

Initial Application Date: 6-13-14

Application # 1450033950

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: EDGAR T. + Deborah T Smith Mailing Address: 126 OAK ST.

City: Lillington State: NC Zip: 27546 Contact No: _____ Email: _____

APPLICANT*: Moss Homebuilders + Realty Mailing Address: PO Box 577

City: Lillington State: NC Zip: 27546 Contact No: 910-890-2111 Email: amoss@harnett.org

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: ALAN MOSS Phone # 910-890-2111

PROPERTY LOCATION: Subdivision: lot just before 6030 Hwy 27 West Lot #: 3 Lot Size: 1.52 Acres

State Road # Hwy 27W State Road Name: 27W Map Book & Page 2014, 144

Parcel: 76 13 0538 0031 PIN: 76 0528-85-8919.000

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 1272, 162 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 63 x 60) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath): _____ Garage: 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: 1 Manufactured Homes: N/A Other (specify): N/A

Required Residential Property Line Setbacks:

Front	Minimum	Actual
Front	<u>35</u>	<u>150</u>
Rear	<u>25</u>	<u>74'</u>
Closest Side	<u>10</u>	<u>77</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

owner/agent

in the register of deeds.

to use the minor subdivision

the subdivision also under-

use as noted, and

setback lines, and

in my (our)

and that

3) or

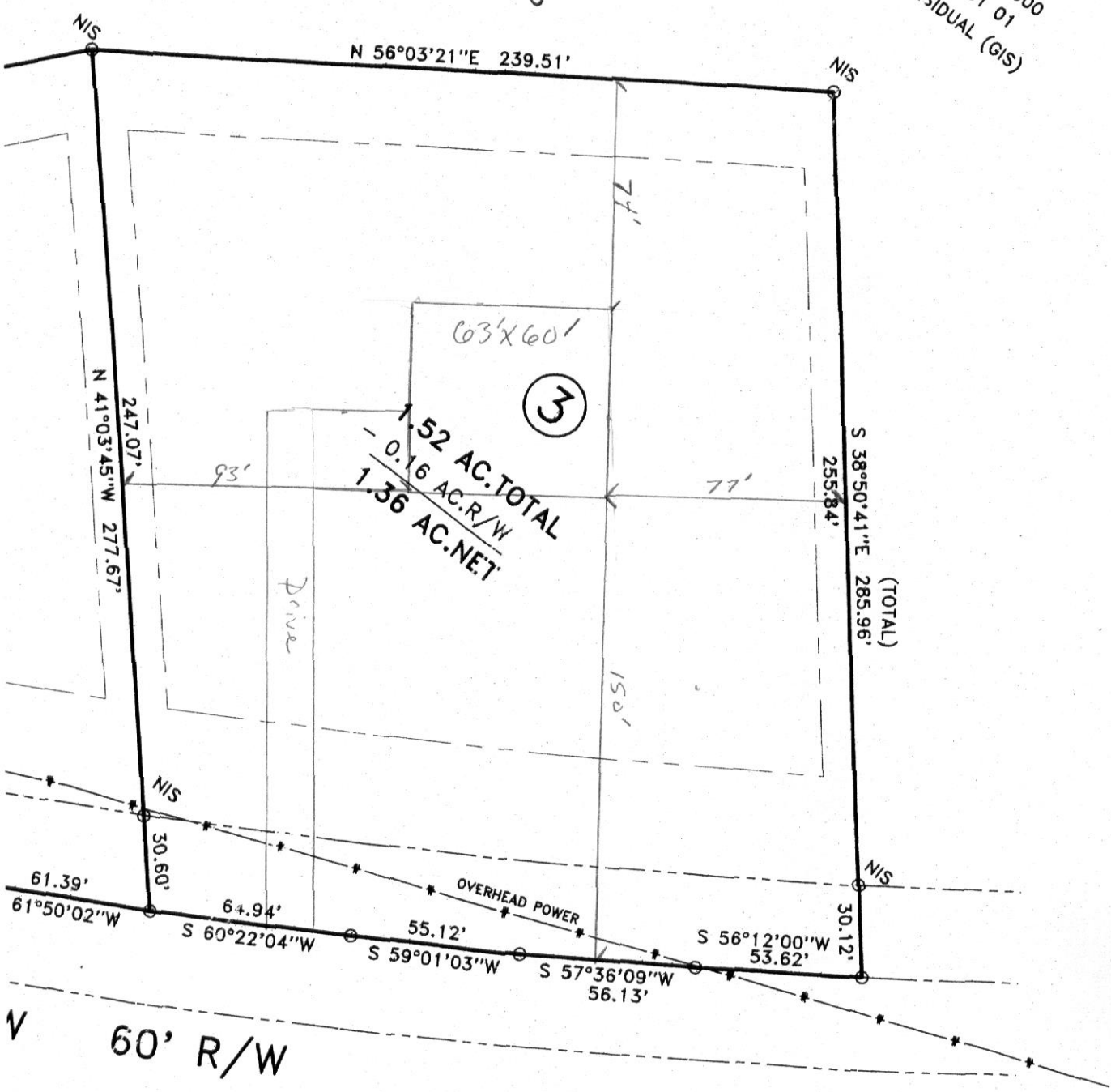
SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 3

