HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day.

\_\_\_\_\_ Date 1/12/15

Application Number . . . . 14-50034911 Property Address . . . . . . 567 PRAIRIE LN

Owner Contractor

\_\_\_\_\_\_ 

SOUTH-SCAN, INC
3128 GOLD DUST LIN
WILLOW SPRINGS NC 27592
WILLOW SPRINGS NC 27592
(919) 669-4273

Applicant

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SOUTH SCAN INC

--- Structure Information 000 000 38X42, 3 BDRMS, GARAGE, SLAB

Flood Zone . . . . . . FLOOD ZONE X

Other struct info . . . . # BEDROOMS 3.00 SFD

PROPOSED USE

SEPTIC - EXISTING? NEW TANK
WATER SUPPLY UNKNOWN

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

Additional desc . .

Phone Access Code . 1066935

Issue Date . . . 1/12/15 Expiration Date . . 1/12/16 Valuation . . . .

Special Notes and Comments

T/S: 11/10/2014 03:34 PM LSEGARS ---NC 27 W, LEFT ON DOCS RD, RIGHT ON PRAIRIE LN, LOT ON LEFT AT END, TROTTERS BLUFF SUBDIVISION, LOT #49, ADDRESS IS 567 PRAIRIE LN PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. 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.

Date 1/12/15

Application Number . . . . . 14-50034911 Property Address . . . . . . . . . . . . 567 PRAIRIE LN

. . 03-0507- - -0067- -48-PARCEL NUMBER Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . TROTTER'S RIDGE PH2B 23LOTS Property Zoning . . . . . RES/AGRI DIST - RA-20R

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

Additional desc . .

Phone Access Code . 1066935

## 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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		//
30-999	309	P309	R*PLUMB UNDER SLAB		_/_/_
30-999	205	E205	R*ELEC UNDER SLAB		— <sub>/</sub> — <sub>/</sub> —
40-50	129	I129	R*INSULATION INSPECTION		<i></i> //-
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		//

Plan Box #	_2	Date	12.17.14
Plati BUX #		Job Nam	6-2011/12/CC
App #340	111	文 Valuation <u> 136,414</u>	Heated SQ Feet 1684
		·	Garage 415
Inspections for	SFD/SFA		= 2099
Crawl	Slab	Mono	Basement
Foo ting	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
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Insulation\_\_

Final\_\_\_

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Initial Application Date:_	1/	/10	14	

Residential Land Use Application

Application # _	14-50=	34911	
	01.14		

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

03/11

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* LANDOWNER: SOUTH - SCAN, INC. Mailing Address: 3128 6010 DV (7 1) City: LILLINGTON State: NC Zip: 2759Z Contact No: 9969 4273 Email: DUCKBURG LEGENAIL COM APPLICANT : SAME \_\_\_\_ Mailing Address: City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_
\*Please fill out applicant Information if different than landowner City: \_ CONTACT NAME APPLYING IN OFFICE: BERT KYMALAINEN Phone # 9196694273 PROPERTY LOCATION: Subdivision: TROTTERS BLUFF

State Road # 116 State Road Name: PRAIRIE LANE (DOC'S)

Map Book & Page: 2013 / 227 Parcel: 030507006748 PIN: 9597-83-8005.000 Zoning: RA-20R Flood Zone: NO Watershed: NO Deed Book & Page: 03779, 0339 Power Company\*: PROGRESS DUKE \*New structures with Progress Energy as service provider need to supply premise number 31958553 from Progress Energy. \* S67 Pairie Ln PROPOSED USE: SFD: (Size 38 x 17) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath). NO Garage: X Deck: NO Crawl Space: Slab: X Slab: X Slab: NO (Is the bonus room finished? (\_\_) yes (K) no w/ a closet? (\_\_) yes (X) 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: Addition/Accessory/Other: (Size \_\_\_\_x \_\_\_) Use: \_\_\_\_\_\_ Closets in addition? (\_\_\_) yes (\_\_\_) no Water Supply: X County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final Sewage Supply: X 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 (A) yes (\_) no (POSSIBLE FRONT UTILITY)? Structures (existing or proposed): Single family dwellings: 1 PROP Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

