

Initial Application Date: 2.8.16

Application # 11650037982

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7625 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: Cates Building Inc Mailing Address: 639 Executive Place Suite 400  
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@cavinessandcates.com

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Suite 400  
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@cavinessandcates.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Tingen Pointe Lot #: 148 Lot Size: .939 ac  
State Road # 874 State Road Name: Omaha Drive Map Book & Page: 20131 263  
Parcel: 03957601 0088 56 PIN: 9597-33-4193.000  
Zoning: R200R Flood Zone: X Watershed: NA Deed Book & Page: 32371 17 Power Company: \_\_\_\_\_

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

PROPOSED USE:

- SFD: (Size 51.8 x 45.3) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath) NO Garage:  Deck: NO Crawl Space: \_\_\_\_\_ 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): \_\_\_\_\_

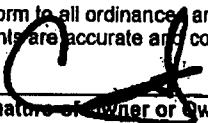
Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>35</u>	<u>34</u>
Rear	<u>25</u>	<u>264</u>
Closest Side	<u>10</u>	<u>14.1</u>
Side street/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2-1-16  
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\*\*

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: TINGEN PT

LOT 148

INITIAL SYSTEM: APPROVED 25% REDUCTION

REPAIR APPROVED 25% REDUCTION

DISTRIBUTION: SERIAL

DISTRIBUTION SERIAL

BENCHMARK: 100.0

LOCATION RL 147/148

NO. BEDROOMS: 4

LTAR 0.4 GPO/FT

LINE	FLAG COLOR	ELEVATION	LENGTH
1	P	98.50	50'
2	Y	97.84	60'
3	B	96.84	75'
4	P	95.67	90'
5A	Y	94.75	25'
			<u>300'</u>
5B	Y	94.75	65'
6	B	93.75	80'
7	P	92.92	70'
8	Y	92.17	70'
9	B	91.08	55'
			<u>340' AVAIL</u>

Installed system

BY M. EAKER

DATE 01/2016

TYPICAL PROFILE

\* THERE SHALL BE NO GRADING, CUTTING, LOGGING OR OTHER SOIL DISTURBANCE IN SEPTIC AREA

- 0 - 18 65 (V.F., w.g.)
- 18 - 40' 50 (F./F., 26/1)
- 11 2 740"

INSTALL AT 18-20"



NAME: Cates Building Inc

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 lines 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 Basements 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)

DATE 2-1-16

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7626 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 Cates Building Inc Date 5-9-13  
Site Address 874 Omaha Drive - Broadway Phone 910-481-0503  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Tingen Pointe Lot 148  
Description of Proposed Work Single Family Dwelling # of Bedrooms 3  
Heated SF 1643 Unheated SF 668 Finished Bonus Room?  Crawl Space  Slab

**General Contractor Information**

Cates Building, Inc 910-481-0503  
Building Contractor's Company Name Telephone  
639 Executive Place, Suite 400 Fayetteville angie@carinessandcates.com  
Address NC 28305 Email Address  
38851  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole Yes No  
Tarheel Electric 910-303-2334  
Electrical Contractor Telephone  
PO Box 458 Stedman NC 28391  
Address Email Address  
22985-4  
License #

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Carolina Comfort Air, Inc 919-550-7711  
Mechanical Contractor's Company Name Telephone  
5212 US Hwy  
Address Email Address  
29077  
License #

**Plumbing Contractor Information**

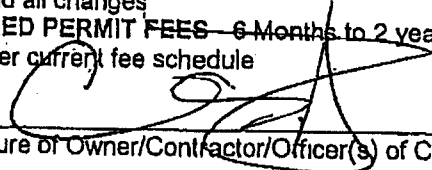
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Vance Johnson Plumbing 910-424-6712  
Plumbing Contractor's Company Name Telephone  
3242 Mid Pines Dr. Fayetteville NC 28306  
Address Email Address  
7756-P1  
License #

**Insulation Contractor Information**

Cumberland Insulation 4805 Clinton Road 910-484-7118  
Insulation Contractor's Company Name & Address Telephone  
Fayetteville, NC 28312

\*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~~

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

\_\_\_\_\_ 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 Cates Building Inc

Sign w/Title  Date 2-1-14

09/09/11

Application #

16 500 37982

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

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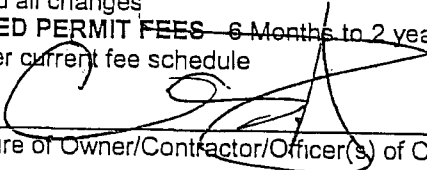
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\_\_\_\_\_  
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\_\_\_\_\_  
Date

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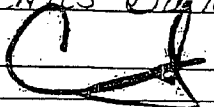
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Company or Name Cates Building Inc

Sign w/Title  \_\_\_\_\_ Date 2-1-14

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 452911

Filed on: 04/19/2016

Initially filed by: CatesBuildingInc

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com)

**Project Property**

TN148 Lot 148 Tingen Pointe PIN 9597-33-4193.000 Deed Book 3237 Page 20-24  
874 Omaha Drive  
Broadway, NC 27505  
Harnett County

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Property Type**

1-2 Family Dwelling

**Owner Information**

Cates Building Inc  
639 Executive Place Suite 400  
Fayetteville, NC 28305  
United States  
Email: [angie@cavinessandcates.com](mailto:angie@cavinessandcates.com)  
Phone: 910-481-0503

**Date of First Furnishing**

04/22/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384



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 . . . . .	16-50037982	Page	2
Property Address . . . . .	874 OMAHA DR	Date	5/11/16
PARCEL NUMBER . . . . .	03-9576-01- -0088- -56-		
Application description . . . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	TINGEN POINTE PH 4 13LOTS		
Property Zoning . . . . .	RES/AGRI DIST - RA-20R		
Permit . . . . .	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1136555		

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	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
30-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
30	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___