Initial Application Date:_	02/25/16
	1

02/25/16	App	olication # 1050	038077
COUNTY OF HARNETT I 108 E. Front Street, Lillington, NC 27546	RESIDENTIAL LAND USE APPL Phone: (910) 893-7525 ext:2	CU#_ ICATION 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 SOUTH SCAN INC

City: WILLOW SPRING State: NC Zip. 27592 Contact No: 91966942	273 Email: DUCKBURGLOGMAN
APPLICANT*: Mailing Address:	
Contract No.	Provide the second
Transpirite and the countries of the contract	Email:
CONTACT NAME APPLYING IN OFFICE: BERT KYMALAINEN	Phone # 919 669 4273
ROPERTY LOCATION: Subdivision: WOODSHIRE PH. 4	Lot #: 119 Lot Size: -3514C
state Road # 2 3 3 State Road Name: KKEEZEWOON OR	2
PIN: 0506-17-	8620.000
oning: WF20R Flood Zone: NO Watershed: NO Deed Book & Page: 0235,404	62 Power Company* SOUTH RIVER E
New structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
	non rogress Energy.
ROPOSED USE:	(TEM W14/1
L SFD: (Size $\frac{42}{x}$ $\frac{38}{y}$) # Bedrooms: $\frac{3}{y}$ # Baths: $\frac{3}{y}$ Basement(w/wo bath): $\frac{1}{y}$ Garage: $\frac{2}{y}$	_ Deck: Crawl Space: Slab: X Monolithic
(Is the bonus room finished? (₭) yes () no w/ a closet? () yes ((4) no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage:	Site Built Dealer
(Is the second floor finished? () yes () no Any other site built ad	Off FrameOff Frame
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage	e:(site 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? () year () has
ater Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
ewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete	e Checklist) County Sewer
ses owner of this tract of land, own land that contains a manufactured home within five hundred feet	(500') of tract listed above? () yes (4) no
bes the property contain any easements whether underground or overhead () yes $({m \ell})$ no	\
ructures (existing or proposed): Single family dwellings: Prop Manufactured Homes:	Other (specify):
	Guior (apaciny).
ont Minimum 35 Actual 38-7"	
ear <u>25</u> <u>73'-5"</u>	
osest Side	
lestreet/corner lot	
arest Building	
same lot	

SPECIFIC DIRECTIONS TO THE PROPE	ERTY FROM LILLINGTON:	NC 27 WEST
angret Aprilate in the Committee of the		L+ ON NURSERY RD.
		LT. ON LEMUEL BLACK RD.
2000	The second second	L+. ON WOODSHIRE DR.
	173217	R+. ON SONORA OR.
		Lt. ON BREEZEWOOD DR.
		LOT ON RT.

If permits are granted Lagree 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.

