

Initial Application Date: 3.10.16

Application # 16-50038211

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits  
CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: S-Mark Properties Mailing Address: 365 Cottle Lake Dr  
City: Coats State: NC Zip: 27521 Contact No: 919-868-9307 Email: Jocn1304e@aol.com

APPLICANT\*: Same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Steve Jernigan Phone # 919-868-9307

PROPERTY LOCATION: Subdivision: OXFORD Woods Lot #: 1 Lot Size: 0.658 Acre  
State Road # 1006 State Road Name: old stage rd Map Book & Page: 2008, 214  
Parcel: 04.0692.0017.11 PIN: 0692.08.1689  
Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 1 Power Company\*: Duke Energy  
\*New structures with Progress Energy as service provider need to supply premise number 91958600 from Progress Energy.

**PROPOSED USE:**

- SFD: (Size 46 x 49) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck: \_\_\_\_\_ 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 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

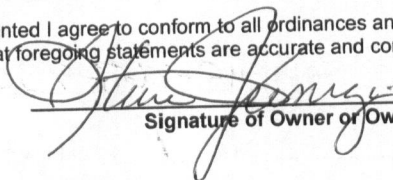
Front	Minimum	Actual
	<u>35'</u>	<u>40'</u>
Rear	<u>25'</u>	<u>143'</u>
Closest Side	<u>10'</u>	<u>20'</u>
Sidestreet/corner lot	<u>20'</u>	<u>—</u>
Nearest Building on same lot	<u>10'</u>	<u>—</u>