Date 6-13-14 Zoning Administrator [Signature]

EDGAR T. & DEBORAH T. SMITH
 DB 1272, PG 162
 PIN 0528-95-0353.000
 PID 13053B 0031 01
 79.8 AC.+- RESIDUAL (GIS)



NAME: Moss Home Builders & Realty

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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

13 Jan 2014
DATE

Application for Building and Trade Permit

Owner's Name: _____ Date: _____
Address: _____ Phone: _____
Directions to job site: _____

Subdivision: N/A Lot: _____
Type Construction: (Please Check)
New Renovation Addition
Moved House Other
Specify Type of Work: _____
Building Use: (Please Check)
Residential Modular
Commercial Multi-Family

Building Permit Information

Heated: _____ Crawl Space
Unheated: _____ Slab
Building Construction Cost \$ _____
Acres Disturbed 1 Stories _____
Building Contractor's Company Name Moss Home Builders & Realty
PO Box 577 Lillington NC
W. Al [Signature] Address 910-893-4875
Signature of Officer(s) of Corporation License # 18637 Telephone _____

Electrical Permit Information

Description of Work Electrical Electrical Cost \$ _____
TS Pole: Yes No Underground Overhead
Permanent Service: Underground Overhead
Service Size: _____ Amps
Electrical Contractor's Company Name Pioneer Electric Maintenance Co., Inc.
4212 Old US 421 Lillington NC, 27546
Neil B. [Signature] Address 910-814-3751
Signature of Officer (s) of Corporation License # 21643 Telephone _____

Insulation Permit Information

Residential Other Not Required
TRI City Insulation Address 418 Person St Fay
Insulation Contractor's Company Name
910-486-8855 Telephone _____

Mechanical Permit Information

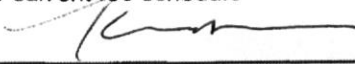
Description of Work HVAC Number of Units _____ Type System _____ Mechanical Cost \$ _____
Number of Tons _____
Mechanical Contractor's Company Name Beasley's Hg & A/C, Inc.
57 W.C. Beasley Ln. Coats N.C. 27521
R. Brent Beasley Address 919-894-4248
Signature of Officer(s) of Corporation License # 9497 Telephone _____

Plumbing Permit Information

Description of Work PLUMBING Number of Baths _____ Plumbing Cost \$ _____
W & W PLUMBING Co
PO Box 1239 Angier
Kirk Wells Address 639-0195
Signature of Officer(s) of Corporation License # 14087 Telephone _____

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

8/13/2014
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

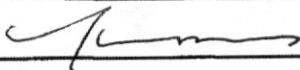
Has no more than two (2) employees and no subcontractors

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

Moss Home Building & Ready Inc

Sign w/Title



VP

Date

8/13/2014

Plan Box # FG

Date 7-24-14

Job Name Moss

App # 33950

Valuation [#] 168974

Heated SQ Feet 2093

Garage 507

= 2600

Inspections for SFD/SFA

Crawl

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

Envir. Health

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

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 14-50033950 Date 8/13/14
Property Address 6030 NC 27 W
PARCEL NUMBER 13-0538- - -0031- - -
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner Contractor

SMITH EDGAR THEODORE JR & WIFE MOSS KENNETH A
SMITH DEBORAH TAYLOR PO BOX 577
126 OAK STREET LILLINGTON NC 27546
LILLINGTON NC 27546 (910) 893-4875

Applicant

MOSS HOMEBUILDERS
PO BOX 577
LILLINGTON NC 27546
(910) 890-2111

--- Structure Information 000 000 63X60 3BDR CRAWL W/ GARAGE & DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc . . .
Phone Access Code . 1047570
Issue Date 8/13/14 Valuation 0
Expiration Date . . 8/13/15

Special Notes and Comments

T/S: 06/13/2014 03:25 PM JBROCK ----
HWY 27 W APPROX 5 MILES OUT OF
LILLINGTON LOT WILL BE ON R JUST
CLEARED AND DR JUST INSTALLED
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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

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Subdivision Name			
Property Zoning	PENDING		
Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1047570		

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	_____	___/___/___