Initial Application	Date:	-15	1-16
miliai Application	Date.		1 4

Application # _	450038064
	011"

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

LANDOWNER: HUBERT + RUTH SULL	Mailing Address: 80 HA	RVEST POINT DR
City: FUQUAY - VARINA State: NC Zip		
APPLICANT SAME AS ABOVE	Mailing Address:	
City: State: Zip: *Please fill out applicant information if different than landowner	Contact No:	Email:
	•	
CONTACT NAME APPLYING IN OFFICE: SAME	TS ABOVE Phor	ne #
PROPERTY LOCATION: Subdivision:	Rock	Lot #: Lot Size: 10, 32
State Road #State Road Name:	APONI TRAIL	Map Book & Page: 2007 / 996
Parcel: 0501/33 0112 06	PIN: 0023-86-99°	84.000
Zoning: <u>RA-30</u> Flood Zone: <u>AE</u> Watershed: WS-1	V Deed Book & Page 3359 , 86 Po	wer Company*: PROGRESS ENER
*New structures with Progress Energy as service provider ne	어디 이 그는 그 그 이번 사람이 그리고 그 전에 있었다. 이번에 어떻게 하셨다.	
	/	
PROPOSED USE:	. /	Manadishia
SFD: (Size <u>80 x 32</u>) # Bedrooms: <u>3</u> # Baths: <u>2</u>		
(Is the bonus room finished? () yes () no w/ a closet? () yes () no	(if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths	Basement (w/wo bath) Garage: Site B	uilt Deck: On Frame Off Frame
) yes () no Any other site built additions?	20 - THE BROWN HOLD THE STATE OF
D. Manufactured Harris (NA DW TWO)		
☐ Manufactured Home:SWDWTW (Size	x) # Bedrooms: Garage:(si	te built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	_
Home Occupation: # Rooms:Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () no
/ / databin/ decessory/ databi. (0.26		closets in addition? () yes () no
Water Supply: County Existing Well N	lew Well (# of dwellings using well) *N	lust have operable water before final
Sewage Supply: New Septic Tank (Complete Checklis	at) Existing Septic Tank (Complete Check	dist) County Sewer
Does owner of this tract of land, own land that contains a ma	nufactured home within five hundred feet (500') or	f tract listed above? () yes () no
Does the property contain any easements whether undergrou	and or overhead (yes () no	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify):
	2/2/1/1	1: 5 5 6
Required Residential Property Line Setbacks:		ting more into tran
Front Minimum O Actual 47 1.3	100, 11	elevation. Proposed house
Rear $\frac{\partial}{\partial x}$	location should be DK.	
Closest Side 10 143.4		
Sidestreet/corner lot		
Nearest Buildingon same lot		
Residential Land Use Application	Page 1 of 2	03/11

SPECIFIC DIRECTIONS TO	THE PROPERTY FROM LILLINGTON:	
	THE PROPERTY OF LICENSTON.	
f permits are granted I agre hereby state that foregoing	statements are accurate and correct to the best of my kno	n Carolina regulating such work and the specifications of plans submitted vledge. Permit subject to revocation if false information is provided.
	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

11

APPLICATION #:

