Initial Application Date: 4-23

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2

Fax: (910) 893-2793

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" ___ Mailing Address: 57 WC Beasley Lane LANDOWNER:_ _____ Contact No: _919-868-5822 City: Coats beasleyshvac@aol.com PPLICANT Mailing Address: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Mike Beasley PROPERTY LOCATION: Subdivision: Map Book & Page 2015 State Road Name: Parcel: 021517 0187 0 Z Deed Book & Page 329 / 585 Power Company*: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: SFD: (Size 58'8" x 63'0") # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: ✓ Deck: ✓ Crawl Space: ✓ Slab: Slab: (Is the bonus room finished? (__) yes (\checkmark) no w/ a closet? (__) yes (\checkmark) no (if yes add in with # bedrooms)) # 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: County Existing Well Mew Well (# of dwellings using well 1) *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 (\(\frac{\lefta}{\chi}\)) no Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Actual Front Rear Closest Side Sidestreet/corner to Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Turn right onto NC-27 E/OS-421 S; Turn left o	nto Leslie Campbell Ave;
At the traffic circle, take the 2nd exit and stay on Leslie Campbell Ave; At the traffic circle, take the 2nd exit,	; Slight right onto Leslie
Campbell Ave; Merge onto NC-27 E; stay on NC-27 E for 7 miles and the destination will be the 2nd drive wa	ay on the left after you
pass the crossroads of NC-27 E, Fairground Road, and Bailey's Xrd Road.	
**(The destination is the next driveway after passing a brick two story house on the corner with the address 8	3825 NC 27 East,
Benson, NC)**	

owledge. Permit subject to revocation if false information is provided.

Signature of Owner of Owner's Agent 1/7/2015

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



HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington NC 27546-0400 Phone (910) 893-8743 / Fax (910) 893-3594 www.halowensoil.com

16 February 2015

Mrs. Jamie Hughes B & B Enterprises 57 W C Beasley Lane Coats, NC 27521

Reference: Final Report for Comprehensive Soil Investigation NC Hwy 27 Lot (1.349 Acre)

Dear Mrs. Hughes,

A comprehensive soil investigation has been conducted at the above referenced property, located on the northern side of NC Hwy 27 E Road in the Grove Township of Harnett County, North Carolina. The purpose of the investigation was to determine the ability of this lot to support a subsurface sewage waste disposal system and repair area for a typical three-bedroom home. All soil ratings and determinations were made in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900". It is our understanding that individual septic systems and public water supplies will be utilized at this site. The maximum house footprint used for this evaluation was 50 X 50 feet. Wetlands were not observed.

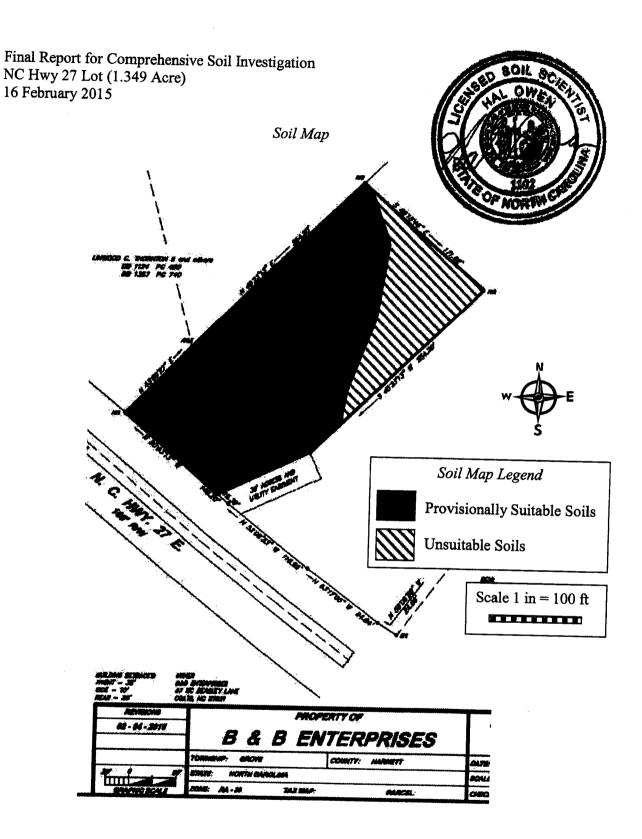
This lot is dominated by a complex mixture of suitable, provisionally suitable, and unsuitable soils for subsurface sewage waste disposal. These provisionally suitable soils appear to be dominate and were observed to be firm and friable sandy clay loams to greater than 24 inches and appear adequate to support long term acceptance rates of 0.3 to 0.6 gal/day/sqft. It appears that the soils on this lot are adequate to support a conventional septic system and repair area for a three or four bedroom residence.

This soil investigation report and map, when provided to the Harnett County Health Department, should allow them to sign the maps for recordation. I appreciate the opportunity to provide this service and hope to be allowed to assist you again in the future. If you have any questions or need additional information, please contact me at your convenience.

