

Initial Application Date: March 4, 2014

Application # 1450033034
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: Alex Moss Mailing Address: _____
City: Lillington State: NC Zip: 27546 Contact No: 910-890-2111 Email: _____

APPLICANT: Alex Moss Mailing Address: P.O. Box 577
City: Lillington State: NC Zip: 27546 Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Alex Moss Phone # 910 890-0328

PROPERTY LOCATION: Subdivision: _____ Lot #: 5 Lot Size: 6.64
State Road # 1229 State Road Name: McDougal Rd Map Book & Page: 2004, 1172
Parcel: 13 6630 0038 05 PIN: 0630-36-8124.000
Zoning: RABO Flood Zone: X Watershed: UA Deed Book & Page: 2373, 334 Power Company*: CP&L

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

PROPOSED USE: Add / Alter
 SFD: (Size 36 x 46) # Bedrooms: 2 # Baths: 2 Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: Monolithic
(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 Manufactured Homes: _____ Other (specify): _____

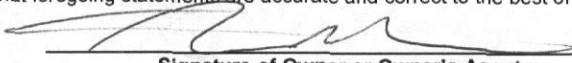
Required Residential Property Line Setbacks:

Front Minimum 35 Actual 551 +
Rear _____ 285
Closest Side _____ 10
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: Ext. Farm Bldg. 154x36 w/ part of it being completed to a 36x36 SFD

8358032151
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

March 4 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

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**



Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington NC 27546
Phone: 910-893-7523 www.harnett.org

Any use of this map shall be at the sole risk of the user of this map. Although all effort has been taken to ensure accuracy of the information presented herein, any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.



- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- Fort_Bragg_Camp_McC
- Red: Band_1
- Green: Band_2
- Blue: Band_3
- Harnett_sid
- Red: Band_1
- Green: Band_2
- Blue: Band_3



SITE PLAN APPROVAL

DISTRICT RA-30 USE SFD
 #BEDROOMS 2
 Date 3-4-14 Zoning Administrator [Signature]

Not to Scale

ext. Farm Block having section turned into SFD.

NAME: Alex Moss

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)

Mark E. [Signature]
DATE

09/09/11

Application # _____

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 Alex Moss Date _____
Site Address _____ Phone _____
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work SFD # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Dener
License # _____

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Dener
License # _____

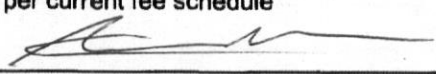
Insulation Contractor Information

Dener
Insulation Contractor's Company Name & Address _____ 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 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



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

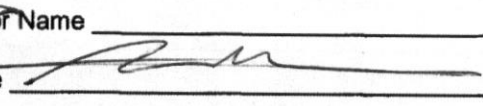
_____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

_____ 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  _____

Date  _____

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 119514

Filed on: 04/07/2014

Initially filed by: mosshomebuilders

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (<mailto:support@liensnc.com>)**Address:** 19 W. Hargett St., Suite 507 / Raleigh, NC 27601**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** support@liensnc.com (<mailto:support@liensnc.com>)**Project Property**2693 Medougald rd
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 InformationWilliam Alan Moss
609 E. Harnett Street
Lillington, NC 27546
United States
Email: amos@harnett.org
Phone: 910-890-2111**Date of First Furnishing**

04/05/2014

[View Comments \(0\)](#)**Technical Support Hotline:** (888) 690-7384

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 14-50033034 Date 4/07/14
Property Address 92835 *UNASSIGNED
PARCEL NUMBER 13-0630- - -0038- -05-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner

Contractor

MOSS WILLIAM A
149 SUMMERVILLE COURT
LILLINGTON NC 27546

OWNER

Applicant

MOSS ALEX
PO BOX 577
LILLINGTON NC 27546
(910) 890-0328

----- Structure Information 000 000 -----

Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 2000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

----- Permit BLDG, MECH, ELEC, PLB, INSU PERMIT -----

Additional desc
Phone Access Code 1027440
Issue Date 4/07/14 Valuation 0
Expiration Date 4/07/15

----- Special Notes and Comments -----

T/S: 03/04/2014 11:57 AM JBROCK ----
MCDUGLAD RD
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

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	14-50033034	Page	2
Property Address	92835 *UNASSIGNED	Date	4/07/14
PARCEL NUMBER	13-0630- - -0038- -05-		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1027440		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
30-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
30-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
30-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
30-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
30-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
40-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
40-60	131	R131	ONE TRADE FINAL	_____	___/___/___
40-60	329	R329	THREE TRADE FINAL	_____	___/___/___
40-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___