Residented Linux dee Application

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## COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

**A RECORDED SURVEY MAP, RECORDED	DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE	REQUIRED WHEN SUBMITTING A LAND USE APPLICATION **	
ANDOWNER <u>EUGENE GREGOL</u>	Mailing Address:	347 RUNNING BROOK	
ity: <u>CAMERON</u> State	e: M Zip: Contact No:	Email:	
_	_	·	
PLICANT*: DEFO J. CUMMINE	Mailing Address: 10 LUX	745	- 7
ty: State St	e: NC Zip: C1330 Contact No: 91917 Idowner	770-4693 Email:	- <i>\frac{\psi}</i>
ONTACT NAME APPLYING IN OFFICE:	BRAD D Commings	Phone # 919-770-4693	_
		Lot #: MA Lot Size: 5,71	
ate Road # State Road Na	me: 847 Running Brook L	Map Book & Page: <u>0021 / 004</u>	12
ircel: <u>099555</u> 6055	PIN:95	555 38 4619	_
ning: <u>RA 70</u> Flood Zone: Water	shed: WS - 111 Deed Book & Page: 3154	0352 Power Company*: CANT. ELECTRIC	£
lew structures with Progress Energy as servic	e provider need to supply premise number	from Progress Energy.	
ROPOSED USE:		Monelit	thic
·	# Baths: Basement(w/wo bath): Garagon finished? () yes (\(\sum_{\text{\ti}\text{\texi\texi{\text{\texi{\texi{\texi{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti	ge: 10 Deck: Crawl Space: Slab: Slab: Slab: yes () no (if yes add in with # bedrooms)	
	# Baths Basement (w/wo bath) Garage or finished? () yes () no Any other site bu	ge: Site Built Deck: On Frame Off Frame guilt additions? () yes () no	e
Manufactured Home:SWDW	TW (Sizex) # Bedrooms: G	Garage:(site built?) Deck:(site built?)	
Duplex: (Sizex) No. Buildings	:No. Bedrooms Per Unit:	· .	
Home Occupation: # Rooms:	Use: Hours of Oper	ration:#Employees:	
Addition/Accessory/Other: (Sizex_	) Use:	Closets in addition? () yes(	_) no
ater Supply: County Existing V	Nell New Well /# of dwellings using well	) *Must have operable water before final	
	plete Checklist) Existing Septic Tank (Co		
	•	ed feet (500') of tract listed above? () yes ( <u>/</u> ) no	
	her underground or overhead () yes () no		
	· · · · · · · · · · · · · · · · · · ·	nes: MA Other (specify): STORAGE BL	Dick
ructures (existing or proposed): Single family	weilings: NH Manufactured Hom	other (specify). Stolling be	וכוןיטע
quired Residential Property Line Setback	is: Comments: <u>FXISTIMA</u>	RUMBING IN SHOP	
ont Minimum $35$ Actual $50$			
ear <u>25</u> 350	)*		
osest Side 10	<b>5</b>		_
destreet/corner lot			_
earest Building		•	<b>3.</b>

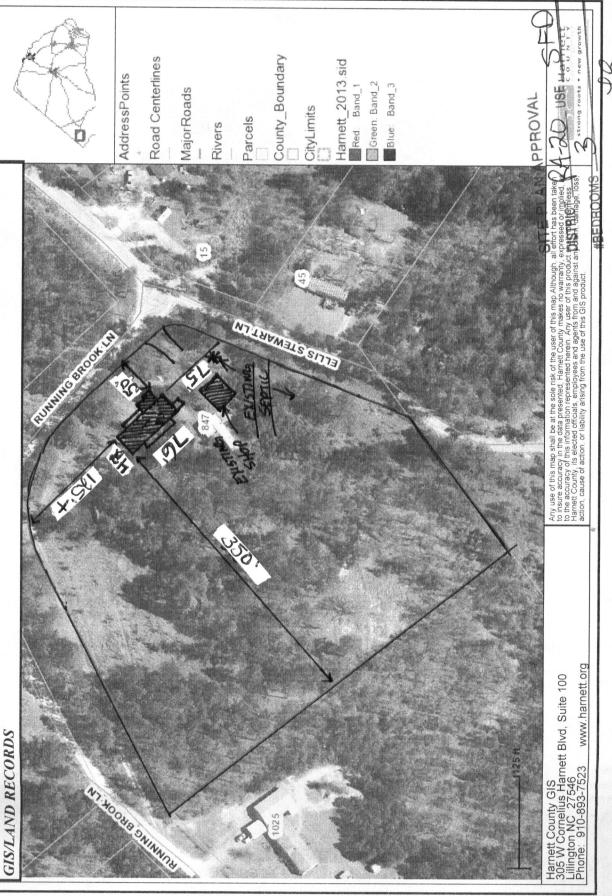
SPECIFIC DIRECTIONS TO THE PROPERTY FRUM LILLINGTON: HWW 27 WEST TOWARDS CAMEROW.
SPECIFIC DIRECTIONS TO THE PROPERTY FRUM LILLINGTON: HWY 27 WEST TOWARDS CAMEROW.  WHATHING LEFT ONTO SANDS RD. REEP RIGHT  ONTO RUNNING BROOK. SITE AT SPLIT OF RUNNING
- ONTO RUNNING BROOK. SITE AT SPLIT OF RUNNING
BROOM AND ELLIS STEWART.
· ·
If permits are granted I agree to confident to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted I hereby state that foregating statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
7 DEC-2015
Signature of Owner or Owner's Agent 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\*\*