By PRES.
Signature of Owner or Owner's Agent

02/25/16 Date

THE CHARGE STATE

1874 TWEETHERS

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:		A	APPLICATION #:	38077
	*This application to be f	illed out when applying for a	sentic system inspect	tion *
County Health	Department Applicati	on for Improvement Per	mit and/or Autho	rization to Construct
IF THE INFORMATION PERMIT OR AUTHORIZ	IN THIS APPLICATION IS F ZATION TO CONSTRUCT SH	ALSIFIED, CHANGED, OR THE HALL BECOME INVALID. The I	E SITE IS ALTERED, To	HEN THE IMPROVEMENT
910-893-752.	ation submitted. (Complete si	te plan = 60 months; Complete plan		
	dealth New Septic Syste		CONFIRMATION #_	
All property	irons must be made v	isible. Place "pink property	flags" on each core	nor iron of lot. All property
lines must be	clearly flagged approxim	ately every 50 feet between	corners.	
out buildings,	swimming pools, etc. PI	each corner of the proposed ace flags per site plan devel	oped at/for Central F	Permitting.
 Place orange 	Environmental Health ca	rd in location that is easily vi	iewed from road to a	assist in locating property.
If property is	thickly wooded, Environn	nental Health requires that y	ou clean out the <u>un</u>	dergrowth to allow the soil
evaluation to	be performed. Inspectors	s should be able to walk free	ely around site. <i>Do n</i>	ot grade property.
for failure to	uncover outlet lid mar	usiness days after confirm k house corners and prope	ation. \$25.00 retur	n trip fee may be incurred
After preparir	g proposed site call the	voice permitting system at 91	10-893-7525 option	1 to schedule and use code
800 (after se	ecting notification permit	if multiple permits exist) for ecording for proof of request.	Environmental Hea	Ith inspection. Please note
Use Click2Go	ov or IVR to verify results.	Once approved, proceed to	Central Permitting	for permits
Environmental H	lealth Existing Tank Ins	pections Code 800	o o man i o mining	ioi porimio.
 Follow above 	instructions for placing fl	ags and card on property.		
 Prepare for in possible) and 	nspection by removing settler but lid back in place	oil over outlet end of tank ce . (Unless inspection is for	as diagram indicate a septic tank in a me	es, and lift lid straight up (if obile home park)
	E LIDS OFF OF SEPTIC T			
After uncover if multiple ne	rmits, then use code 80	pice permitting system at 910 0 for Environmental Health	0-893-7525 option 1	& select notification permit
given at end	of recording for proof of re	o loi Environmental Health	inspection. <u>Please</u>	note confirmation number
		Once approved, proceed to (Central Permitting fo	or remaining permits
SEPTIC	v or rection to the results.	ones approved, proceed to	oontrait on thinking to	remaining permits.
If applying for authoriza	tion to construct please indica	ate desired system type(s): can b	e ranked in order of pre	eference, must choose one.
{}} Accepted	{}} Innovative	{} Conventional {_	_} Any	
{}} Alternative	{} Other			
The applicant shall notice question. If the answer	fy the local health departme	nt apon submittal of this applic	ation if any of the foll CUMENTATION:	owing apply to the property in
{}}YES	Does the site contain any	Jurisdictional Wetlands?		
{}}YES	Do you plan to have an i	rrigation system now or in the f	future?	
{}}YES	Does or will the building	contain any drains? Please exp	olain.	

Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {___}}YES {___}} NO {__}}YES Is any wastewater going to be generated on the site other than domestic sewage? {__}} NO {_}} NO Is the site subject to approval by any other Public Agency? {__}}YES {__}}YES {__} NO Are there any Easements or Right of Ways on this property? Does the site contain any existing water, cable, phone or underground electric lines? {__}}YES {__}} NO If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

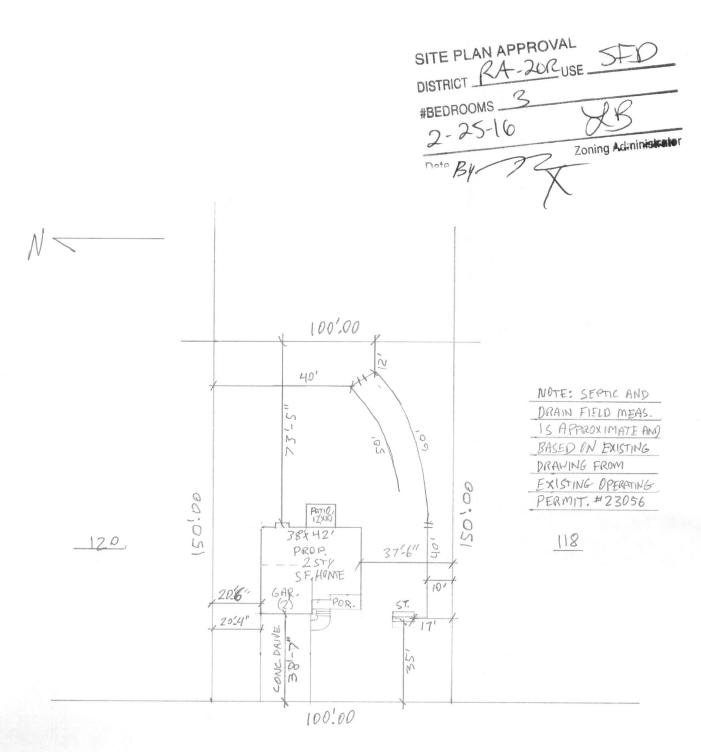
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That/I Am Solely Responsible 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)

