom out ● Pan



Map Scale = One Inch = 237 feet

Owner Information:

PID	130518 0093 07
NAME	HALL SUE ANN
ADDRESS	355 BOGIE LANDING DRIVE
CITY/ST	LILLINGTON, NC 27546-0000
ACRES	15.73997366

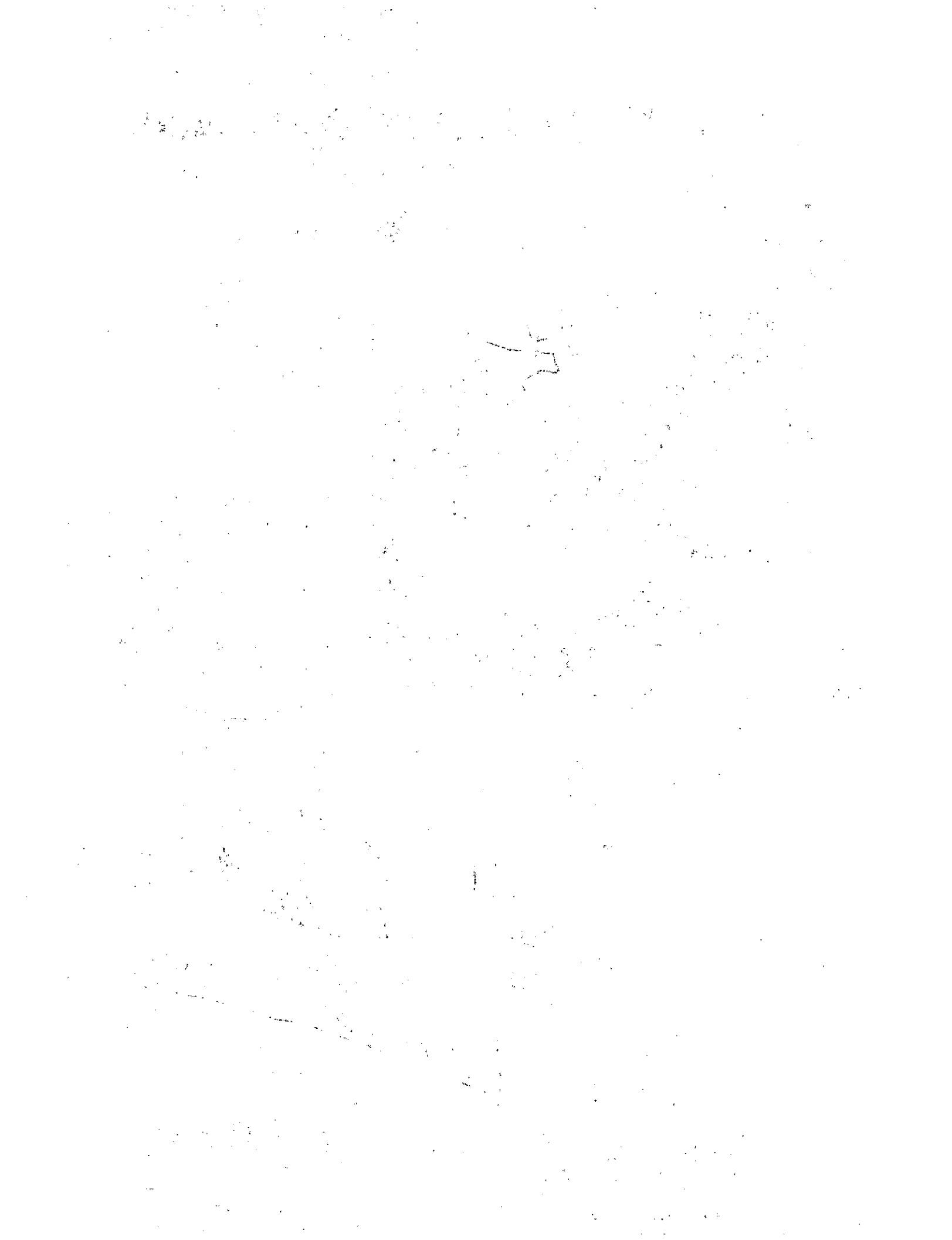
Zoning Overlay Results

ID	Zoning	Acres
260	RA-30	15.74

Download Results:

ZoningPolygon_130518_0093_07.zip

SITE PLAN APPROVAL
 DISTRICT RA-30 USE SFD
 #BEDROOMS 3
12-23-13
 Date
[Signature]
 Zoning Administrator



