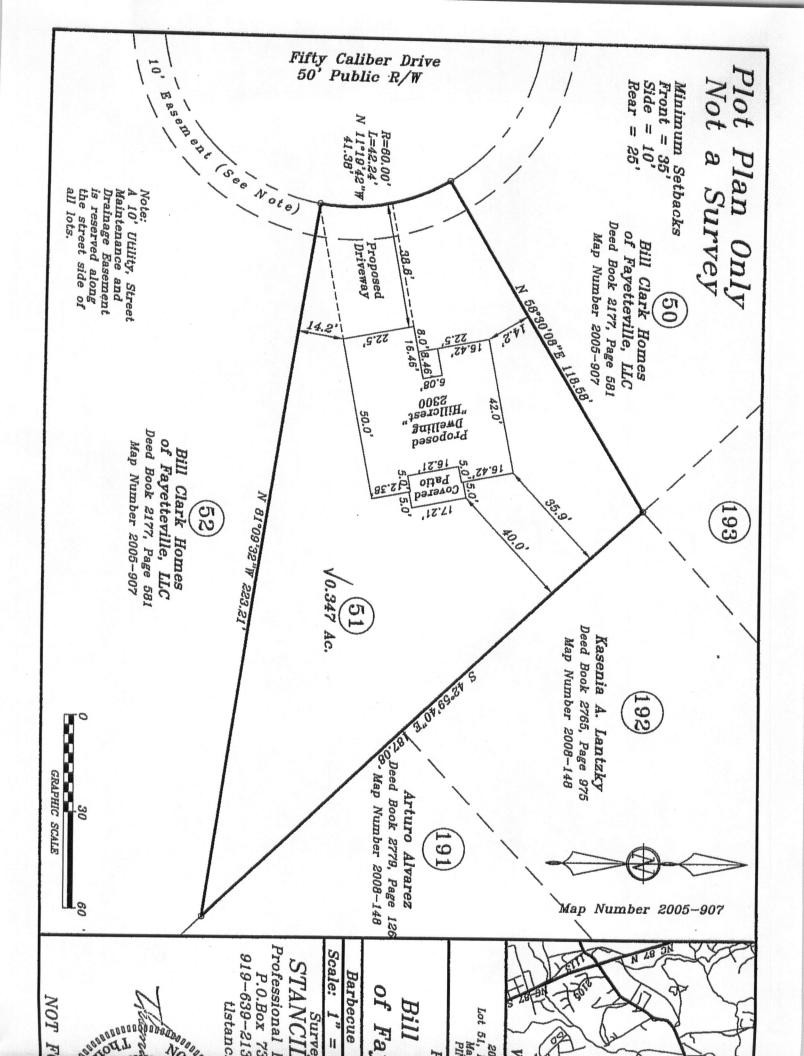
	1	711-15						,
Initial Application	on Date:	7-11-10			Application	#155	003	7691
Central Permittin	ng 108 E.	COUN Front Street, Lillingtor	NC 27546	Phone: (910)	L LAND USE AP	PLICATION	CU	
LANDOWNER:	Bill						?793	www.harnett.org
city: Faye	turili	Clark He	Ines	Mailing Add	ress: Poil	24 870	21	
APPLICANT":	Bill C	lank Hor	NS ZE	Mailing Addr	410-426 ess:	- 2696 Cont	act #: 910	-237-2479
*Please fill out appli	icant information	State:State:	Zip:	Home #:		Conta	act #:	
CONTACT NAME	E APPLYING I	NOFFICE: B	ian	Walke		Db Q 14	0 0-	
PROPERTY LOC	ATION: Sub	division: Pat	Fano	pint.	1.0	mone #: 5/10	0-137	-2479
State Road #:	S	ate Road Name:	Timas	u Rom	1/28.0	aliber Di	_Lot Size:C	0.347
Zoning: KA-2	OR Flood Zo	ne: n a Waters	hed n	Dood Dadon	20-1			e81
SPECIFIC DIRECT	TIONS TO THE	PROPERTY FROM	LILLINGTON:	Hune	7 1-	1201	111/	301
lun	les	ton	Dino	un Rel	T	unias	Thus	1.87
Subd	wini	2000		e Eagl		m 1		
onto	Bun	his bust	in Ct	· Ha	n rig	0 +	myl	1
Calib	n D	<b>1</b> -		7	n sug	phi ni	to Au	ty
PROPOSED USE:	11	(Include Bonus	room as a bedr	room if it has a clos	ect)			
SFD (Size 33	_x45_)#Be	drooms 3 # Bath	3 0-			Dack W	00	Circle:
Mod (Size	_X) # Be	drooms # Baths	Basem	ent (w/wo bath)	Garage_	Site Buil	t Deck	awl Spade / Slab  ON Frame / OFF
☐ Duplex No. Bu	uildings	DWTW (S	Zex_	_) # Bedrooms _	Garage	(site built?	_) Deck	_(site built? )
☐ Home Occupation			Service representation of the service of the servic					
☐ Addition/Access	sory/Other (Size	x) Use			_Hours of Operat			
						CI	osets in addition	on()yes ()no
Water Supply: X C	New Sentia T	) Well (No. dwellin	gs)	MUST have opera	able water before	final		
Sewage Supply: X	tract of land o	wn land that contains	Tank Checklis	t) () Existing S	eptic Tank ()	County Sewer		
Property owner of this Structures (existing or	made of idild o	mi land that contains	a manufactured	d home w/in five h	undred feet (500"	of tract listed a	bove? (_)YE	ES (X)NO
		and the state of t		The state of the s	nes na	Other (specif	y) _ n  c	
Regulard Postdontial	I D		Comment	ts:			,	
Required Residential								
	20 Act	ual 38.6						
1	0	35.9						
Sidestreet/corner lot_	process .	14.2						
learest Building	years.	-						
n same lot			-		· · · · · · · · · · · · · · · · · · ·			
permits are granted I a	agree to confor	m to all ordinances ar	nd laws of the S	State of North O				
permits are granted I a	oing statement	s are accurate and co	rrect to the bes	t of my knowledge	IIna regulating su Permit subject	to revocation if	specifications	of plans submitted.
Brandi	ul			90			aise informatio	n is provided.
gnature of Owner or	Owner's Agen	t	_	_	9/22/13		_	
		application expires	6 months from	Da the Initial day	te			

