

Initial Application Date: 12-7-2015

Application # 1550037463

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: Michael Paul Boucher & Michelle Mailing Address: 302 N. Railroad St.
City: Benson State: NC Zip: 27504 Contact No: 919-894-4858 Email: _____

APPLICANT*: SHANE HUDSON Mailing Address: 121 Beasley Estates PR.
City: Benson State: NC Zip: 27504 Contact No: 919-455-0491 Email: Firefam497@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Shane Hudson Phone # 919-455-0491

PROPERTY LOCATION: Subdivision: NEW Horizon Lot #: 13 Lot Size: .50 145x150
State Road # 101 State Road Name: Starlight Drive Map Book & Page: 2004, 0826
Parcel: Reid 0059764/130610 010725 PIN: 0610-98-8962.000
Zoning: RA-20R Flood Zone: - Watershed: WS-IV Deed Book & Page: 3354, 946 Power Company*: DUKE

*New structures with Progress Energy as service provider need to supply premise number 35438668 from Progress Energy.

PROPOSED USE:

- SFD: (Size 54' x 45') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ Monolithic Slab: _____
(1,524 sf) (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: _____ Manufactured Homes: _____ Other (specify): _____

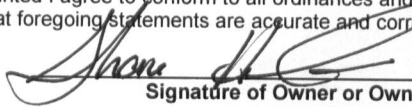
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>60</u>
Closest Side	<u>10</u>	<u>40</u>
Sidestreet/corner lot	<u>N/A</u>	<u>N/A</u>
Nearest Building on same lot	<u>N/A</u>	<u>N/A</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 421 From lillington Towards Sanford approx 5 mi. Turn R on Cool springs Rd. Subdivison approx 1/4 mi. on (R)

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

12-7-15
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: Michael Paul Baucher

APPLICATION #: 37663

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.

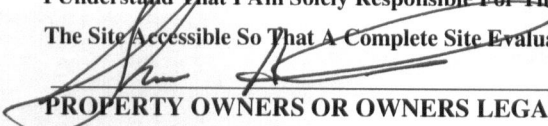
Accepted { } Innovative Conventional { } Any
{ } Alternative { } Other _____

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.

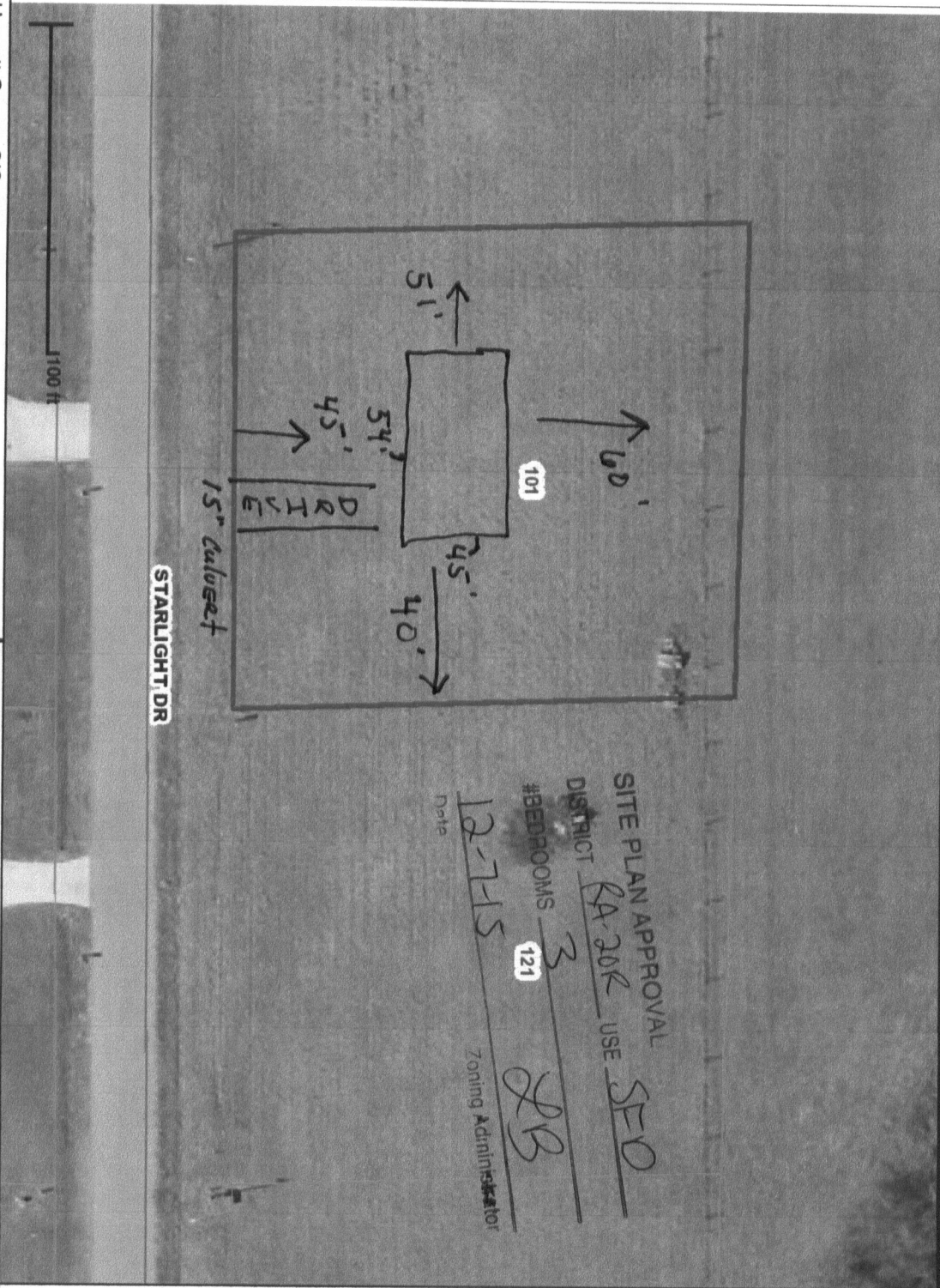
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

