

Initial Application Date: 6/10/2015

Application # 1550036379
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: Milton Enterprises Inc Mailing Address: 3183 Hwy 421 N
City: Lillington State: NC Zip: 27546 Contact No: 910-303-1967 Email: stephentmilton@gmail.com

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Stephen T. Milton Phone # 910-303-1967

PROPERTY LOCATION: Subdivision: Wade Pointe Lot #: 2 Lot Size: 0.72
State Road # _____ State Road Name: Compass Landing Map Book & Page: 2010, 700
Parcel: 021527 0104 09 PIN: 1527-65-0756.000

Zoning: RA-30 Flood Zone: _____ Watershed: _____ Deed Book & Page: 12923, 10982 Power Company*: Duke Energy
*New structures with Progress Energy as service provider need to supply premise number 18371723 from Progress Energy.

PROPOSED USE:

- SFD: (Size 75 x 55) # 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: Proposed SFD Manufactured Homes: _____ Other (specify): _____

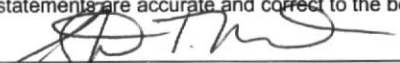
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	45
Rear	25	163.8
Closest Side	10	19
Sidestreet/corner lot	20	N/A
Nearest Building on same lot	NA	N/A

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 South to Dunn- Turn left onto Hwy 301 towards Benson-
proceed approximately 6 miles turn right onto Steward Rd- Turn right onto Land Rd- proceed approx 2 miles- turn left onto Arbor
Smith Lane (Wade Pointe SD)- turn right onto compass landing- 2nd lot on your 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.



Signature of Owner or Owner's Agent

6-10-15
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

09/09/11

Application #

1550030379

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 Milton Enterprises Inc Date 6/10/15

Site Address 40 Compass Landing Dunn, NC 28334 Phone 910-303-1967

Directions to job site from Lillington Hwy 421 South to Dunn - Turn left onto Hwy 301 towards Benson - Turn right onto Stewart Rd - turn right onto Lane Rd - Turn left onto Arbor Smith Lane - right onto

Subdivision Wade Pointe Lot 2

Compass Landing and lot on right

Description of Proposed Work New Construction # of Bedrooms 3

Heated SF 2555 Unheated SF 800 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Milton Builders Building Contractor's Company Name Telephone 910-303-1967

3183 Hwy 421 N Lillington, NC 27546 Address Email Address stephentmilton@gmail.com

72052 License #

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No

Dawson's Electric Inc Electrical Contractor's Company Name Telephone 910-201-3841

699 Cotton Rd Fuquay Varina, NC 27526 Address Email Address

25948-L License #

Mechanical/HVAC Contractor Information

Description of Work New Construction

Cape Fear A/C & Heating Co. Mechanical Contractor's Company Name Telephone 910-483-8290

1139 Robeson St Fayetteville, NC 28305 Address Email Address

07232 License #

Plumbing Contractor Information

Description of Work New Construction # Baths 3

Wagner Plumbing Inc Plumbing Contractor's Company Name Telephone 910-890-2299

555 Tirzah Dr. Lillington, NC 27546 Address Email Address

31576 License #

Insulation Contractor Information

Friend's Insulation Insulation Contractor's Company Name & Address Telephone 910-291-2438

*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

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 Milton Builders

Sign w/Title STW MANAGER Date 6-10-15

NAME: ATM

APPLICATION #: 1550036379

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 # Conf # 010308

- 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?

