nitial Application	Date:	-2	5.	16





## 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 DI	EED (OR OFFER TO PURCHASE) & SITE PLAN	ARE REQUIRED WHEN SUBMITTING A	LAND USE APPLICATION**
LANDOWNER: DOW SLOWN	Mailing Address:	PO BOX 145	
City: State:	<b>V</b> Zip: <b>27330</b> Contact No: <b>91</b> 9	<i>170469</i> 3 Email:	
APPLICANT*: BRAS D. CUMMINOS	Mailing Address: 70 Bo	× 145	
City: SANTOND State:	M Zip: 27330 Contact No: 91		
*Please fill out applicant information if different than lando	wner		
CONTACT NAME APPLYING IN OFFICE:	RAD D Commings	Phone #_ <i>919-77</i>	0-4693
PROPERTY LOCATION: Subdivision:	ng.	Lot#: <b>ル</b> ¥	Lot Size AAC
State Road # US 42 N State Road Name			
Parcel: 13060 0005			
Zoning: <b>RA 30</b> Flood Zone: X Watershe		/ Ø Power Company*:	SREMC
*New structures with Progress Energy as service p			rom Progress Energy.
PROPOSED USE:	01/		Monolithic
SFD: (Size 60 40 ) # Bedrooms: 3 #			ce: Slab: N Slab:
(Is the bonus room fi	nished? () yes () no w/ a closet? (_	) yes () no (if yes add in with	n # bedrooms)
☐ Mod: (Sizex) # Bedrooms #	Baths Basement (w/wo bath) Gr	arage: Site Built Deck: (	On Frame Off Frame
	inished? () yes () no Any other si		
Manufactured Home:SWDWTV	V (Sizex) # Bedrooms:	Garage:(site built?) De	ck:(site built?)
☐ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:_		
Home Occupation: # Rooms:	Hours of (	Operation:	#Employees:
Tionie Occupation. # Nooms.	riours of C	pperation	#Employees
Addition/Accessory/Other: (Sizex	) Use:	Closets i	n addition? () yes () r
Vater Supply: County Existing Well	Now Mall 4th of duallings using a	Wall American and a second	ble water before final
Sewage Supply: New Septic Tank (Complet			
			/
Does owner of this tract of land, own land that cont		/	/e? () yes <u>(</u>
Does the property contain any easements whether	1	/	
Structures (existing or proposed): Single family dwe	ellings: NA Manufactured F	-lomes: Other (s	specify):
Required Residential Property Line Setbacks:	Comments:		
Front Minimum 35 Actual 500†			
Rear 25 100+			**
Closest Side 10	)'		
Sidestreet/corner lot <u>NA</u>			
Nearest Building NA		A.	