12-7-15
DATE

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**



SITE PLAN APPROVAL
 DISTRICT RA 20R USE SED
 #BEDROOMS 3 **121**
12-7-15 Date
RB Zoning Administrator



- Address Points
- Road Centerlines
- Major Roads
- Rivers
- Parcels
- County Boundary
- City Limits
- Harnett_2013.sid
 - Red: Band_1
 - Green: Band_2
 - Blue: Band_3

Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to the best accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its officers, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS
 305 W Cornelius Harnett Blvd, Suite 100
 Lillington NC 27546
 Phone: 910-893-7523 www.harnett.org



09/09/11

Application # 1550037663

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 Michael Paul Boucher Date 12-7-15
Site Address lot 13 NEW Horizons / 101 Starlight DR Phone 919-455-0491
Directions to job site from Lillington Take 421 towards Sanford approx 5 mi.
Turn Right on Cool Springs Rd. Subdivision 1/4 mi on R.

Subdivision NEW Horizons Lot 13
Description of Proposed Work NEW SFD # of Bedrooms 3
Heated SF 1524 Unheated SF 0 Finished Bonus Room? N/A Crawl Space Slab

General Contractor Information

SERVO Construction 919-868-8519
Building Contractor's Company Name Telephone
206 W. Holding St., Smithfield NC
Address Email Address
71893
License #

Electrical Contractor Information

Description of Work NEW HOUSE Service Size 200 Amps T-Pole Yes No
 Byrd's Electric 919-669-3843
Electrical Contractor's Company Name Telephone
Mingo Rd Benson NC 27504
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work NEW HOUSE
 STEPHENSON HEATING + AIR 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr., Garner NC 27529
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work NEW HOUSE # Baths 2
 Brent Adams Plumbing 919-669-7979
Plumbing Contractor's Company Name Telephone
133 Bailey's Crossroads, Benson NC 27504
Address Email Address
17359
License #

Insulation Contractor Information

Tatum Insulation ; 010 Drug Store Rd, 919-661-0999
Insulation Contractor's Company Name & Address Telephone
GARNER

*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

Shane Buden
Signature of Owner/Contractor/Officer(s) of Corporation

12-7-15
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 Berco Construction

Sign w/Title Jan A. [Signature]; Agent Date 12-7-15

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

Customer Information

Customer Name paul boucher
Local Reference ID 132155
Receipt Date 12/7/2015
Receipt Time 12:15:41 PM EST

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****4026
Order ID 15427958
Billing Name paul boucher

Billing Information

Billing Address 302 n. railroad st

Billing City, State benson , NC

ZIP/Postal Code 27504

Country US

Phone Number 9193693062

Fax Number

This receipt has been emailed to the address below.

Email Address

paul@swtandt.com