

Initial Application Date: 2-25-14

Application # 14500 32998 14500 32984 CU# _____
Pet Exp SFD

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: Darrel A Cross Mailing Address: 4594 East Carithers Rd
City: Princeton State: Indiana Zip: _____ Contact No: 812-664-1991 Email: _____

APPLICANT: Builders at Work Mailing Address: 112 Walnut Drive
City: Benson State: NC Zip: 27506 Contact No: 919-422-3126 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Millstone Lot #: 6 Lot Size: 3.73
State Road # _____ State Road Name: Weather Rd Map Book & Page: 2005, 419
Parcel: 05 0635 0058 08 PIN: 0625 99 4645.000
Zoning: RA30 Flood Zone: Y Watershed: NA Deed Book & Page: 3166 499 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 50 x 68) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath): 1 Garage: 1 Deck: _____ Crawl Space: _____ Slab: _____ Monolithic 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: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

| | | | | |
|------------------------------|---------|-----------|--------|--------------|
| Front | Minimum | <u>35</u> | Actual | <u>108.3</u> |
| Rear | | <u>25</u> | | <u>528</u> |
| Closest Side | | <u>10</u> | | <u>28</u> |
| Sidestreet/corner lot | | | | |
| Nearest Building on same lot | | | | |

Comments: 50x68 3 Bdr SFD with 32x32 pet bar

2770-6

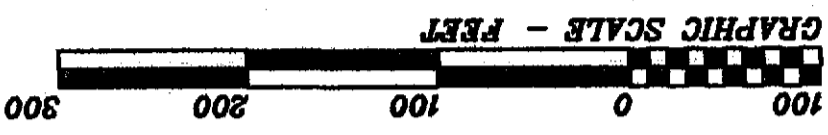
WALDEN - WATSON SURVEYING, P.A.
P.O. BOX 444 / 1301 W. BROAD ST.
FUYATA VARIAN NORTH CAROLINA 27528
(919) 682-8328

PRELIMINARY PLAT
NOT FOR RECORDATION

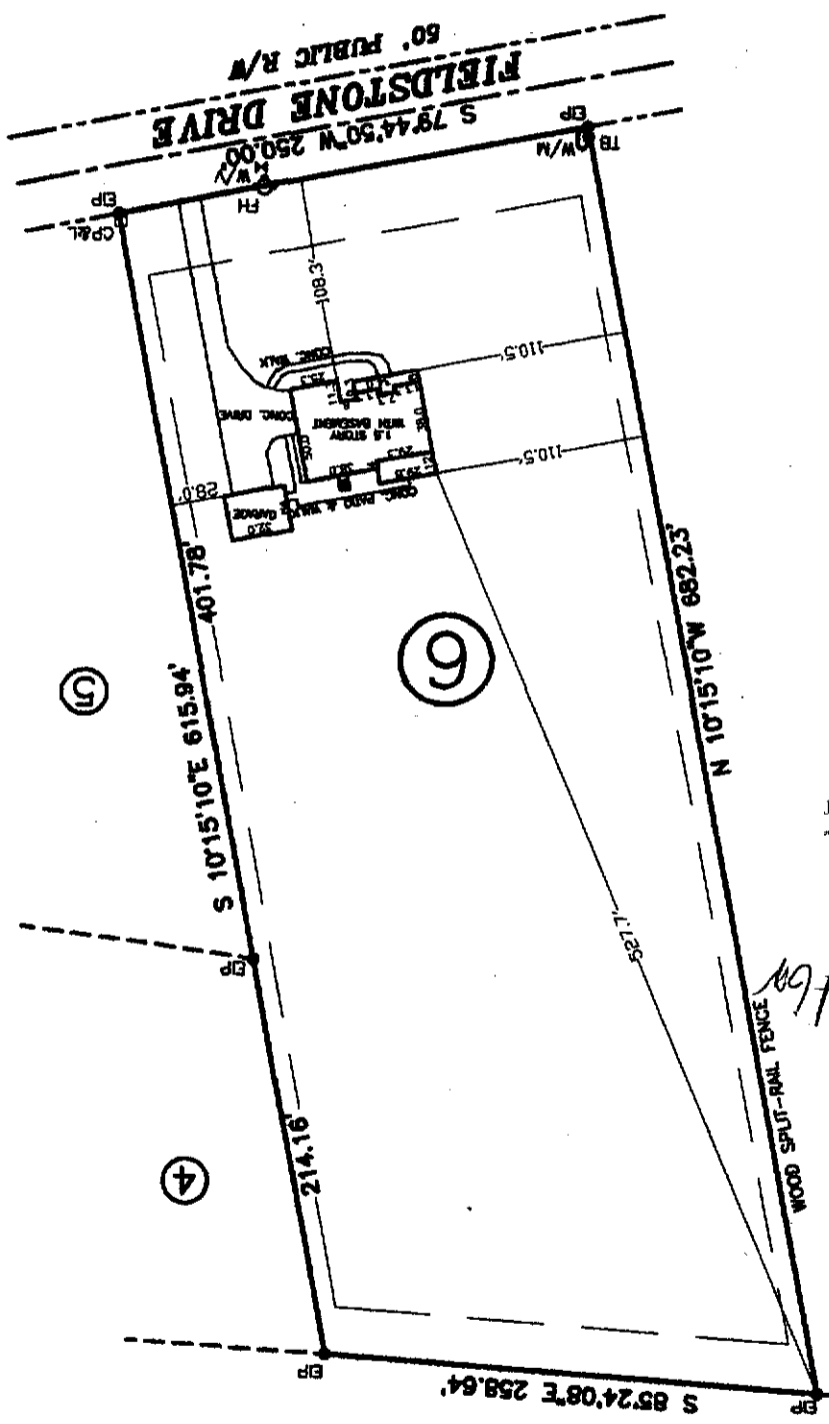
THIS IS TO CERTIFY THAT THIS MAP WAS
PREPARED FROM AN ACTUAL SURVEY OF THE
PREMISES, MADE UNDER MY SUPERVISION, AND
THAT THERE ARE NO ENCUMBRANCES,
EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE,
THAT THE RATIO OF PRECISION AS CALCULATED BY
LATITUDES AND DEPARTURES IS 1:10,000.
THIS MAP WAS PREPARED FOR FOR TITLE COMPANY USE
AND IS NOT INTENDED FOR RECORDATION OR
CONVEYANCES WITHOUT WRITTEN AUTHORIZATION
OF THE SURVEYOR AND OTHER APPROPRIATE OFFICIALS.
PROFESSIONAL LAND SURVEYOR
1-3247