Comments: Proposed

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

210 to old Stage Rd, Turn Right on old Stage Rd Sub Approx. 3-miles on Right

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

3-10-16  
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\*\*

MAP NO. 2008-214

SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 3

3.10.16

djmsm  
ZONING ADMINISTRATOR

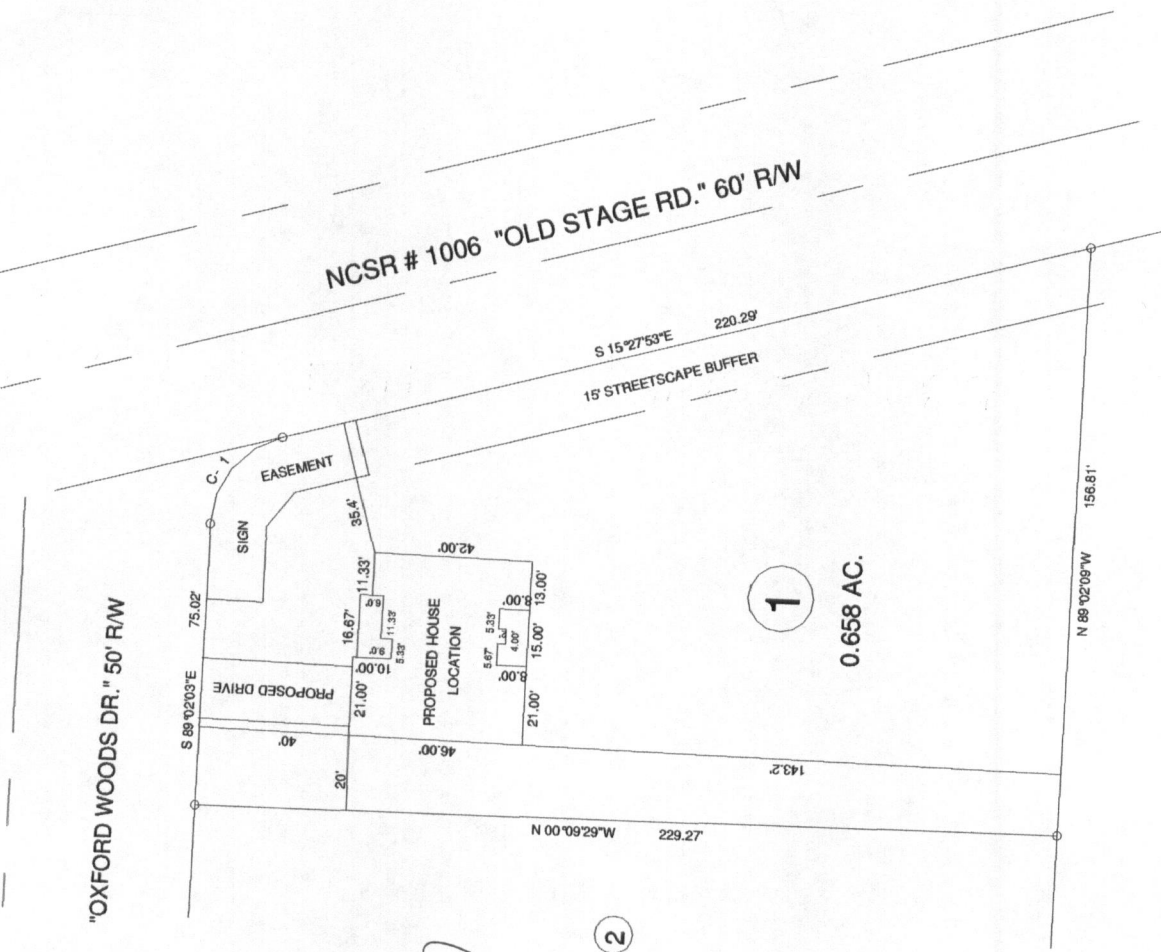
MAP REFERENCE: MAP NO. 2008-214

CURVE	RADIUS	LENGTH	CHORD	CH. BEARING
C-1	25.00'	32.10'	29.94'	S 62°15'08"E

MINIMUM BUILDING SET BACKS  
 FRONT YARD ..... 30'  
 SIDE YARD ..... 5'  
 REAR YARD ..... 5'  
 CORNER LOT SIDE YARD ..... 5'  
 MAXIMUM HEIGHT ..... 8'

"OXFORD WOODS DR." 50' R/W

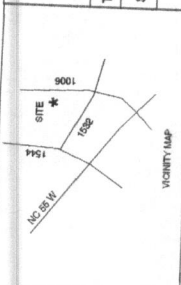
NCSR # 1006 "OLD STAGE RD." 60' R/W



1

0.658 AC.

2



SURVEY FOR:

PROPOSED PLOT PLAN - LOT - 1  
"OXFORD WOODS SID"

TOWNSHIP	BLACK RIVER	COUNTY	HARNETT
STATE	NORTH CAROLINA	DATE	MARCH 03, 2016
ZONE	RA-30	TAX PARCEL ID#	PR#
WATERSHED DISTRICT			
SURVEYED BY:		DRAWN BY:	
25' 0' 50'		RVB	
SCALE: 1"= 50'		CHECKED & CLOSURE BY:	
BENNETT SURVEYS			
1662 CLARK RD. LILLINGTON, N.C. 27546			
(910) 965-3252			
F-1304			
FIELD BOOK		DRAWING NO.	
16088		16088	

NAME: \_\_\_\_\_

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 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.
- 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 Easements 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.

Steve Jones      5-Mark Properties  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-10-16  
DATE



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 S-Mark Probertis Date 3-10-16  
Site Address 15 Oxford Woods Dr Phone 919-868-9307  
Directions to job site from Lillington 210 thru Angier Turn Right on Old Stage Rd Subdivision About 3-Miles on Right

Subdivision OXFORD Woods Lot 1  
Description of Proposed Work New single story Dwelling # of Bedrooms 3  
Heated SF 1799 Unheated SF 0 Finished Bonus Room? Yes Crawl Space      Slab

**General Contractor Information**

S-Mark Probertis  
Building Contractor's Company Name 919-868-9307 Telephone  
365 Cottle Lake Dr Coats NC Jerwsoyo@Aol.com Email Address  
Address 75632  
License #

**Electrical Contractor Information**

Description of Work New Construction Service Size 200 Amps T-Pole  Yes  No  
Wester + Pace Electric 919-499-3946 Telephone  
Electrical Contractor's Company Name  
614 Lerke Rd Sanford NC Email Address  
Address 12007 V  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction  
Cool Springs Services 919-258-0415 Telephone  
Mechanical Contractor's Company Name  
2200 Cool Springs Rd Broadway Email Address  
Address 11542  
License #

**Plumbing Contractor Information**

Description of Work New Construction # Baths 2  
Curtis Farecloth Plumbing 910-531-3111 Telephone  
Plumbing Contractor's Company Name  
5056 Elizabethtown Hwy Rosebro NC Email Address  
Address 7269  
License #

**Insulation Contractor Information**

Insulating INC. 919-772-9000 Telephone  
Insulation Contractor's Company Name & Address

\*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

*Steve Jammer*  
Signature of Owner/Contractor/Officer(s) of Corporation

3-10-16  
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 5-Mark Properties  
Sign w/Title *Steve Jammer* Date 3-10-16