

Initial Application Date: 4-20-16

Application # 1650038513

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

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

LANDOWNER: MILTON ENTERPRISES, INC. Mailing Address: 3183 US 421 N.

City: LILLINGTON State: NC Zip: 27546 Contact No: 910.303.1967 Email: \_\_\_\_\_

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: STEPHEN T. MILTON Phone # 910.303.1967

PROPERTY LOCATION: Subdivision: WADE POINTE Lot #: 12 Lot Size: .78AC

State Road # 11 State Road Name: Compass Ln Map Book & Page: 2010/700

Parcel: 021527 0104 19 PIN: 1527-65-3992.000

Zoning: RA-30 Flood Zone: 0 Watershed: MA Deed Book & Page: 02923/0982 Power Company\*: DUKE

\*New structures with Progress Energy as service provider need to supply premise number 59733096 from Progress Energy.

**PROPOSED USE:**

SFD: (Size 54 x 50) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath):  Garage:  Deck: \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_ 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: PROPOSED Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

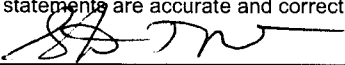
**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>207.9</u>
Closest Side	<u>10</u>	<u>25</u>
Sidestreet/corner lot	<u>20</u>	<u>N/A</u>
Nearest Building on same lot	_____	_____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 421 S TO DUNN. TURN LEFT ON ELLIS AVE. TAKE 301 N. TOWARDS BENSON. TURN RT ON HOBSON RD. TURN RT ON LANE RD. TURN LT INTO S/D

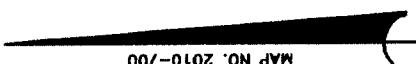
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
Signature of Owner or Owner's Agent

4-20-16  
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\*\*



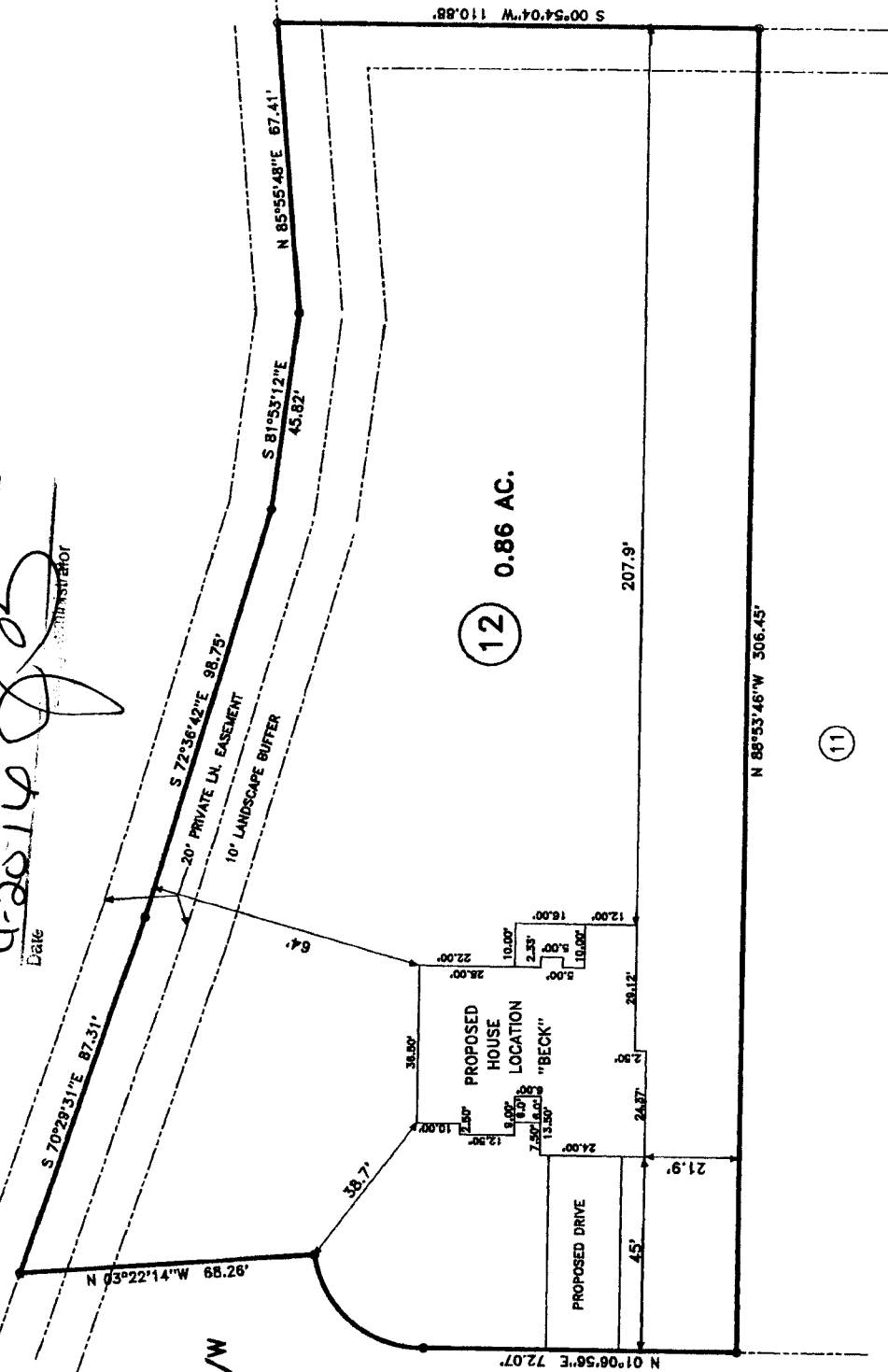
**SITE PLAN APPROVAL**

DISTRICT **BA30** USE **SED**

#BEDROOMS **3**

Date **4-20-14** *[Signature]*  
 ADMINISTRATOR

**MILLING BUILDING SET BACKS**  
 FRONT YARD ——— 30'  
 REAR YARD ——— 25'  
 SIDE YARD ——— 10'  
 CORNER LOT SIDE YARD — 50'  
 MAXIMUM HEIGHT ——— 50'



"ARBOR SMITH LN." 50' R/W

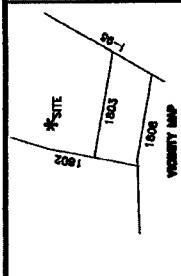
"COMPASS LNDG." 50' R/W

(12) 0.86 AC.