Sincerely,

Hal Owen

Licensed Soil Scientist



NAME: Jam	so Much	
NAME: UIII	ie Hugius	APPLICATION #:
		e filled out when applying for a septic system inspection.*
PERMIT OR AUTHO depending upon docu 910-893-	ION IN THIS APPLICATION IS DRIZATION TO CONSTRUCT mentation submitted. (Complete 7525 option 1	tion for Improvement Permit and/or Authorization to Construct FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration site plan = 60 months; Complete plat = without expiration) CONFIRMATION #
\\ \int \(\frac{Environment}{2} \)	tal Health New Septic Sys	tem Code 800
lines mus Place "ora out buildir Place ora If property evaluation All lots to for failure After prep 800 (after confirmati Use Click Environment Follow ab Prepare f possible)	t be clearly flagged approxi- ange house corner flags" at angs, swimming pools, etc. ange Environmental Health of y is thickly wooded, Environ to be performed. Inspector to be addressed within 10 to uncover outlet lid, may be a uncover outlet lid,	flags and card on property. soil over outlet end of tank as diagram indicates, and lift lid straight up (it lace. (Unless inspection is for a septic tank in a mobile home park)
 After unce if multiple given at e 	overing outlet end call the permits, then use code to and of recording for proof of	voice permitting system at 910-893-7525 option 1 & select notification permit 800 for Environmental Health inspection. <u>Please note confirmation number</u>
SEPTIC		
	<u>-</u>	licate desired system type(s): can be ranked in order of preference, must choose one.
· · · · · ·		{\(\sum_{\conventional} \) \(\lambda_{\cup} \) Any
The applicant shall	notify the local health departn	ment upon submittal of this application if any of the following apply to the property in ΓΑΤΤΑCH SUPPORTING DOCUMENTATION:
{_}}YES {_ _ }	O Does the site contain a	any Jurisdictional Wetlands?
{_}}YES {}N	O Do you plan to have a	n <u>irrigation system</u> now or in the future?
Y_JYES {IN	O Does or will the buildi	ng contain any drains? Please explain
YES IN	NO Are there any existing	wells, springs, waterlines or Wastewater Systems on this property?
/(}YES	IO Is any wastewater goir	ng to be generated on the site other than domestic sewage?
/ {}YES	IO Is the site subject to ap	pproval by any other Public Agency?
{}}YES	Are there any Easemen	nts or Right of Ways on this property?
{_}}YES { } *X	Does the site contain a	any existing water, cable, phone or underground electric lines?

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.

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

1 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)

Plan Box # App #5	535436 v	Job Nam Valuation 16520	 Y Heated SQ Feet_	1991
Inspections for	r SFD/SFA			2547
Crawl	Slab	Mono	Basement	·
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In	
			Insulation Final	
Foundation Sur	vey En	ovir. Health <u>MC</u> W		
••••••		vir. Health <u>NC</u> W	Final	
Foundation Sur		vir. Health <u>NC</u> W	Final	
••••••	<u>er</u>	ovir. Health <u>NC</u> W	Final	

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owners Name Chadley & Vanie Hugher	Date 7-1-15
Owners Name Chadley & Jamie Hughes	
Site Address 8887 # 27 East Benson NC 2	
Directions to job site from Lillington +ake 421 south to	
Costs and by fairground Rd. Look to	ett Joban lett
before church	
	Lot
Description of Proposed Work New House	# of Bedrooms 3
Heated SF Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
Kevin Tyndall Builders Inc.	910-237-4237
Building Contractor's Company Name	Telephone
Address HG4 Lucas Rd Dunn NC 28334 Address	Tyndall builders embag mail.com
71458	
License #	- 10 m
Description of Work Wise house Service Size	ON Amps T-Pole I Yes No
Bued's Electric	919-669-3843
Electrical Contractor's Company Name	Telephone
	W/A
143 Mingo Rd Benson NC 27584 Address	Email Address
20256-L	
License #	
Mechanical/HVAC Contractor Inform	<u>mation</u>
Description of Work New System	
Bends > HVAC	919-894-4248
Mechanical Contractor's Company Name	Telephone
57 WC Lane Coats	N/A
Address	Email Address
9497	
License # Plumbing Contractor Information	on
Description of Work whole howe	# Baths
Description of Work	
Plumbing Contractor's Company Name	919 - 938 - 1813 Telephone
636-68 Old Roberts Rd Benson 27504	N/A
Address	Email Address
17405	
License #	
Insulation Contractor Information	0 0
31-W Toxilation Co. Inc.	919-662-9980
Insulation Contractor's Company Name & Address	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 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 Koving 14 ndall Builders Inc.
Sign w/Title Date
Land shall s

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 316632

Filed on: 06/30/2015 Initially filed by: Kevin464

Designated Lien Agent

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_support@liensnc.com/

Owner Information

Kevin Tyndall Builders Inc 464 Lucas Rd Dunn, NC 28334 United States

Email: tyndall builders@embarqmail.com

Phone: 910-237-4237

View Comments (0)

Project Property

8887 Hwy 27 East Benson, NC 27504 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/30/2015

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.

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

Bldg Insp scheduled before 2pm available next business day. -----Application Number 15-50035436 Date 7/01/15 Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor -----______ HUGHES JAMIE B TYNDALL BUILDERS INC 57 W C BEASLEY LANE 1014 WEST CORE ROAD NC 27521 DUNN NC 28334 (910) 237-4237 Applicant ------HUGHES JAMIE B Structure Information 000 000 58.8 X 63.0'3 BR ATT GARAGE DECK CRAWL Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 3.00 PROPOSED USE SFD SEPTIC - EXISTING? NEW

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1072305

Issue Date . . . 7/01/15 Valuation 0

Expiration Date . . 6/30/16

WATER SUPPLY

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.

Page 2 Date 7/01/15

Subdivision Name

Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1072305

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 40-50 40-60 40-60 40-60 50-60 50-60 50-60	101 103 814 105 129 425 125 325 225 429 131 329 229	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429 R131 R329 R229	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL		
999		H824	ENVIR. OPERATIONS PERMIT		//