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.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

Dec 21 2013



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: Susan Karlsson Hall Mailing Address: 355 Bogie Landing Dr.
 City: Lillington State: NC Zip: 27546 Contact No: 910-890-2260 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 #: 5 Lot Size: 15.43
 State Road # 1244 State Road Name: Moore's Chapel Rd Map Book & Page: 2000, 178
 Parcel: 13 0578 0093 07 PIN: 0529 00 5406.00
 Zoning: RA 30 Flood Zone: _____ Watershed: _____ Deed Book & Page: 469, 856 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 28 x 36) # Bedrooms: 3 # Baths: _____ Basement(w/wo bath): _____ 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: (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 Exist Manufactured Homes: _____ Other (specify): 1 Purposed SFD

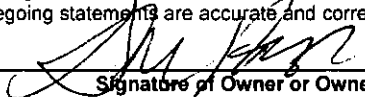
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>41</u>
Rear	<u>25</u>	<u>20+</u>
Closest Side	<u>10</u>	<u>20+</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>100</u>

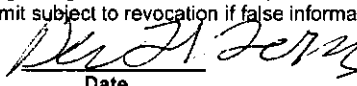
Comments: 2nd SFD on Property

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27 Hwy from Lillington towards Western Bennett School about 6 to 7 miles. Turn Right on Tim Currin Rd go about 2 miles. Turn Left on to Moores Chapel Rd go about 3/4 mile turn Right on Bogie Landing Dr. Go to 355 Bogie Landing Dr. on Left project past Log Cabin in pasture

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.



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

3

09/09/11

Application #

13500321609

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 Susan Karlsson Hall Date 12-21-13
Site Address 355 Bogie Landing Dr. Phone 910-890-2260
Directions to job site from Lillington Take 27 Hwy towards Western Harnett School about 6 mile turn Right on Tim Curran go about 2 miles turn Left on Moses Chapel Rd go about 1 mile turn Right onto Bogie Landing Dr.
Subdivision Wayne Faircloth Lot 5
Description of Proposed Work Log Home # of Bedrooms 3
Heated SF 1700 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Owner
Building Contractor's Company Name _____ Telephone 910-890-2260
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size 200 Amps T-Pole Yes No
Owner
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Owner
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Plumb # Baths _____
Jamie John
Plumbing Contractor's Company Name _____ Telephone _____
Address 614 Byrd Rd Email Address _____
21649
License # _____

Insulation Contractor Information

Isolation Inc.
Insulation Contractor's Company Name & Address _____ Telephone 919-776-4138

*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

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

1-10-14
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 _____

Sign w/Title [Signature] Date 1-10-14

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	13-50032669	Date	1/10/14
Property Address	355 BOGIE LANDING DR		
PARCEL NUMBER	13-0518- - -0093- -07-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name			
Property Zoning	UNZONED		

Owner

Contractor

HALL SUE ANN
6205 EDWARDS ROAD
SANFORD NC 27330

OWNER

Applicant

HALL SUSAN

--- Structure Information 000 000 28X36 3BDR SFD

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1015072		
Issue Date	1/10/14	Valuation	0
Expiration Date	1/10/15		

Special Notes and Comments

XXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations
 T/S: 12/27/2013 11:19 AM VBROWN ----
 27W, TIM CURRIN RD, LEFT ON MOORES CHAPE
 L RD, RIGHT ON BOGIE LANDING DR, SFD WIL
 L BE THE 2ND SFD ON PROPERTY IT WILL SHA
 RE ADDRESS WITH 355 BOGIE LANDING DR.

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.

Page 2
Date 1/10/14

Application Number 13-50032669
 Property Address 355 BOGIE LANDING DR
 PARCEL NUMBER 13-0518- - -0093- -07-
 Application description CP NEW RESIDENTIAL (SFD)
 Subdivision Name
 Property Zoning UNZONED

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc
 Phone Access Code 1015072

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		/ /

You are using an outdated browser. Please [upgrade your browser](#) to improve your experience.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 83160

Filed on: 01/05/2014

Initially filed by: Pokerqueen5

Designated Lien Agent

Fidelity National Title Company, LLC

Online: 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

Project Property

Lot#5 guest house
355 Bogie Landing Dr.
Lillington, NC 27546
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:
Please post this notice on the Job Site.