Application # /4-500349//

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 SOUTH-SCAN, INC	Date <u> 2//7//</u>
Site Address 567 PRAIRIELN LILINGTON, N	627546 Phone 919669427
Directions to job site from Lillington 27W, Lt. ON DO	C'S RD., Rt. ON PRAIRIE
TO NEW SECTION.	
Subdivision TROTTER'S BLUFF AT FOX RVN.	Lot 49
Description of Proposed Work NEW S.F. RESIDENTIAL TA	TT: 6ARAGE# of Bedrooms 3
Heated SF 684 Unheated SF 50/ Finished Bonus Room?	NO Crawl Space Slab X \$75
General Contractor Informati	on Colla Harra
SOUTH-SCAN, INC.	919 669 4273
Building Contractor's Company Name  3178 GOLD DUST IN WILLOWS PRING NC 275	Telephone  197 DUCKBURG Z. @ GM/II /
Address	Email Address
36169	and the second of the second o
License #	. Project c
Description of Work NEW S.F. CONST. Service Size	e 200 Amps T-Pole Yes X No.
R.A. JACKSON ELECTRIC, INC.	919 8945367
Flectrical Contractor's Company Name	Telephone
9ZGI RALEIGH RD, BENSON, NC 2750.	
Address	Email Address
·//I 4 H	
2/144 License #	AND MEDICAL CONTRACTOR OF THE SECOND
License #  Mechanical/HVAC Contractor Infor	mation
License #  Mechanical/HVAC Contractor Infor	Section 1 Control of the Section 1
License #  Mechanical/HVAC Contractor Infor  Description of Work NEW RES. CONST  JONES HEATING FAIR INC.	mation 910 424 7792
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + AIR INC  Mechanical Contractor's Company Name	9/0 4Z 4 770Z Telephone
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + AIR INC  Mechanical Contractor's Company Name  5717 MARRACCO DR. HOPE MILLS NC 2834	9/0 4Z4 770Z Telephone
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Mechanical Contractor's Company Name  57/7 MARRACCO DR. HOPE MILLS NC 2834  Address	9/0 4Z 4 770Z Telephone
Mechanical/HVAC Contractor Information of Work NEW RBS. CONST  JONES + JONES HEATING + BIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614	9/0 4Z 4 770Z Telephone
Mechanical/HVAC Contractor Information of Work NEW RES. CONSTITUTED TONES HEATING FAIR INC.  Mechanical Contractor's Company Name  SZIT MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information	9/0 4Z 4 770Z Telephone /8 Email Address
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-71614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.	9/0 4Z 4 770Z Telephone // Email Address
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-71614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.	9/0 4Z 4 770Z Telephone // Email Address
Mechanical/HVAC Contractor Information  Description of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Machanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L. R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name	9/0 4Z 4 770Z Telephone // Email Address
Mechanical/HVAC Contractor Information  Description of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L.R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC 27504	9/0 4Z 4 7702 Telephone // Email Address  ion # Baths 3 9/9 820 0026 Telephone
Mechanical/HVAC Contractor Information of Work NEW RES. CONST  JONES + JONES HEATING + BIR INC  Machanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L. R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC 27504  Address	9/0 4Z 4 770Z Telephone // Email Address  100 # Baths 3 9/9 820 00 76
Mechanical/HVAC Contractor Information Description of Work NEW RES. CONST  JONES + JONES HEATING + AIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L.R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC 27504  Address  D7958	9/0 4Z 4 7702 Telephone // Email Address  ion # Baths 3 9/9 820 0026 Telephone
Mechanical/HVAC Contractor Information Description of Work NEW RES. CONST  JONES + JONES HEATING + AIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L.R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC 27504  Address  D7958	Telephone  Email Address  Telephone  # Baths 3  9/9 820 0026  Telephone  Email Address
Description of Work NEW RES. CONST  JONES + JONES HEATTNG + AIR INC  Mechanical Contractor's Company Name  SZIT MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L.R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC 27504  Address  07958  License #	9/0 4Z 4 7702 Telephone  Email Address  Pon # Baths 3 9/9 820 00 26 Telephone  Email Address
Description of Work NEW RES. CONST  JONES + JONES HEATTNO + BIR INC  Mechanical Contractor's Company Name  SZI7 MARRACCO DR. HOPE MILLS NC 2834  Address  Z984-HZ + 3C1-11614  License #  Plumbing Contractor Information  Description of Work NEW RES. CONST.  L.R. GLOVER PLUMBING CO. INC  Plumbing Contractor's Company Name  P.O. BOX 764 BENSON, NC Z7504  Address  07958  License #  Insulation Contractor Information	Telephone  Email Address  Telephone  # Baths 3  9/9 820 0026  Telephone  Email Address

\*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.  Date  Signature of Owner/Contractor/Officer(s) of Corporation.
Affidavit for Worker's Compensation N C G S 87-14  The undersigned applicant being the
General Contractor
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 of Name SOUTH - SCAN, INC
Company or Name SOUTH - SCAN, INC.

