

Initial Application Date: 12.23.14

Application # 14 50035208

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: SEA 2, LLC Mailing Address: 3531 Chaly Beate Springs Rd
City: FURQUAY VARINA State: NC Zip: 27520 Contact No: 919-649-6554 Mail: williamcurren@gmail.com
6554

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

CONTACT NAME APPLYING IN OFFICE: Bill Currin Phone # 919-649-6554

PROPERTY LOCATION: Subdivision: Magnolia Crest Lot #: 28 Lot Size: .66 AC
State Road # _____ State Road Name: YAKUBS CLUB Rd Map Book & Page: 200739
Parcel: 06.0655.0067.29 PIN: 0655.52.7288
Zoning: R20 Flood Zone: X Watershed: NA Deed Book & Page: 2715213 Power Company*: DUKE

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

PROPOSED USE:
 SFD: (Size 42.53' x 53') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: attached Deck: attached Crawl Space: attached 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 see site plan

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>40</u>
Rear	<u>25</u>	<u>80</u>
Closest Side	<u>10</u>	<u>42</u>
Sidestreet/corner lot	<u>20</u>	<u>---</u>
Nearest Building on same lot	<u>10</u>	<u>---</u>

Comments: Proposed

SURVEY FOR

SEA 2, LLC

LOT 28, MAGNOLIA CREST SUBDIVISION, MAP # 2007-39

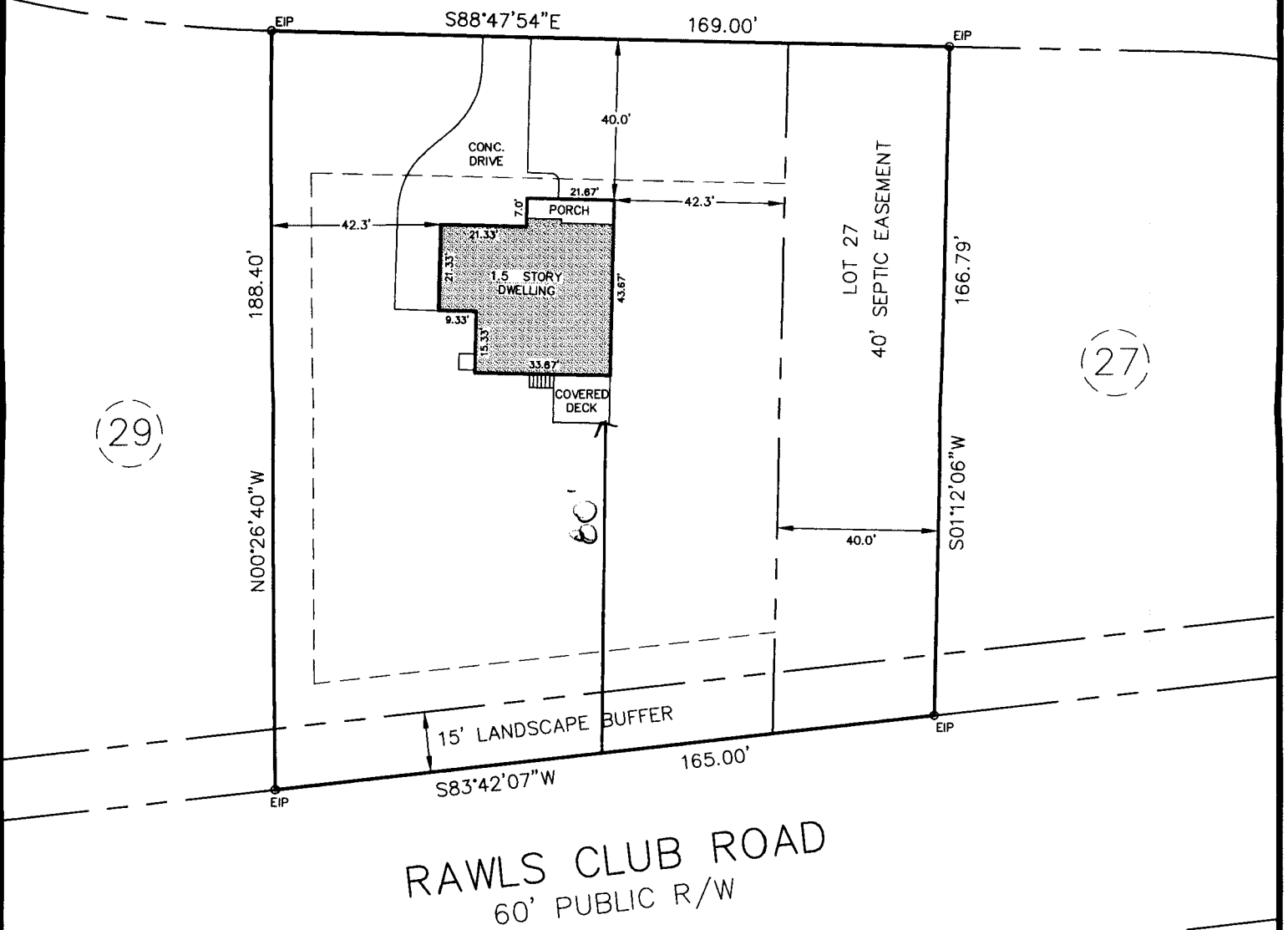
HECTOR'S CREEK TOWNSHIP HARNETT COUNTY NORTH CAROLINA

SCALE: 1: 40'

MAP # 2007-39



ALBAN ROW
50' R/W



(29)

(27)

SITE PLAN APPROVAL

DISTRICT RA30

USE SED

#BEDROOMS 3

LEGEND

EIP - EXISTING IRON PIPE

IPS - IRON PIPE SET

NIF - NO IRON FOUND

PK - PK NAIL

NAME: SEA 2, LLC

APPLICATION #: 14 50035208

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. FOUNDATION DRAINS IF NEEDED
- {_} 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? see site plan
- {_} 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.

Mick A. Con m/02