\*This application expires 6 months from the initial date if no permits have been issued\*\*

PP#51 20 Aigty Calibu Dr.

MAINE: DIT Cloube Hornes	APPLICATION #: 3769
*This application to be filled out when applying for County Health Department Application for Impression	
IF THE INFORMATION IN THIS APPRICATION for Improvement	Permit and/or Authorization to Cond
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. depending upon documentation submitted. (Complete site plan = 60 months; Complete	THE SITE IS ALTERED, THEN THE IMPROVEMENT
depending upon documentation submitted. (Complete site plan = 60 months; Complete	The permit is valid for either 60 months or without expiration
10-093-7323 Option 1	CONFIRMATION # 013345 -13
Environmental Health New Septic SystemCode 800  All property irons must be made visible. But	12414
All property irons must be made visible. Place "pink proper lines must be clearly flagged approximately every 50 feet between the property irons must be considered approximately every 50 feet between the place "orange house corner flags."	erty flags" on each corner iron of lot. All propert
Place "orange house corner flags" at cook corner of the	con comers.
out buildings, swimming pools, etc. Place flags per site plan de  Place orange Environmental Health card in location that is a set	eveloped at/for Central Permitting
If property is thickly wooded. Environmental Userial	ly viewed from road to assist in locating property
evaluation to be performed. Inspectors should be able to	at you clean out the undergrowth to allow the soi
All lots to be addressed within 10 business described.	nooly around site. Do not grade property.
<ul> <li>for failure to uncover outlet lid, mark house corners and pro</li> <li>After preparing proposed site call the voice permitting system at</li> </ul>	operty lines, etc. once lot confirmed roady
800 (after selecting notification permit if multiple permit if	it 910-093-7525 option 1 to schedule and use code
confirmation number given at end of recording for proof of	To Environmental realth inspection. Please note
Use Click2Gov or IVR to verify results. Once approved any and any any and any and any and any and any any and any	d to Central Permitting for pormits
Environmental Health Existing Tank Inspections     Follow above instructions for all in the second sec	permits.
<ul> <li>Follow above instructions for placing flags and card on property.</li> <li>Prepare for inspection by removing soil over author and first form.</li> </ul>	
<ul> <li>Prepare for inspection by removing soil over outlet end of tan possible) and then put lid back in place. (Unless inspection is for DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> </ul>	nk as diagram indicates, and lift lid straight up (if
DO NOT LEAVE LIDS OFF OF SEPTIC TANK	or a septic tank in a mobile nome park)
<ul> <li>After uncovering outlet end call the voice permitting system at 9 if multiple permits, then use code 800 for Environmental Heal</li> </ul>	910-893-7525 option 1 & select notification permit
given at end of recording for proof of request	Please note confirmation number
Use Click2Gov or IVR to hear results. Once approved, proceed to SEPTIC	O Central Permitting for remaining powers
If applying for authorization to construct places indicate desired	remaining permits.
