

Initial Application Date: 1-12-15

Application # 1050037835
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: KURT J. LANSBERRY Mailing Address: 417 ASHDALL DR
City: FUQUAY VARIANA State: NC Zip: 27526 Contact No: 814-592-5553 Email: KJLANSBERRY@GMAIL.COM

APPLICANT: Whitson Arnold Mailing Address: PO BOX 2344
City: Boone State: NC Zip: 28607 Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: KURT LANSBERRY Phone # 814-592-5553

PROPERTY LOCATION: Subdivision: RAVEN RIDGE Lot #: 2 Lot Size: 2.04 Acre
State Road # 1418 State Road Name: RIVER ROAD Map Book & Page: B2015/ P97
Parcel: 050033 0001 02 PIN: 0633-21-4543.00
Zoning: RA-30 Flood Zone: - Watershed: WS-IV Deed Book & Page: 1579, 734 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 55 x 70) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): N Garage: Y Deck: Y Crawl Space: Y 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: 1 Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

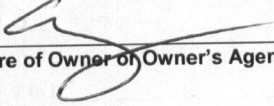
Front	Minimum	Actual
	<u>35</u>	<u>120</u>
Rear	<u>25</u>	<u>310</u>
Closest Side	<u>10</u>	<u>35</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: Proposal to Build 55 x 70' STRUCTURE
INSIDE THE FLAGGED 60' x 80' BOX
+ ADD 20' x 30' POOL IN
BOX FLAGGED BEHIND HOUSE BOX

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

DEPART ON US 401 N. TURN LT ON CHRISTIAN
LIGHT RD. TURN LT ON RIVER ROAD.
PROPERTY IS 1/2 MILE AW LEFT.

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 JAN 16
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: KURT J. LANSBERRY

APPLICATION #: 37835

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 # 013801-LB-

- 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. 1-13-16
 - 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 { 1 } Conventional { 2 } 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 { X } NO Does the site contain any Jurisdictional Wetlands?
- { } YES { X } NO Do you plan to have an irrigation system now or in the future?
- { X } YES { ~~X~~ } NO Does or will the building contain any drains? Please explain. NORMAL SFD DRAWS
- { X } YES { } NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- { } YES { X } NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES { X } NO Is the site subject to approval by any other Public Agency?
- { X } YES { } NO Are there any Easements or Right of Ways on this property?
- { X } 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 JAN 16
DATE

09/09/11

Application #

37835

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 Kurt & Kristen Lansberry Date 3/28/16
Site Address River Road Fwyway Varina NC 27578 Phone 814-592-5553
Directions to job site from Lillington US 401 N to Christian Light Rd take left ->
go 4.4 miles @ and left on colesbury Rd go 3.1 miles &
left on River Road
Subdivision Raven Ridge Lot 2
Description of Proposed Work Custom SFH # of Bedrooms 3
Heated SF 2130 Unheated SF 250 Finished Bonus Room? no Crawl Space x Slab

General Contractor Information

Stanton Homes Inc
Building Contractor's Company Name
PO Box 2168 Apex NC 27502
Address
62955
License #

919-830-0079 or
Telephone 919-278-8070
Kellyme@stantonhomes.com
Email Address

Electrical Contractor Information

Description of Work Whole house wiring Service Size 200 Amps T-Pole x Yes No
Cmc Electric
Electrical Contractor's Company Name
PO Box 1833 Clayton, NC 27528
Address
26804-1
License #

919-291-0989
Telephone
Chrisconrad@cmcelectrical.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work Whole house system
AireTime Cooling & Heating Inc
Mechanical Contractor's Company Name
490 Chatham Forest Rd Pittsboro NC
Address 27312
23922
License #

919-337-5824
Telephone
Keith@airetimenc.com
Email Address

Plumbing Contractor Information

Description of Work Whole house plumbing
CAS Plumbing LLC
Plumbing Contractor's Company Name
1222 Pilot Riley Rd Zebulon NC 27597
Address
24159 P-1
License #

Baths 2.5
919-345-3863
Telephone
Jmurphy@bellbath.net
Email Address

Insulation Contractor Information

Insulative Incorporated 5902 Fayetteville Rd
Insulation Contractor's Company Name & Address Raleigh NC Telephone 919-772-9000
27603

*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

Kelley Marshall
Signature of Owner/Contractor/Officer(s) of Corporation

3/28/16
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 Stanton Homes Inc.

Sign w/Title Kelley Marshall Office Manager Date 3/28/16