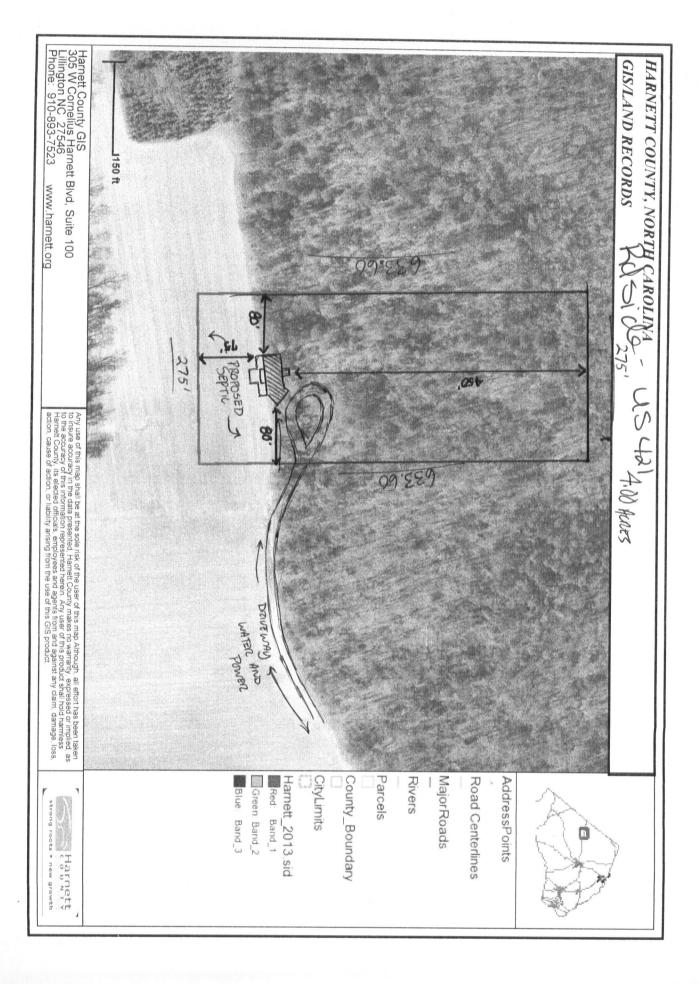
**APPLICATION CONTINUES ON BACK** 

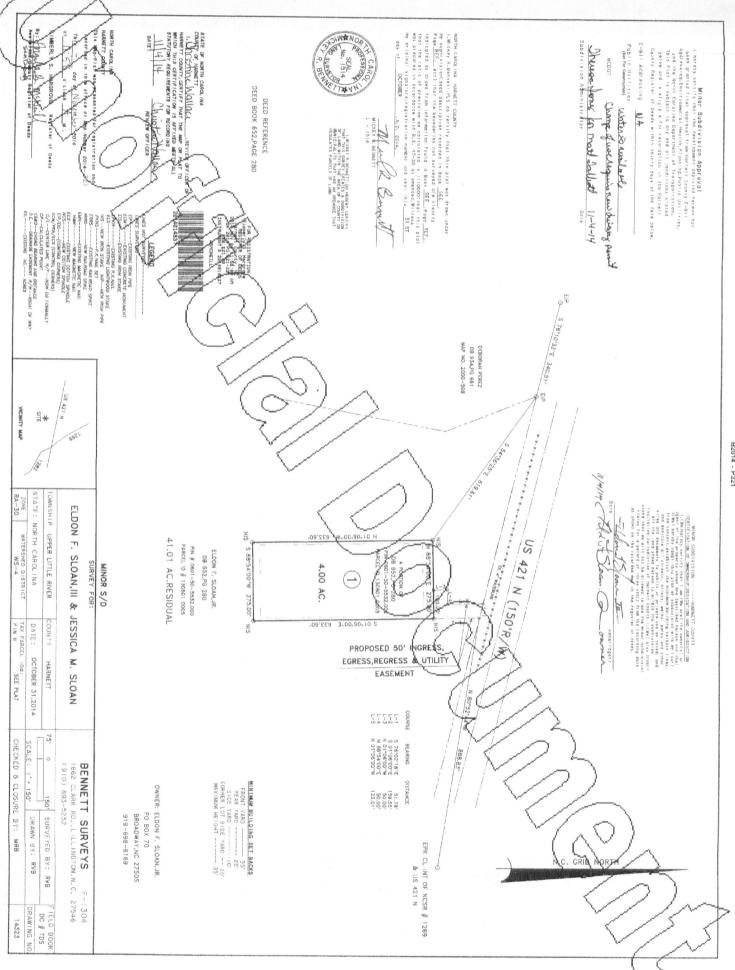
Residential Land Use Application

on same lot

SPECIFIC DIRECTIONS TO	THE PROPERTY FROM LILLINGTON:		
	12. 49 1	. 1/2 8 -	
			r.
	1		
If permits are granted I agree	to configure to all ordinances and laws of the State	of North Carolina regulating such work and the specifica	ntions 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 infor	mation is provided.
		29-DEZ-2015	
Ĺ	Signature of Owner or Owner's Agent	Date	
***It is the owner/applicants to: boundary information	on, house location, underground or overhead e	applicable information about the subject property, in easements, etc. The county or its employees are not re s contained within these applications.***	cluding but not limited esponsible for any

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*





APPL	ICATIO	N #:	

\*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.