If applying for authorization to construct please indicate desired system type(s): can  [] Accepted	i be ranked in order of preference, must choose one.
{} Accepted {} Innovative {} Conventional {} Alternative {	{}} Any
	•
The applicant shall notify the local health department upon submittal of this appliquestion. If the answer is "yes", applicant MUST ATTACH SUPPORTING D	ication if any of the following apply to the property in
,	OCUMENTATION:
{}}YES {\bigselow_}} NO Does the site contain any Jurisdictional Wetlands?	
[_]YES {X} NO Do you plan to have an <u>irrigation system</u> now or in the	e future?
YES {X} NO Does or will the building contain any drains? Please ex	xplain.
{}}YES {X}} NO Are there any existing wells, springs, waterlines or Wa	astewater Systems on this property?
Is any wastewater going to be generated on the site other	ner than domestic sewage?
Is the site subject to approval by any other Public Agen	ncy?
YES [_] NO Are there any Easements or Right of Ways on this prop	perty?
{_}}YES   NO Does the site contain any existing water, cable, phone of	or underground electric lines?
If yes please call No Cuts at 800-632-4949 to locate the	e lines. This is a free service
1 Have Read This Application And Certify That The Information Provided Herein Is 7	True Complete And Comment A. d
The Granted Right Of Entry To Conduct Necessary Inspections To Detail	ermine Compliance With A U 11 7
I Understand That I Am Solely Responsible For The Proper Identification And Labelin	ing Of All Property Lines And Comments And Rules,

I U erty 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)



\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

## Application # 3769

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

Application for Residential Building
Owner's Name: K, I Clask I)
Site Address: 20 2: 14 Caire de de la companya de l
Site Address: 20 Difty Calibu Dr. Phone (910) 426-2898  Directions to job site from Lillington: take 27 toward 87, turn left on Dingun Rol.  Unto Bubdinsin on Stake Carle D. The Dingun Rol.
Jumplet 1. d. C. 1: 1 Sward of tum late - 1.
Just left into Subdivision on Stike Eagle De Trum left on Lingun Rol. onto Brunton Brusta Ct. Her right onto Diffy Califor.  Subdivision: Pattons Point
Subdivision: Pattons Point
Description of De
Description of Proposed Work: Single Tamily Dwelling #Bedrooms:
- FINISDER Rec Page 2
Bill Clark House Fd J. General Contractor Information Crawl Space () Slab
Building Contractor's Company Name (910) 426-2898
400 Westwood Shopping Center Smite 220 Fayetteville, NC 28314 34592-BLD-U Briou DW Center Smite 220 Fayetteville, NC 28314 Jicenson #
Address 34592-RID-11
Brown Wary License #
Must sign & fill out second page
Description (1)
Amps TPole: Wes/no
Electrical Contractor's Company Name 110 818 0999
748 HAV Dr. Home male not 102110
Signature of Office #
Signature of Officer(s) of Corporation
Description of Work HVAC & Gas Line
Carolina Confort Air 910-220 contl
Till of Collidations Company News
200 Emmett Rd-Dwnn, NC-29334  Address Off
Addréss , 00-00-
License #
Signature of Officer(s) of Corporation
Description of Work
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
VHNCE JOHNSON PLUMBING # Baths
3242 MID PINE DR FOUNT
Address 10 PINE DR FAYNC 28306 MY56-PI
License #
Signature of Officer(s) of Corporation
A-1 Angulation Permit Information
The state of the s
Insulation Contractor's Company Name & Address (910) 429-2990 Telephone