(11)

MAP REFERENCE: MAP NO. 2010-700

<p><b>BENNETT SURVEYS</b> F-1304                  1662 CLARK RD., LILLINGTON, N. C. 27546                  (910) 863-5252</p>		<p>FIELD BOOK</p>
<p>10' 0 20'</p>	<p>SURVEYED BY:</p>	<p>DRAWN BY: RVB</p>
<p>SCALE: 1" = 40'</p>		<p>CHECKED &amp; CLOSURE BY:</p>
<p>16149</p>		
<p><b>PROPOSED PLOT PLAN - LOT - 12</b>                  "WADE POINTE S/D"</p>		
<p>TOWNSHIP AVERASBORO</p>	<p>COUNTY HARNETT</p>	<p>TAX PARCEL ID#:</p>
<p>STATE: NORTH CAROLINA</p>	<p>DATE: APRIL 12, 2016</p>	<p>PIN #</p>
<p>ZONE</p>	<p>WATERSHED DISTRICT</p>	<p>TAX PARCEL ID#:</p>



NAME: Milton Enterprises

APPLICATION #: 38513

**\*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.**

*[Signature]*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-20-16  
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 MILTON ENTERPRISES, INC. Date 4-14-16  
Site Address 11 COMPASS LANDING Phone 910.303.1967  
Directions to job site from Lillington TAKE 421 S TO DUNN. TURN LEFT  
ON ELLIS AVE. TAKE 301 N. TOWARDS BENSON. TURN  
RIGHT ON HOBSON RD. TURN RT ON LAKE RD. TURN LEFT INTO S/P.  
Subdivision WADE POINTE Lot 12  
Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 3  
Heated SF 1944 Unheated SF 196 Finished Bonus Room?  Crawl Space  Slab

**General Contractor Information**

MILTON BUILDERS, LLC. 910.303.1967  
Building Contractor's Company Name Telephone  
3183 US 421 N., LILLINGTON  
Address Email Address  
7205Z  
License #

**Electrical Contractor Information**

Description of Work NEW CONSTRUCTION Service Size 200 Amps T-Pole  Yes  No  
DAWSON'S ELECTRIC, INC. 919.201.3841  
Electrical Contractor's Company Name Telephone  
609 COTTON RD, FV, 27526  
Address Email Address  
25948-L  
License #

**Mechanical/HVAC Contractor Information**

Description of Work NEW CONSTRUCTION  
CAPE FEAR A/C + HEATING 910.483.8790  
Mechanical Contractor's Company Name Telephone  
1139 ROBESON ST., FAYETTEVILLE, 28305  
Address Email Address  
07232  
License #

**Plumbing Contractor Information**

Description of Work NEW CONSTRUCTION # Baths 2  
WAGNER PLUMBING, INC. 910.890.2299  
Plumbing Contractor's Company Name Telephone  
555 TIRZAH DR., LILLINGTON, 27546  
Address Email Address  
31576  
License #

**Insulation Contractor Information**

TATUM INSULATION, 519 OLD DRUG STORE RD., GARNER, 27529 919.661.7255  
Insulation Contractor's Company Name & Address Telephone

**\*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

SA T. MS  
Signature of Owner/Contractor/Officer(s) of Corporation

4/14/16  
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 MILTON BUILDERS, LLC

Sign w/Title SA TMS MANAGER Date 4/14/16

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.

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Application Number . . . . . 16-50038513 Date 5/16/16  
Property Address . . . . . 11 COMPASS LNDG  
PARCEL NUMBER . . . . . 02-1527- - -0104- -19-  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . . WADE POINTE 12 LOTS  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner

Contractor

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MILTON ENTERPRISES, INC.  
3205 US 401 NORTH  
LILLINGTON NC 27546

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MILTON BUILDERS  
3205 HWY 421N  
LILLINGTON NC 27546  
(910) 303-1967

Applicant

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MILTON ENTERPRISES INC #12  
3183 US 421 N  
LILLINGTON NC 27546  
(910) 303-1967

--- Structure Information 000 000 54X50 3BDR CRAWL W/ GARAGE  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3000000.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

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

Additional desc . . . . .  
Phone Access Code . . . . . 1138759  
Issue Date . . . . . 5/16/16 Valuation . . . . . 0  
Expiration Date . . . . . 5/16/17

Special Notes and Comments

T/S: 04/20/2016 09:32 AM JBROCK ----  
WADE POINTE #12 - OFF ON LANE RD  
XX  
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_

\_\_\_\_\_

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 5/16/16

Application Number . . . . . 16-50038513  
 Property Address . . . . . 11 COMPASS LNDG  
 PARCEL NUMBER . . . . . 02-1527- - -0104- -19-  
 Application description . . . CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . . WADE POINTE 12 LOTS  
 Property Zoning . . . . . RES/AGRI DIST - RA-30

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

Additional desc . . .  
 Phone Access Code . . . 1138759

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	105	B105	R*OPEN FLOOR	_____	___/___/___
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	_____	___/___/___