10/10

PLOT PLAN LOT 119 WOODSHIRE S/D #111 BREEZEWOOD DR. LILLINGTON OWNER: SOUTH-SCAN, INC. ["= 40"



BREEZEWOOD DR.

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

38077

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Annucation for Regi	nantial Killinina	and Irange Pormit
Application for Resi	ubiiliai bulluliiu	and mades remine

Owner's Name SOUTH-SCAN, INC	Date 04/04/
Site Address LOT 119 WOODSHIRE SD (111 BREEZE	NOOD DR. Phone 119 669 42
Directions to job site from Lillington 27W, Lt. oN	NURSERYRD LT. ON LEMUEL &
Lt. ON WOODSHIRE	DR., Rt. ON SONORA DR.,
Lt. ON BREEZEWOOD	DDR, LOT ON RT.
Subdivision WOODSHIRE PH. 4	Lot /19
Description of Proposed Work NEW S.F. RESIDENTIAL	ATT. GARAGE# of Bedrooms 3
	12 YES Craw Space Slab 578
SOUTH-SCAN, INC.	919 669 4273
Building Contractor's Company Name 3128 GOLD DUST LN WILLOW SPRING NC 2	Telephone
Address	Email Address
36169	in the property of the second
icense #	F1934
Pescription of Work NEW S.F. CONST. Service S	nation
R.A. JACKSON ELECTRIC, INC.	919 8945367
Electrical Contractor's Company Name	relephone
Electrical Contractor's Company Name 9261 RALEIGH RD, BENSON NC 275	Telephone
9ZGI RALEIGH RD. BENSON, NC 275	Email Address
9ZGI RALEIGH RD. BENSON, NC 275	204
9761 RALEIGH RD, BENSON, NC 275 Address 721144 License#	Email Address
9ZGI RALEIGH RD, BENSON NC 275 Address 121144 License # Mechanical/HVAC Contractor In	Email Address
9761 RALEIGH RD, BENSON, NC 275 Address 721144 License # Mechanical/HVAC Contractor In RES. CONST	Email Address
9761 RALEIGH RD, BENSON, NC 275 Address 72/144 License # Mechanical/HVAC Contractor In Description of Work NEW RES. CONST JONES + JONES HEATING + BIR INC	Email Address formation 910 424 7702
9761 RALEIGH RD, BENSON, NC 275 Address 721144 License # Mechanical/HVAC Contractor In RES. CONST	Email Address formation 9/0 4Z 4 770Z Telephone
Address Address Address Mechanical/HVAC Contractor In Description of Work NEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name 5717 MARRACCO DR. HOPE MILLS NC 28.	Email Address formation 9/0 4Z 4 770Z Telephone
Address Part Mechanical/HVAC Contractor In Description of Work NEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28. Address 2984-HZ + 3C1-71674	Email Address formation 9/0 4Z 4 770Z Telephone
Address Address Mechanical/HVAC Contractor In Description of Work MEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28. Address 2984-HZ + 3C1-71614	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address
Address Address Mechanical/HVAC Contractor In Description of Work MEW RES. CONST JONES + JONES HEATING + BIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28. Address 2984-HZ + 3C1-71614	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address
Address Address 2/144 Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Plumbing Contractor Information of Work New Res. Const.	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address
Address Address Address Mechanical/HVAC Contractor In RES. CONST JONES + JONES HEATING + AIR INC Mechanical Contractor's Company Name SZI7 MARRACCO DR. HOPE MILLS NC 28. Address P984-HZ + 3C1-71674 Incense # Plumbing Contractor Inform Description of Work NEW RES. CONST. L. R. GLOVER PLUMBING CO. INC.	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address nation # Baths 3 9/4 820 0026
Address Address 2/144 Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Mechanical/HVAC Contractor Incense # Plumbing Contractor Information of Work New Res. Const.	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address
Address Plumbing Contractor Inform Description of Work NEW RES. CONST Plumbing Contractor Inform Description of Work NEW RES. CONST. L. R. GLOVER PLUMBING CO. INC Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address nation # Baths 3 9/4 820 0026
Address Address PIUMBING Contractor Inform Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address 07958	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address mation # Baths 3 9/9 820 00 26 Telephone
Address Constant	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address mation # Baths 3 9/9 820 0026 Telephone Email Address
Address Address PIUMBING Contractor Inform Plumbing Contractor's Company Name P.O. BOX 764 BENSON, NC 27504 Address 07958	Email Address formation 9/0 4Z 4 770Z Telephone 348 Email Address mation # Baths 3 9/9 820 0026 Telephone Email Address