	Application #
Please answer the following Appl	ying to Build Their Own Home  Technician to determine if you qualify for permit under Owners Exemption as to Issue of Building Permits (Marcon 1997)
Questionnaire par O. C. are then see a Permit	Technician to determine it
G.S. 87-14 Regulations	as to Issue of Building B
Do you own the land on which this building     Have you bird or interest.	Technician to determine if you qualify for permit under Owners Exemption as to Issue of Building Permits (Memo available upon reque
Bo you own the land on which this building	a will be constructed
0 11	yes no
2. Have you hired or intend to hire an indivis	dual to superintend and manage construction of the
project?	Jual to superintend and manage construction of
1	and manage construction of the
3 Dayou interest	yesno
Do you intend to directly control & supervi	SA Construction
- apolvi	ves no
4. Do you intend to schedule, contract and	ectly pay for all phases of construction work to be
done?	ectly pay for all phases of construction was to
	process of construction work to be
5 Dayson into the	yes no
5. Do you intend to personally occupy the but	ilding for at least 12 consecutive months following tand that if you do not do so, it creates the
completion of construction and do you under	iding for at least 12 consecutive months following
completion of construction and do you unders presumption under law that you fraudulently s	tand that if you do not do so, it creates the
presumption under law that you fraudulently s	ecured the permit?
	yes no
I have I	
nereby certify that I have the authority to make	necessary application, that the application is correct
and that the construction will conform to make h	ecessary application, that the application is
Mechanical codes and the Harratt O the reg	julations in the Building Floatrical Division is correct
contractors is correct as the Harriett County Zoning	Ordinance I state the interiordi, Plumbing and
number of bedrooms by it is	gulations in the Building, Electrical, Plumbing and Ordinance. I state the information on the above
changes I sertify it.	Ordinance. I state the information on the above nanges occur including listed contractors, site plan, property changes occur.
number of bedrooms, building and trade plans, Env changes, I certify it is my responsibility to notify the any and all changes.	Harnott Court Court Changes or proposed use
any and all changes.	Trainell County Central Permitting Department of
Signature of Owner/Contractor/Officer(s) of Corpora	4.
	tion Date
Affidavit for M.	
he undersigned applicant being the:	ompensation N.C.G.S. 87-14
General Contractor Owner Owner	
Owner Owner	Officer/Accept of the
hand	Officer/Agent of the Contractor or Owner
nereby confirm under penalties of perjury that the	
t forth in the permit:	person(s) firm(s) or compared and s
	(5) or corporation(s) performing the west
Has three (3) or more and	person(s), firm(s) or corporation(s) performing the work
and the color more employees and has alter	be very similar or corporation(s) performing the work
Picycos and rias obta	ained workers' componentian in
Hos and (4)	ained workers' compensation insurance to account
Has one (1) or more subcontractors(s) and has	ained workers' compensation insurance to account
Has one (1) or more subcontractors(s) and has	ained workers' compensation insurance to account
m. (1) of more subcontractors(s) and has	ained workers' compensation insurance to cover them.  s obtained workers' compensation insurance to cover
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em.  Has one (1) or more subcontractors(s) and has vering themselves.  Has no more than two (2) employees and no su ille working on the project for which this permit is so partment issuing the parents.	ained workers' compensation insurance to cover them.  s obtained workers' compensation insurance to cover  their own policy of workers' compensation insurance  abcontractors.
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Has one (1) or more subcontractors(s) and has vering themselves.  Has no more than two (2) employees and no subcontractors (s) who has vering themselves.  Has no more than two (2) employees and no subcontractors (s) who has vering the project for which this permit is some partment issuing the permit may require certificates as unce of the permit and at any time during the permit out the work.	ained workers' compensation insurance to cover them.  s obtained workers' compensation insurance to cover  s their own policy of workers' compensation insurance  abcontractors.  ught it is understood that the Central Permitting of coverage of worker's compensation insurance prior rmitted work from any person, firm or corporation
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em.  Has one (1) or more subcontractors(s) and has vering themselves.  Has no more than two (2) employees and no suitle working on the project found is the project found.	ained workers' compensation insurance to cover them.  s obtained workers' compensation insurance to cover  s their own policy of workers' compensation insurance  abcontractors.  ught it is understood that the Central Permitting of coverage of worker's compensation insurance prior rmitted work from any person, firm or corporation