PRELIMINARY PLAT PLAN FOR:
DARRELL CROSS
CAROL CROSS
BUCKHORN TWP., HARNETT CO., NC.
SCALE 1" = 100' JANUARY 20, 2014
REVISED: 2/14/14 (GARAGE MOVED)

NOTE: SHOWN IS LOT 6 OF
FIELDSTONE FARMS 8/D
REF: M.B. 2006, PG. 419
M.B. 2006, PG. 353
AREA = 3.725 ACRES
410 FIELDSTONE DRIVE



NOTE:
1. THERE IS A 10' UTILITY EASEMENT ALONG
THE FRONT OF EACH LOT.
2. LOTS SUBJECT TO RESTRICTIVE COVENANTS



SITE PLAN APPROVAL
DISTRICT 3
#BEDROOMS 3
2-26-14
Zoning Administrator
W.C. Ford



- LEGEND
- NTS NOT TO SCALE
 - EP EXISTING IRON PIPE
 - PP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
 - CPAL CABLE TV BOX
 - L POLE LIGHT POLE
 - OHPL OVERHEAD POWER LINE
 - F.E.S. FLARED END SECTION (PPPS)
 - RCP REINFORCED CONC. PIPE
 - B.O.C. BACK OF CURB
 - PH FIRE HYDRANT
 - C/O SEWER CLEAN OUT
 - EIS EXISTING IRON STAKE
 - M.H. MANHOLE
 - CON EXISTING CONCRETE MONUMENT
 - W/V WATER VALVE

CORNELIA WEATHERS
DB.658, PG.572

PERMISSIVE SURFACE TABLE

| | |
|-------------------------------|-------|
| HOUSE & GARAGE | 4215 |
| DRIVEWAY | 3050 |
| SIDEWALK | 880 |
| TOTAL IMPERVIOUS AREA | 8145 |
| TOTAL LOT AREA | 18228 |
| PERCENTAGE OF IMPERVIOUS AREA | 5.02% |

PERMISSIVE SURFACE COVERAGE ALLOWED
PER M.B. 2006, PG. 353 IS 19471 SQ. FT.



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.

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. 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.

[Handwritten Signature]

2/25/2014

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

TO Fugate Varina
Turn left on Piney-Grove Raulo Rd
Continue onto Piney-Grove Wilson Rd
Turn left onto NC-42 W/W Academy St
Continue to follow NC-42 W. Turn left onto
Wade Stephens Rd. Take 1st right onto Fieldstone Drive

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.

Garion Joseph
Signature of Owner or Owner's Agent

2/22/2014
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

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

| Description | Amount |
|-------------------|---------|
| Liens NC | \$25.00 |
| Total Amount Paid | \$25.00 |

Customer Information

Customer Name Karon Joseph
Local Reference ID 42311
Receipt Date 2/24/2014
Receipt Time 01:03:59 PM PST

Payment Information

Payment Type Electronic Check
Account Number *****7903
Order ID 4846228
Billing Name Karon Joseph

Billing Information

Billing Address 112 Walnut Drive

Billing City, State Benson, NC

ZIP/Postal Code 27504

Country US

Phone Number 9194223726

Fax Number

This receipt has been emailed to the address below.

Email Address