

Initial Application Date: 1-6-18

Appl n# 1050037784

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: JOHN AND LESLEY TYSON Mailing Address: 8296 US 421 N

City: LILLINGTON State: NC Zip: 27546 Contact No: _____ Email: _____

APPLICANT*: BRAD D. CUMMINGS Mailing Address: 70 BOX 145

City: SANITIZED State: NC Zip: 27320 Contact No: 919-770-4693 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: BRAD D CUMMINGS Phone # 919-770-4693

PROPERTY LOCATION: Subdivision: NA Lot #: A1 Lot Size: 2.3AC

State Road # _____ State Road Name: OLD US 421 Map Book & Page: 2014 / 331

Parcel: 130610 006A 07 PIN: 0610-47-2524, 0000

Zoning: RA30 Flood Zone: NA Watershed: WS-IV Deed Book & Page: 3267 / 0411 Power Company*: DUKE

*New structures with Progress Energy as service provider need to supply premise number 04089696 from Progress Energy.

PROPOSED USE:

SFD: (Size 70 x 74) # Bedrooms: 3 # Baths: 2 1/2 Basement (w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
3738 (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: N/A Manufactured Homes: N/A Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 90+

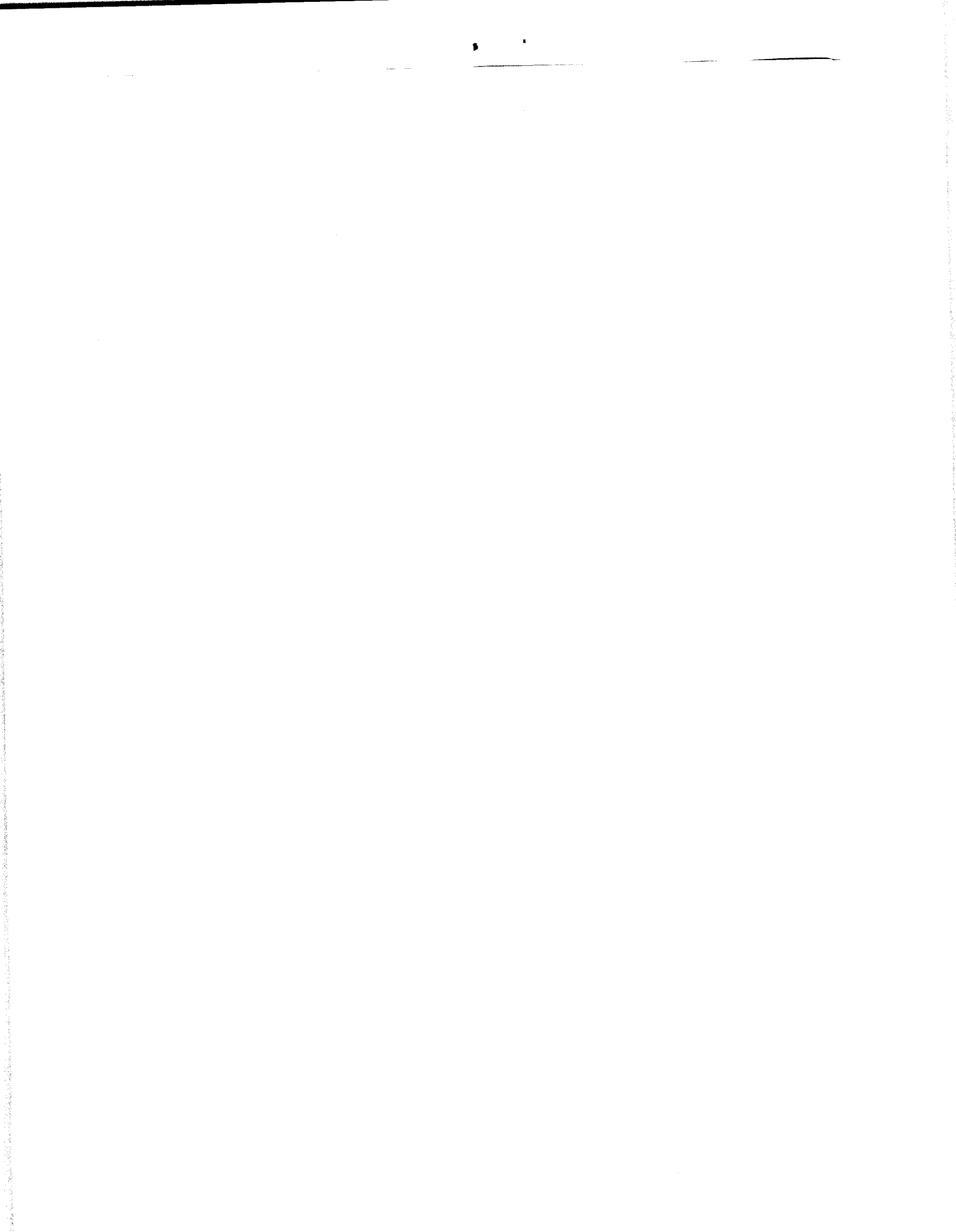
Rear 25 175+

Closest Side 10 90+

Sidestreet/corner lot NA

Nearest Building on same lot NA

Comments: _____



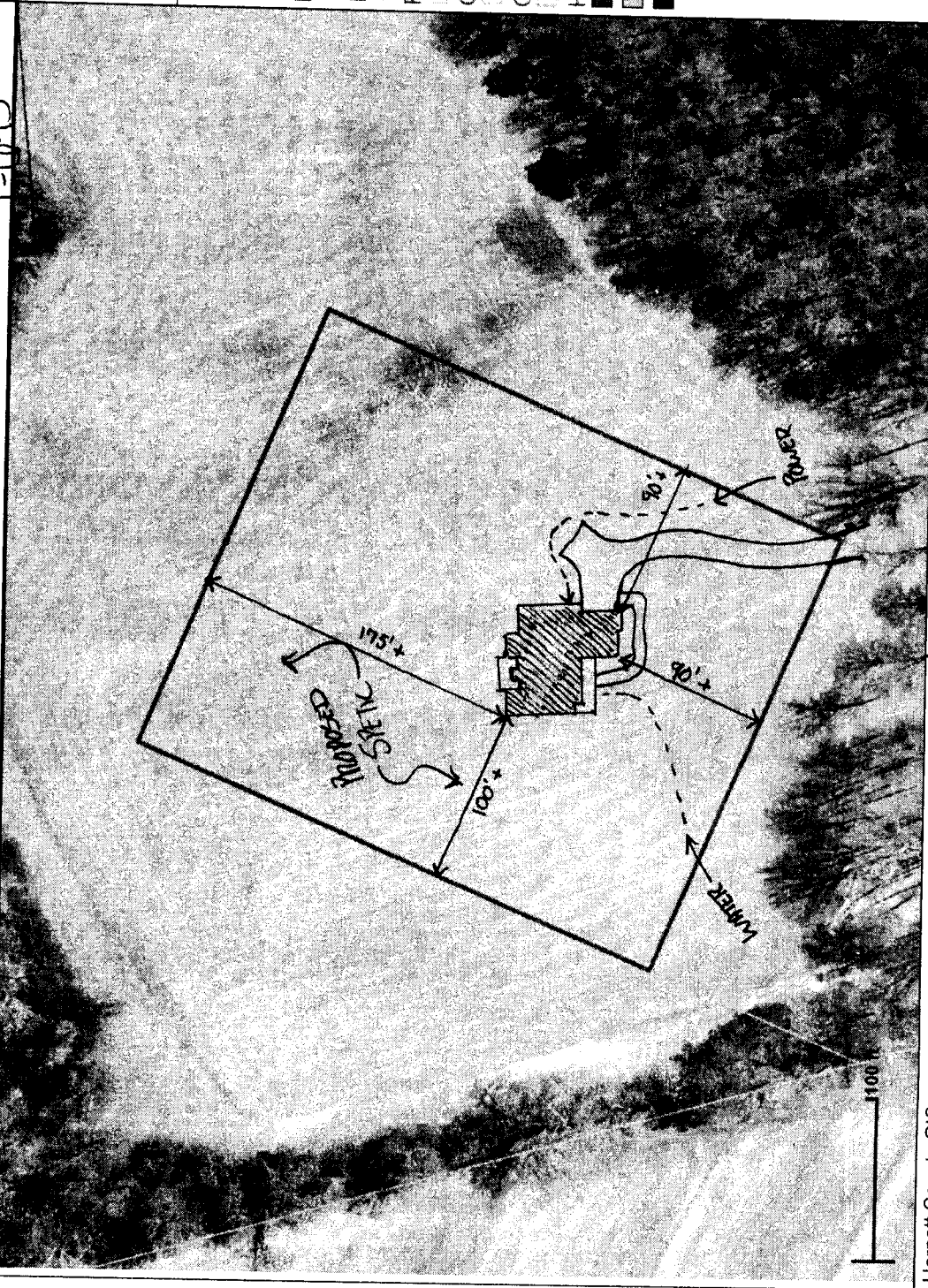
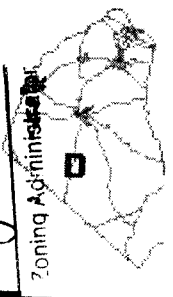
Tyson 7928 Old US 421

SITE PLAN APPROVAL
DISTRICT RA-20 USE SFD

HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS

#BEDROOMS 3
1-1015

JB



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

- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- 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 efforts have been made to ensure 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 selected officials, employees and agents from and against any claim, damages, action, cause of action, or liability arising from the use of this GIS product.