NAME: _	HUBERT	- DULLIVAN	APPLICATION #:				
PERMIT O	R AUTHORIZA upon documenta	EPARTMENT APPLICATION N THIS APPLICATION IS FAUTION TO CONSTRUCT SHAUTION TO CONSTRUCT SHAUTION SUBMITTED. (Complete site	led out when applying for a septic system inspection.* n for Improvement Permit and/or Authorization to Construct LSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ALL BECOME INVALID. The permit is valid for either 60 months or without expiration plan = 60 months; Complete plat = without expiration)				
	10-893-7525	option i <i>ealth New Septic Systen</i>	CONFIRMATION #				
• A liii • P o P e If	Il property in the control of the second of the control of the con	rons must be made vis clearly flagged approximat house corner flags" at ea ewimming pools, etc. Place Environmental Health card lickly wooded, Environme e performed. Inspectors	tely every 50 feet between corners. Character of the property dely every 50 feet between corners. The corner of the proposed structure. Also flag driveways, garages, decks, ce flags per site plan developed at/for Central Permitting. In location that is easily viewed from road to assist in locating property. The entail Health requires that you clean out the undergrowth to allow the soil should be able to walk freely around site. Do not grade property.				
• <u>A</u>	II lots to be a	addressed within 10 bus	siness days after confirmation, \$25,00 return trip fee may be incurred				
• A 80	 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 (in 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. 						
1 apprying	not authorizatio	() Innovative	desired system type(s): can be ranked in order of preference, must choose one. { \(\) Conventional \(\) Any				
The applica	ant shall notify	{} Other the local health department "yes", applicant MUST AT	upon submittal of this application if any of the following apply to the property in TACH SUPPORTING DOCUMENTATION :				
{}}YES	$\{X\}$ NO	Does the site contain any J	urisdictional Wetlands?				
{}}YES	$\{\underline{\times}\}$ NO		gation system now or in the future?				
$\{X\}$ YES	{}} NO	Does or will the building co	ontain any drains? Please explain. FOOTING				
{}}YES	{∑} NO	Are there any existing well	s, springs, waterlines or Wastewater Systems on this property?				
{}}YES	$\{X\}$ NO		be generated on the site other than domestic sewage?				
{}}YES	$\{X \ge NO$		val by any other Public Agency?				
$\{X\}$ YES	{} NO		r Right of Ways on this property?				
{X}YES	{} NO		xisting water, cable, phone or underground electric lines? New water				

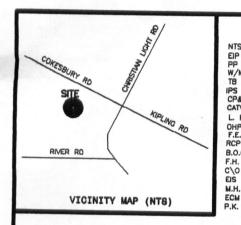
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS I EGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE



LEGEND

NTS NOT TO SCALE
EIP EXISTING IRON PIPE
PP POWER POLE
W/M WATER METER
TB TELEPHONE BOX
IPS IRON PIPE SET
CP&LL TRANSFORMER
CATV CABLE TV BOX
L. POLE LIGHT POLE

OHPL OVERHEAD POWER LINE
F.E.S. FLARED END SECTION (PIPE)
RCP REINFORCED CONC. PIPE
B.O.C. BACK OF CURB
F.H. FIRE HYDRANT
C\O SEWER CLEAN OUT
ES EXISTING IRON STAKE
M.H. MANHOLE

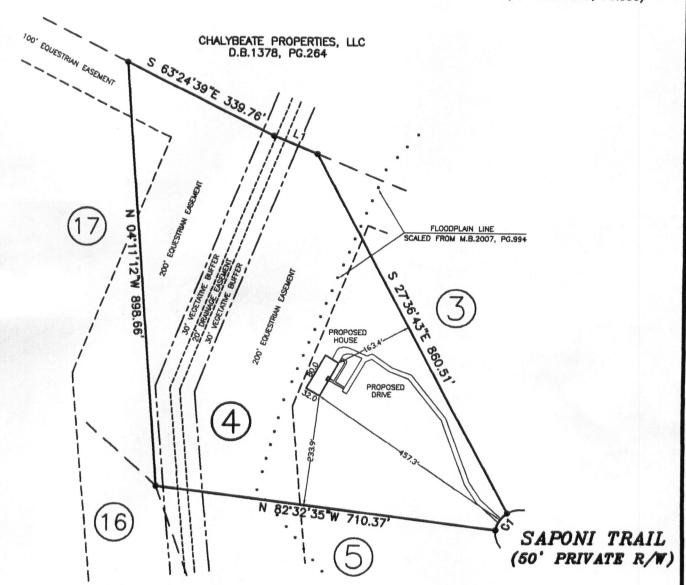
EXISTING CONCRETE MONUMENT PARKER KALON NAIL

 Course
 Bearing
 Distance

 L1
 \$ 67°28'03' E
 98.35'

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	44.631	43.17'	S 33°01'50" W

PLAT NORTH
(REF: M.B.2007, PG.996)