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. Application Number . . . . . 15-50037691 Date 2/23/16 Property Address . . . . . . 20 FIFTY CALIBER DR
PARCEL NUMBER . . . 03-9597- - - 0039- -47Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name . . . . . . PATTONS POINT Property Zoning . . . . . RES/AGRI DIST - RA-20R Contractor BILL CLARK HOMES OF FAYETTEVIL BILL CLARK HOMES LLC 200 EAST ARLINGTON BLVD 400 WESTWOOD SHOPPING CTR SUITE A
FAYETTEVILLE NC 28314 GREENVILLE NC 27858 (252) 355-5805 Applicant BILL CLARK HOMES PO BOX 87021 FAYETTEVILLE NC 28304 (910) 237-2479

Structure Information 000 000 55X45 SFD 3DD.

Flood Zone . . . . . . . . . . . . . . FLOOD ZONE X

Other struct info . . . . # BEDROOMS 3.00

PROPOSED USE SFD SEPTIC - EXISTING? NEW SEPTIC COUNTY . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . .

Phone Access Code . 1120997

Issue Date . . . 2/23/16 Valuation . . . .

Expiration Date . . . 2/22/17 Special Notes and Comments T/S: 12/11/2015 09:52 AM LBENNETT --20 FIFTY CALIBER DR - PATTONS POINT HWY 27 TOWARDS 87 TURN LEFT ON TINGEN RD - TURN LEFT INTO SUBDIVISION ON STRIKE EAGLE DR - TURN LEFT ONTO BUNTER BUSTER CT - THEN RIGHT ONTO FIFTY CALIBER DR PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. 

Work must conform and comply with the

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 3
Application Number . . . . . 15-50037691 Date 2/23/16

Property Address . . . . . 20 FIFTY CALIBER DR

PARCEL NUMBER . . 03-9597- - -0039- -47-Application description . . CP NEW RESIDENTIAL (SFD)

Subdivision Name . . . . . PATTONS POINT

Property Zoning . . . . . RES/AGRI DIST - RA-20R

. . . . . . . . . . .

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

Additional desc . .

Phone Access Code . 1120997

## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30 40-50 40-60 40-60 40-60 50-60 50-60	101 103 814 111 104 129 425 125 325 225 429 131 329 229	B101 B103 A814 B111 B104 I129 R425 R125 R325 R225 R429 R131 R329 R229	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*FOUND & SETBACK VERIF SURVEY 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		
999	229	H824	ENVIR. OPERATIONS PERMIT		_',_',_
999		H828	ENVIRO. WELL PERMIT		/ /

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
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Application Number . . . . . 15-50037691 Page 2 2/23/16

Special Notes and Comments STATE BUILDING CODE and all other State and local laws, ordinances & regulations