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

12/23/2014
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 SEA 2, LLC Date 1/7/2015
Site Address FUQUAY VARINA, NC 27526 Phone 919-649-6554
Directions to job site from Lillington 401 South to Rawls Club Road. TURN RT. make a left on Curragh Cove. MAKE A RT ON ALBAN and lot is 2nd on Right.
Subdivision MAGNOLIA CREST Lot Lot 28
Description of Proposed Work NEW RESIDENCE # of Bedrooms 3
Heated SF _____ Unheated SF -0- Finished Bonus Room? 0 Crawl Space Slab _____

General Contractor Information

SEA 2, LLC Telephone 919-649-6554
Building Contractor's Company Name
Address 3531 Chalybeate Sp. Rd Fuquay Varina, NC 27526 Email Address Williamcvarin@gmail.com
License # 1

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole Yes No
Rex Dean Electric Telephone 919-669-9781
Electrical Contractor's Company Name
Address 8039 Kennebec Road Willow Springs NC 27592 Email Address _____
License # 5748 L

Mechanical/HVAC Contractor Information

Description of Work NEW CONST. - Residential
HVAC Specialist Telephone 919-669-9509
Mechanical Contractor's Company Name
Address 5843 Lakesbury Rd. Fuquay Varina NC Email Address _____
License # 22035

Plumbing Contractor Information

Description of Work NEW CONST. Residential # Baths 2 1/2
Straight Flush Plumbing, INC Telephone 919-422-8044
Plumbing Contractor's Company Name
Address 478 Mitchell Road Lillington, NC 27546 Email Address _____
License # 23655

Insulation Contractor Information

INSULATION, INC Telephone 919-772-9000
Insulation Contractor's Company Name & 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

Walt L. Carr m/m
Signature of Owner/Contractor/Officer(s) of Corporation

1/7/2015
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 SEA 2, LLC

Sign w/Title Walt L. Carr m/m Date 1/7/2015