SEPTIC				to Central Permitting for rem	٥.
{}} Accepted		} Innovative		an be ranked in order of preference	e, must choose one.
	(		{  ✓ Conventional	{}} Any	
{}} Alternativ	/e {_	} Other			
The applicant sha question. If the a	all notify the l answer is "yes	local health department s', applicant MUST AT	upon submittal of this ap TACH SUPPORTING	pplication if any of the following <b>DOCUMENTATION</b> :	apply to the property in
{_}}YES {	NO Doe	oes the site contain any Jo	urisdictional Wetlands?		
{_}}YES {	NO Do	you plan to have an irri	gation system now or in	the future?	
{_}}YES {_/	NO Doe	es or will the building co	ontain any <u>drains</u> ? Please	explain	
{}}YES {	/) NO Are	e there any existing well	s, springs, waterlines or	Wastewater Systems on this prop	perty?
{_}}YES {}	NO Is a	any wastewater going to	be generated on the site	other than domestic sewage?	
{_}}YES {}	NO Is the	the site subject to approv	al by any other Public A	gency?	
{_}}YES {_/_}	YES { NO Are there any Easements or Right of Ways on this property?				
{_}}YES {_/}	NO Doe	es the site contain any ex	xisting water, cable, pho	ne or underground electric lines?	
	If y	yes please call No Cuts a	at 800-632-4949 to locate	e the lines. This is a free service	
I Have Read This	Application A	and Certify That The Info	ormation Provided Herein	Is True, Complete And Correct.	<b>Authorized County And</b>
				Determine Compliance With App	
				beling Of All Property Lines And	
		Complete Site Evaluation			
$\sqrt{1}$	NO	2			25- JAN- 2016 DATE
PROPERTY OF	THERE OR	OWNERS LEGAL RE	EPRESENTATIVE SIG	NATURE (REQUIRED)	DATE
()	1				10/10

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Application for Residential Building and Trades Permit

Owner's Name DON SLOAN	Date 25-JAN-16
Site Address 966 / 05 42/ NORTH , F	
Directions to job site from Lillington	27505
Hury AZI TOWARDS SANFORD	
PASS SLUAN RD, PATTER	RSON RD
	Lot
Description of Proposed Work NEW Home	# of Bedrooms 3
Heated SF 3793 Unheated SF Finished Bonus Room?	N Crawl Space Y Slab N
General Contractor Informat	
Building Contractor's Company Name	919-770-4693 Telephone
PO BOX 145 SANFORD NR 27330	BRAD_CUMMINOSE HANDOCOM
Address	Email Address
_6886b	
License #  Electrical Contractor Information	tion
Description of Work 400 AMP NEW Service Size	e AM Amps T-Pole Y Yes No
PIONEER ELECTRIC	919-499-7767
Electrical Contractor's Company Name	Telephone
80 NEIL THOMAS PO LILIMATON, NR	Empli Address
21643	Email Address
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work 2-NEW HUAC SUSTEMS	
Mechanical Contractor's Company Name	910-947-7707
	Telephone
Address Address	Email Address
23549	
License #	
Plumbing Contractor Informat	iion 2 /
Description of Work NEW PLUMBING	
Plumbing Contractor's Company Name	90-890-2799 Telephone
LillingTON NZ	relephone
Address	Email Address
31576	
License # Insulation Contractor Information	tion
T. 0 - 1	910-486-8855
Insulation Contractors Company Name & Address	Telephone

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 Companyation N.C.G.S. 87.14

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 BRODD. Commings
Sign WTitle Date 29-DEC-70-5

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 . . . . 16-50037904 Date 2/24/16 Property Address . . . . . . US 421 PARCEL NUMBER . . 13-0601- - -0005- - - Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . Property Zoning . . . . . . PENDING Owner Contractor SLOAN ELDON F & B JR OWNER PO BOX 70 BROADWAY NC 27505 Applicant ------CUMMINGS BRAD D PO BOX 145 (919) 770-4693 Structure SANFORD Structure Information 000 000 60X40 3BDR CRAWL W/ DECK Flood Zone . . . . . . FLOOD ZONE X Other struct info . . . # BEDROOMS 3000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc . .
Phone Access Code . 1124692 Issue Date . . . 2/24/16 Expiration Date . . 2/23/17 Valuation . . . . ------Special Notes and Comments T/S: 01/25/2016 12:29 PM JBROCK ----US 421 N PROPERTY ACROSS RD & DOWN A LITTLE PASSED PATTERSON RD PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

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 MA Application Number . . . . 16-50037904 Date 2/24/16 Subdivision Name . . . . . .

Property Zoning . . . . . . PENDING

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

Additional desc . . Phone Access Code . 1124692

## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 40-50 40-60 40-60 40-60 50-60 50-60 50-60 999	101 103 814 105 129 425 125 325 225 429 131 329 229	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429 R131 R329 R229 H824	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR 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 THREE TRADE FINAL TWO TRADE FINAL TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		