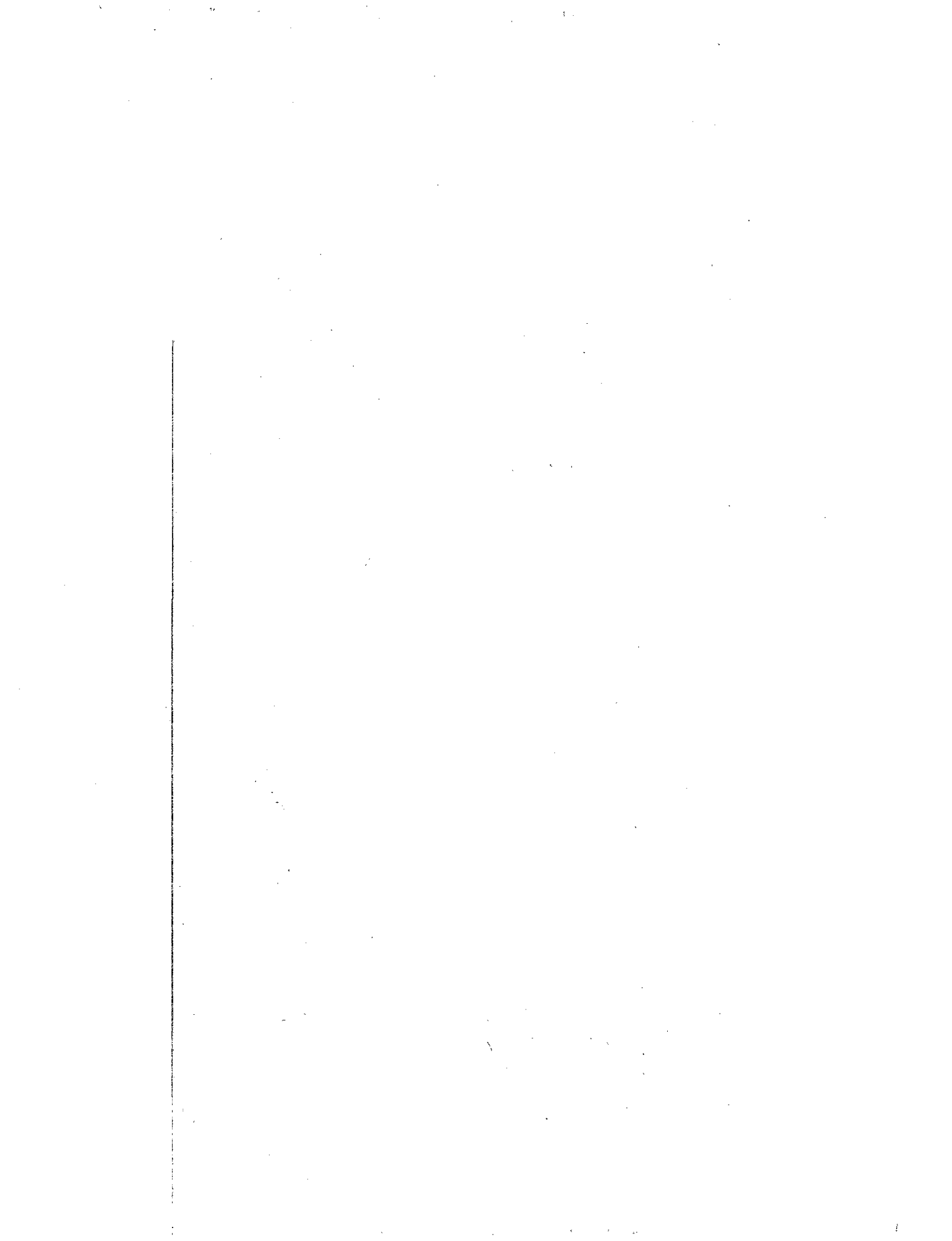
Suppliers and Subcontractors:
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Sue Hall
355 Bogie Landing Dr.
Lillington, NC 27546
United States
Email: Backup1user@gmail.com
Phone: 910-890-2260

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384



28 X 36 3 Bdr Log Cabin

Date 12-27-13

Plan Box # File

Job Name Hall

App # 1350032669 Valuation 151872 Heated SQ Feet 1568

Garage _____

Inspections for SFD/SFA

Crawl X 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 No Envir. Health New York Other _____

Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____