847 RUNNING BROOK CAMERON 28326 GREGORY

HARNETT COUNTY, NORTH CAROLINA



1-0-16

Zoning Administrator

\*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 FALSH-IED, 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 SystemCode 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 <u>undergrowth</u> 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

It applying for authorize	ration to construct please inc	dicate desired system type(s).	can be	cranked in order of preference, must choose one
{   Accepted	{   Innovative	{ √} Conventional	ţ	) Any
{}} Alternative	Other	The second second second second		
The applicant shall not question. If the answe	its "yes", applicant MUS	ment upon submittal of this . T ATTACH SUPPORTING	applica G DO	ation if any of the following apply to the prope CUMENTATION:

question. I	am snan nour It the answer i	y the focal health department upon submittal of this application if any of the following apply to the property in 8 "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
1 TYES	LINO	Does the site contain any Jurisdictional Wetlands?
	1.450	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.
1 INFS		Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{{}   YES   {{}   YES   }	(V)NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}{YFS	LA NO	Is the site subject to approval by any other Public Agency?
1}YES	[_] NO [_] NO	Are there any Easements or Right of Ways on this property?
1 VIYES	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 Soleb 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

10/10

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Application #

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

to a Got God	Date 29-DEC
Owner's Name FUGENE GREGOZY  CAMP	(COK) Phone
Site Address 847 RUNNING BEOOK LN CAME	CAMPOON
Directions to job site from Lillington HWY 27 WEST TO	TO TOWN ROOM BOOM
LEFT ONTO SANDS RD. WE KEEP LEF	T ONTO ZUNNIMO BROOM
SITE AT SPLIT OF RUNNING BROOK AND	EUIS STEWNE
Subdivision	LOT
- LANGUE FAMILY	# of Bedrooms
Heated SF 2433 Unheated SF Finished Bonus Room? _N	
BRAD D. CUMMINGS CONST. CO. INC	919.770 4693
Building Contractor's Company Name	Telephone
PO BOX 145 SANFORD NR 27330 B	KAD_CUMMINOS (** YATOO (COM) Email Address
68866	
License #	
Description of Work 4(X) AMP NEW Service Size	Amps 1-Pole VresINO
PIONEER ELECTRIC	919-499-7767
Electrical Contractor's Company Name	Telephone
80 NEIL THOMAS TO LILIMATON, NR	
Address	Email Address
21643	
License #  Mechanical/HVAC Contractor Inform	nation
<del></del>	
Description of Work 2-NEW HUAL SYSTEMS	918-947-7707
CARCLING GIR Mechanical Contractor's Company Name	Telephone
Address Address	Email Address
73549	
License # Plumbing Contractor Information	nn
	# Baths
Description of Work NEW YLUMBING	AN Dan 2799
Plumbing Contractor's Company Name	90-890-2299 Telephone
Lillington, ISC	Email Address
Address 2.576	
31576 License #	
Insulation Contractor Informati	<u>on</u> du 40/0655
TRI- CITY	910-486-8855 Telephone
Insulation Contractor & Company Name & Address	releptione

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.

Affidavit for Worker's Compensation N C G S 87-14.

The undersigned applicant being the

	Affidavit for Worker's Communication
	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 carrying out the work
(	Company or Name Bras D. Commins
5	Sign WTitle Date 29-DEC- 705