

Initial Application Date: 7/17/14

B-2

Application # 14500 34212
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: Andrew W. Milton Mailing Address: 195 Capitol Hill Road, Lillington, NC 27546
City: Lillington State: NC Zip: 27546 Contact No: 910.890.0555 Email: _____

APPLICANT: Andrew W. Milton Mailing Address: 195 Capitol Hill Road
City: Lillington State: NC Zip: 27546 Contact No: 910.890.0555 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Andrew W. Milton Phone # 910.890.0555

PROPERTY LOCATION: Subdivision: Capitol Hill Lot #: 8 (Recombination) Lot Size: 10 ac.

State Road # _____ State Road Name: Capitol Hill Road Map Book & Page: 2014 / 120

Parcel: 0130631 0037 PIN: 0640-46-4701.000

Zoning: RA-30 Flood Zone: No Watershed: NA Deed Book & Page: 3214 / 785 Power Company*: SREMC

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

PROPOSED USE:

SFD: (Size 58'4" x 56'2") # Bedrooms: 3 # Baths: 2.5 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 proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:		
Front	Minimum <u>35'</u>	Actual <u>220.3'</u>
Rear	<u>25'</u>	<u>164.5'</u>
Closest Side	<u>10'</u>	<u>89.1'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take South River Road out of Lillington
Take Left on 2nd Capitol Hill Road. Lot is on the right

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.

And V. [Signature]
Signature of Owner or Owner's Agent

7/15/15
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****

NAME: Andrew W. Milton

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.

Andrew W. Milton
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7/15/15
DATE

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 Andrew W. Milton Date 7/15/15
Site Address 195 Capitol Hill Rd., Lillington, NC 27546 Phone 910.890.0555
Directions to job site from Lillington Take South River Road out of Lillington.
Take Left on 2nd Capitol Hill Road. Lot is on Right

Subdivision Capitol Hill Lot 8 (Recombined)
Description of Proposed Work New Construction SFD # of Bedrooms 3
Heated SF 2349 Unheated SF 944 Finished Bonus Room? No Crawl Space Slab

General Contractor Information

Timeless Residential Construction, LLC 910.890.0555
Building Contractor's Company Name Telephone
195 Capitol Hill Road, Lillington, NC 27546
Address Email Address
69042
License #

Electrical Contractor Information

Description of Work New Construction SFD Service Size 200 Amps T-Pole Yes No
Dawson's Electric, Inc. 919.201.3841
Electrical Contractor's Company Name Telephone
3754 Cokesbury Road, Fuquay-Varina, NC 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction SFD
JM Heating and Air, Inc. 910.897.5501
Mechanical Contractor's Company Name Telephone
724 Turlington Road, Dunn, NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work New Construction SFD # Baths 2.5
Wagner Plumbing 910.890.2299
Plumbing Contractor's Company Name Telephone
P.O. Box 494, Mamas, NC 27552
Address Email Address
07674 31576
License #

Insulation Contractor Information

Tri-City Insulation + Bldg Products 910.486.8855
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

And W. T.
Signature of Owner/Contractor/Officer(s) of Corporation

7/15/15
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 Timeless Residential Construction, LLC

Sign w/Title And W. T., Member/Manager Date 7/15/15

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	14-50034212	Date	8/01/14
Property Address	195 CAPITOL HILL RD		
PARCEL NUMBER	13-0631- - -0037- - -		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	CAPITOL HILLS		
Property Zoning	PENDING		

Owner

MILTON ANDREW & SABRINA N
195 CAPITAL HILL RD
LILLINGTON NC 27546

Contractor

TIMELESS RESIDENTAL CONST LLC
716 MANOR HILLS RD
LILLINGTON NC 27546
(910) 890-0555

Applicant

MILTON ANDREW

--- Structure Information	000 000	58.4X56.2 3BDR 2.5BATH SFD W GAR, CRAWL	
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 1046291

Issue Date 8/01/14

Valuation 0

Expiration Date 8/01/15

Special Notes and Comments

T/S: 07/17/2014 03:35 PM VBROWN ----
 CAPITOL HILL RD LILLINGTON 27546. 13TH
 STREET OUT OF LILLINGTON ON SOUTH RIVER
 RD 4MI CAPITOL HILL RD ON LEFT.
 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

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	14-50034212	Page	2
Property Address	195 CAPITOL HILL RD	Date	8/01/14
PARCEL NUMBER	13-0631- - -0037- - -		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	CAPITOL HILLS		
Property Zoning	PENDING		
Permit BLDG, MECH, ELEC, PLB, INSU PERMIT			
Additional desc . . .			
Phone Access Code .	1046291		

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	_____	___/___/___

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 170651

Filed on: 07/31/2014
Initially filed by: Timeless

<p>Designated Lien Agent</p>	<p>Project Property</p>	<p>Print & Post</p>
<p>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</p>	<p>195 Capitol Hill Road Lillington, NC 27546 Harnett County</p>	<div data-bbox="1001 438 1096 538" data-label="Image"> </div> <p>Contractors: Please post this notice on the Job Site.</p> <p>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.</p>
<p>Owner Information</p>	<p>Property Type</p>	
<p>Andrew Milton 195 Capitol Hill Road Lillington, NC 27546 United States Email: andrew.milton.gc@gmail.com Phone: 910-890-0555</p>	<p>1-2 Family Dwelling</p>	
	<p>Date of First Furnishing</p>	
	<p>07/31/2014</p>	

View Comments (0)

Technical Support Hotline: (888) 690-7384