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 213608

Filed on: 11/10/2014 Initially filed by: duckburg1@gmail.com

### Designated Lien Agent

#### **Project Property**

## Investors Title Insurance Company

Online: www.liensnc.com (http://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 (mailto respon@limens.com)

Property Type

Lillington, NC 27546

567 Prairie Ln.

Harnett County

1-2 Family Dwelling

#### Owner Information

Date of First Furnishing

South-Scan, Inc.
3128 Gold Dust Ln.
Willow Spring, NC 27592
United States
Email: duckburg1@gmail.com
Phone: 919-669-4273

11/03/2014

erty Type

View Comments (0)

Technical Support Hotline: (888) 690-7384

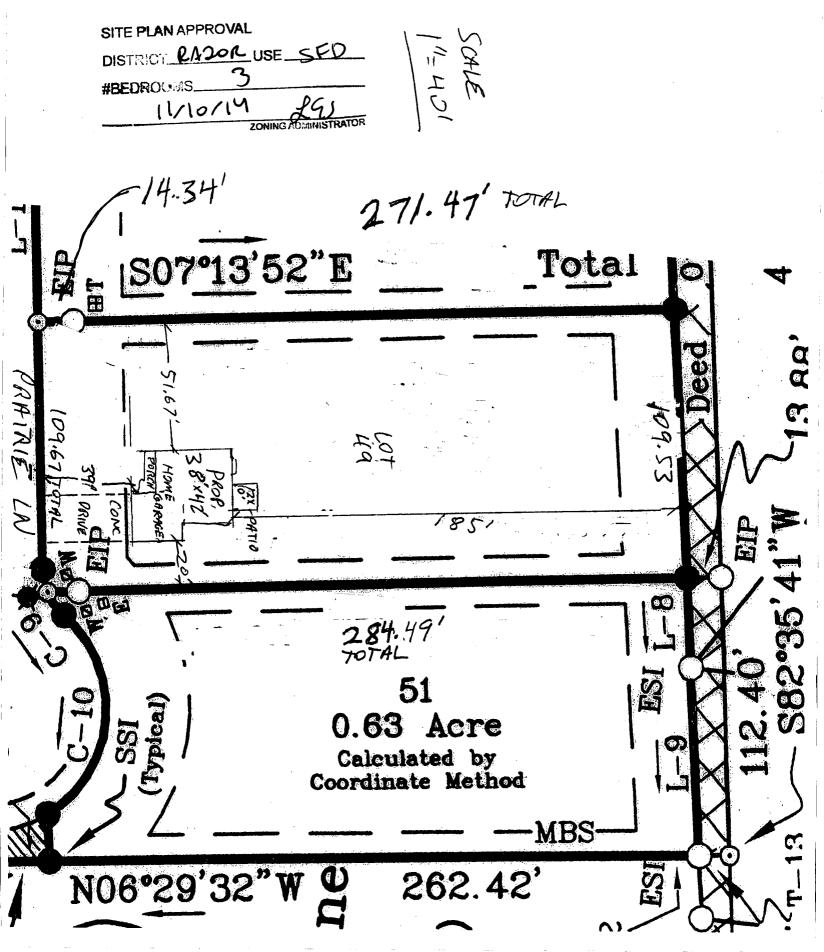
## Print & Post



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.



SOUTH-SCAN, INC.

\*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 # 6071 K 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. [K] Innovative ? [ [ ] Conventional [ ] Other RENCTION { } Accepted {\_\_}} Any { } Alternative 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	{ <u>K</u> } NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	$\{\underline{X}\}$ NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	{ <u>⊀</u> } NO	Does or will the building contain any drains? Please explain	
{}}YES	{ <u></u> ₹} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{}}YES	{ <b>⋌</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	{ <u>⊀</u> } NO	Is the site subject to approval by any other Public Agency?	
{}}YES	{ <u></u> <b>ℓ</b> } NO	Are there any Easements or Right of Ways on this property?	
{}}YES	{ <u></u> <b>K</b> } 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 Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County An	ıd
State Officia	ıls Are Grante	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules	s.
I Understan	d That I Am S	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making	
The Site Acc	cessible So Tha	t A Complete Site Evaluation Can Be Performed.	
PROPERT	Y OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE	•

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:			<del>.</del>
NC 27W -			
LT ON DOC'S RD.			
RT ON PRAIRIE LN.			· · · · · · · · · · · · · · · · · · ·
LOT ON LEFT AT END.	·		· 
f permits are granted I agree to conform to all ordinances and laws of the State of Nor	th Carolina regulating such work and	the specifications	of plans submitted
hereby state that foregoing statements are accurate and correct to the best of my known of the state of the best o	owledge. Permit subject to revocation	i ir taise informatior r	i is provided.
Signature of Owner or Owner's Agent	Date		

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*