SITE PLAN APPROVAL
DISTRICT RA-20 USE SFD

#BEDROOMS 3

1-10-16 JB
Zoning Administrator

M48 OLD US 421

NAME: BRAD D. COMMERS (TJSCW) NEW

APPLICATION #:

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)

7-JAN-2016
DATE

09/09/11

Application #

37784

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Tyson

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 JOHN AND LESLEY TYSON Date 24-DEC-2015
Site Address 7928 OLD US 421 LILLINGTON Phone _____
Directions to job site from Lillington OLD US 421 TOWARDS MAMERS
JOBSITE ON RIGHT

Subdivision NA Lot _____
Description of Proposed Work NEW SINGLE FAMILY # of Bedrooms 3
Heated SF 3738 Unheated SF 984 Finished Bonus Room? YES Crawl Space Slab _____

General Contractor Information

BRAD D. CUMMINGS CONST. CO. INC 919-770-4693
Building Contractor's Company Name Telephone
PO BOX 145 SANFORD NC 27330 BRAD_CUMMINGS@YAHOO.COM
Address Email Address
68866
License #

Electrical Contractor Information

Description of Work 400 AMP NEW Service Size 400 Amps T-Pole Yes No
PIONEER ELECTRICAL
Electrical Contractor's Company Name Telephone 919-499-7767
80 NEIL THOMAS RD LILLINGTON, NC
Address Email Address
21643
License #

Mechanical/HVAC Contractor Information

Description of Work 2-NEW HVAC SYSTEMS
CAROLINA AIR 910-947-7707
Mechanical Contractor's Company Name Telephone
CARTHAGE, NC
Address Email Address
73549
License #

Plumbing Contractor Information

Description of Work NEW PLUMBING # Baths 2 1/2
WAGNER PLUMBING 910-890-2299
Plumbing Contractor's Company Name Telephone
LILLINGTON, NC
Address Email Address
31576
License #

Insulation Contractor Information

TRI-CITY 910-486-8855
Insulation Contractor's Company Name & Address Telephone

*NOTE General Contractor must fill out and sign the second page of this application

* 919-770-4693

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

29-DEC-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 BRAD COMMINGS

Sign w/T Title PRESIDENT

Date 29-DEC-2015

Plan Box # A7

Date 1-16-16
Job Name Cummings, Brad

App # 1050037784

Valuation 385118 Heated SQ Feet 3738
Garage 710
= 4448

Inspections for SFD/SFA

Crawl Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey NO ^{New} Envir. Health SEPTIC Other _____

Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____



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	16-50037784	Page	2
Property Address	93961 *UNASSIGNED	Date	2/05/16
PARCEL NUMBER	13-0610- - -0064- -07-		
Tenant nbr, name	ENVIOR CONF# 013783		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	JOSEPHINE S ASHWORTH EST		
Property Zoning	PENDING		

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc

Phone Access Code 1122712

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS 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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PARCEL NUMBER 13-0610- - -0064- -07-
Tenant nbr, name ENVIOR CONF# 013783
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name JOSEPHINE S ASHWORTH EST
Property Zoning PENDING

Owner

TYSON LESLEY A & JOHN E
8296 US 421 N
LILLINGTON NC 27546

Contractor

BRAD D CUMMINGS CONSTRUCTION
CO. INC.
PO BOX 145
SANFORD NC 27331
(910) 814-3232

Applicant

CUMMINGS BRAD
PO BOX 145
SANFORD NC 27330
(919) 770-4693

--- Structure Information 000 000 70X74 SFD 3BDR W/GARAGE W/DECK CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW SEPTIC
WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc
Phone Access Code 1122712
Issue Date 2/05/16 Valuation 0
Expiration Date 2/04/17

Special Notes and Comments

T/S: 01/06/2016 11:24 AM LBENNETT --
OLD US 421 TOWARDS MAMERS - JOB SITE ON
THE RIGHT
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations