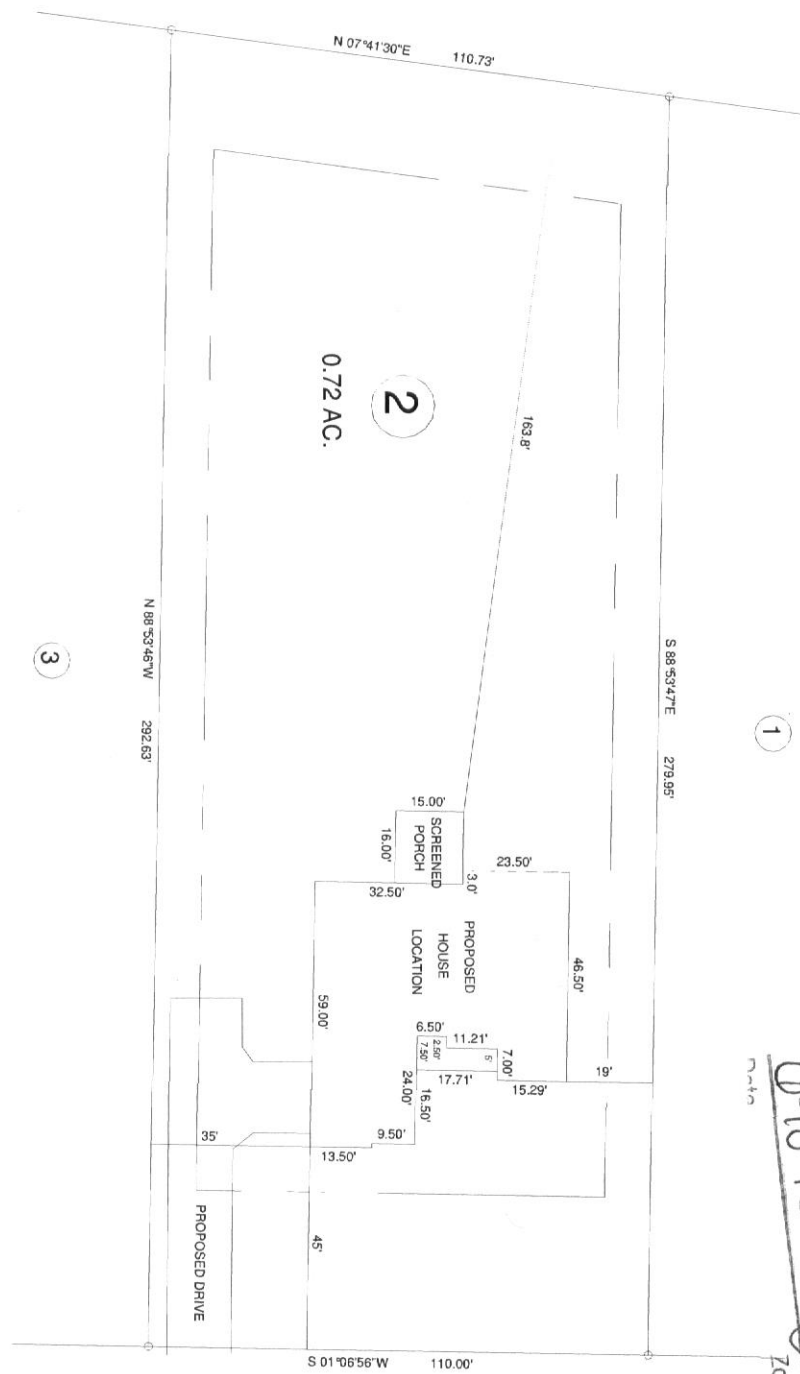
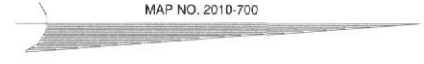
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

ATM
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-10-15
DATE



SITE PLAN APPROVAL
 DISTRICT RA-30 USE SFD
 #BEDROOMS 3
0-10-15
Andrew Burnett
 Zoning Administrator

MAP REFERENCE: MAP NO. 2010-700

MINIMUM BUILDING SET BACKS
 FRONT YARD 35'
 REAR YARD 35'
 SIDE YARD 10'
 CORNER LOT SIDE YARD 20'
 MAXIMUM HEIGHT 35'



SURVEY FOR: PROPOSED PLOT PLAN - LOT - 2 "MADE POINTE SUBDIVISION"		COUNTY: HARNETT		TOWNSHIP: AYERASBORO		STATE: NORTH CAROLINA		ZONE: WATERBURY DISTRICT	
DATE: JUNE 03, 2015		TAX PARCEL ID#		PIN #		CHECKED & CLOSURE BY:		FIELD BOOK	
BENNETT SURVEYS 1662 CLARK RD. LILLINGTON, N.C. 27546 (910) 893-5282		SCALE: 1" = 40'		DRAWN BY: RVB		SURVEYED BY:		DRAWING NO. 15221	
F-1304									