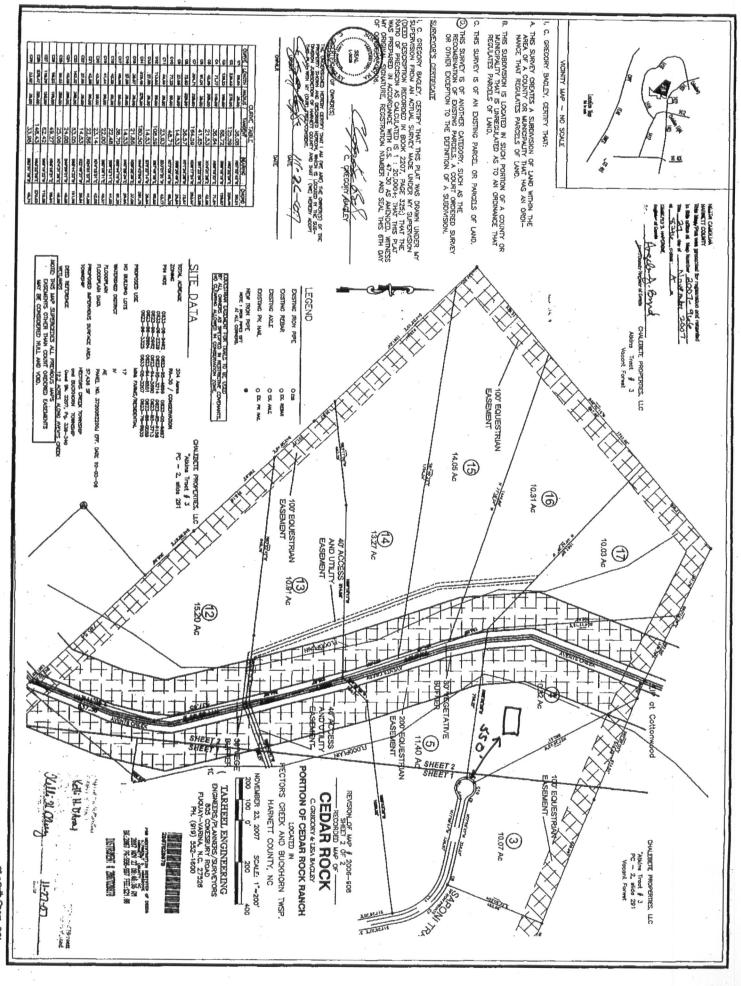


NOTE: SHOWN IS LOT 4 OF CEDAR ROCK S/D REF: M.B.2007 PG.996

.....

200 0 200 400 600 GRAPHIC SCALE - FEET

AREA = 10.31 ACRES 218 SAPONI TRAIL



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	Date
Site Address	Phone
Directions to job site from Lillington	
Subdivision	
Description of Proposed Work	
Heated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
Building Contractor's Company Name	Telephone
Address	Email Address
License # Electrical Contractor Information	on
Description of Work Service Size	Amps T-PoleYesNo
Electrical Contractor s Company Name	Telephone
	Email Address
License # Mechanical/HVAC Contractor Inform Description of Work	mation_
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Information	on
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	<u>on</u>
Insulation Contractor's 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

Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner General Contractor 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 Sign w/Tit

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 2 Date 3/31/16 Application Number 16-50038064

Subdivision Name

Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1132992

Required Inspections

	Seq	Phone Insp#	Insp Code	Description	Initials	Date
-						
	10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		11
	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	105	B105	R*OPEN FLOOR		//
	30-999	309	P309	R*PLUMB UNDER SLAB		_/_/_
	30-999	205	E205	R*ELEC UNDER SLAB		_/_/_
	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		//

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 16-50038064
Property Address 218 SAPONI TRL Date 3/31/16 Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor SULLIVAN HUBERT & RUTH S OWNER 801 HARVEST POINT DRIVE FUQUAY VARINA NC 27526 Applicant -----SULLIVAN RUTH 801 HARVEST POINT DR FUQUAY VARINA NC 27526 (315) 212-7799 Structure Information 000 000 80X32 SFD 3BDR BASEMENT Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS PROPOSED USE 3.00 SFD SEPTIC - EXISTING? NEW SEPTIC WATER SUPPLY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . .

Phone Access Code . 1132992
Issue Date . . . 3/31/16 Valuation

Expiration Date . . . 3/31/17 Special Notes and Comments T/S: 02/24/2016 11:23 AM LBENNETT --401 TURN LEFT ONTO CHRISTIAN LIGHT RD -THEN LEFT ONTO COKESBURY - THEN LEFT ON CEDAR ROCK TRAIL - RIGHT ON SAPONI T/S: 03/08/2016 08:18 AM DJOHNSON --*****PREMISE NO 23711930***** PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the

HARNETT COUNTY CENTRAL PERMITTING

STATE BUILDING CODE and all other State and local laws, ordinances & regulations

P.O. BOX 65