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 04/04/16 PRES Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the ✓ Owner ____ Officer/Agent of the Contractor or 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 X 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

a dinakari tak

Sign w/Title

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 444147

Filed on: 04/02/2016 Initially filed by: duckburg1@gmail.com

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

Lot 119 Woodshire SD P IV 111 Breezewood Dr Lillington, NC 27546 Harnett County

Property Type

1-2 Family Dwelling

Owner Information Date of First Furnishing

04/08/2016

South Scan, Inc. 3128 Gold Dust Ln willow spring, NC 27592 United States

Email: duckburg1@gmail.com Phone: 919-669-4273

View Comments (0)

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.

Technical Support Hotline: (888) 690-7384

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 16-50038077 Date 4/12/16 Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name WOODSHIRE Property Zoning RES/AGRI DIST - RA-20R Owner Contractor ______ SOUTH-SCAN, INC SOUTH-SCAN INC 3128 GOLD DUST LANE 3128 GOLD DUST LN WILLOW SPRINGS NC 27592 WILLOW SPRINGS NC 27592 (919) 669-4273 Applicant SOUTH-SCAN #119 3128 GOLD DUST LN WILLOW SPRINGS NC 27592 (919) 669-4273 Structure Information 000 000 42X38 SFD 3BDR W/GARAGE STEM WALL Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS
PROPOSED USE SFD
SEPTIC - EXISTING? EXIST 3.00 WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . 1133966 Phone Access Code . Issue Date . . . 4/12/16 Valuation Expiration Date . . 4/12/17Special Notes and Comments T/S: 02/25/2016 04:04 PM LBENNETT --NC 27 WEST - L ON NURSERY RD - L ON LEMUEL BLACK RD - L ON WOODSHIRE DR - R ON SONORA DR - L ON BREEZEWOOD DR - LOT ON R PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State

HARNETT COUNTY CENTRAL PERMITTING

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 2 Date 4/12/16 Application Number 16-50038077 Property Address 111 BREEZEWOOD DR

Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1133966 ______

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30-999 40-50 40-60 40-60 40-60	101 103 814 111 309 205 129 425 125 325 225	B101 B103 A814 B111 P309 E205 I129 R425 R125 R325 R225	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*PLUMB UNDER SLAB R*ELEC UNDER SLAB R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN		
50-60 50-60	429 131	R429 R131	FOUR TRADE FINAL ONE TRADE FINAL	***************************************	-//
50-60 50-60	329 229	R329 R229	THREE TRADE FINAL TWO TRADE FINAL		
50-60 999	209	E209 H824	R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT		_/_/_