Initial	Application	Date:	6/2 <b>7</b> /16	
Initial	Application	Date:		

## **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\*\*

**Central Permitting** 

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

www.harnett.org/permits

LANDOWN	IER: Weaver Develop	oment Co, Inc.	Ma	illing Address:350 Wago	oner Drive	
City:Fay	etteville	State: NC _ Zip	28303 Contac	910-630-2100	Email:cdb1971@	gmail.com
APPLICAN	T*:_ Weaver Homes,	Inc.	Mailing Address:	350 Wagoner Drive		
City: Fay	etteville	State: NC Zip	28303 Contac	et No: 910-630+2100	Email:cdb1971@	⊉gmail.com
CONTACT	NAME APPLYING IN C	DFFICE: Dustin Black	well		Phone #919-606-4696	3
PROPERT	Y LOCATION: Subdivisi	ion:Thomas Manor		0620 24 0000 000	Lot #:21	Lot Size <u>: <b>Q</b></u> 57
State Road	# S	tate Road Name:165	Widgeon Way		Map Book & Pa	ge:2013,279
Parcel:1	30630009623		PIN	:0630-24-9999.000		
Zoning: K	A-35Flood Zone:	Watershed:	Deed Book &	: 0630-24-9999.000 Page: 3139 / 495	Power Company*:	uke
				nise number		
PROPOS SFD:	(Size 45 x 48) # B			bath):		
□ Mod: (				bath) Garage: S Any other site built additi		Frame Off Frame
☐ Manut	factured Home:SW	DWTW (Size_	x)#	Bedrooms: Garage:_	(site built?) Deck:	(site built?)
☐ Duple	x: (Sizex)	No. Buildings:	No. Bedroo	oms Per Unit:		
☐ Home	Occupation: # Rooms:_	Use:		Hours of Operation:		#Employees:
☐ Additi	on/Accessory/Other: (Si	zex) Use:_			Closets in a	ddition? () yes () no
Water Sup	olv: County	Existing Well	New Well (# of dv	vellings using well	_ ) *Must have operable	water before final
				ng Septic Tank ( <i>Complete</i> (		
				within five hundred feet (5		
		ements whether undergr				
Structures	(existing or proposed): \$	Single family dwellings:_	proposed	Manufactured Homes:	Other (spe	cify):
•	Residential Property I		Comments:			
	Minimum <i>A</i>	Actual 67				
Rear	10	52				
Closest Si	de					
	corner lot					
Nearest Boon same lo	-	-				

Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: $\_$	Hwy 421 N. Left on Neil Thomas Road, right on old 421 left into Thomas
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to the	the State of North Carolina regulating such work and the specifications of plans submitted. e best of my knowledge. Permit subject to revocation if false information is provided.
	6/22/16
Signature of Owner or Owner's Age	ent 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\*\*

NAME: Wens El Hones, Ihc

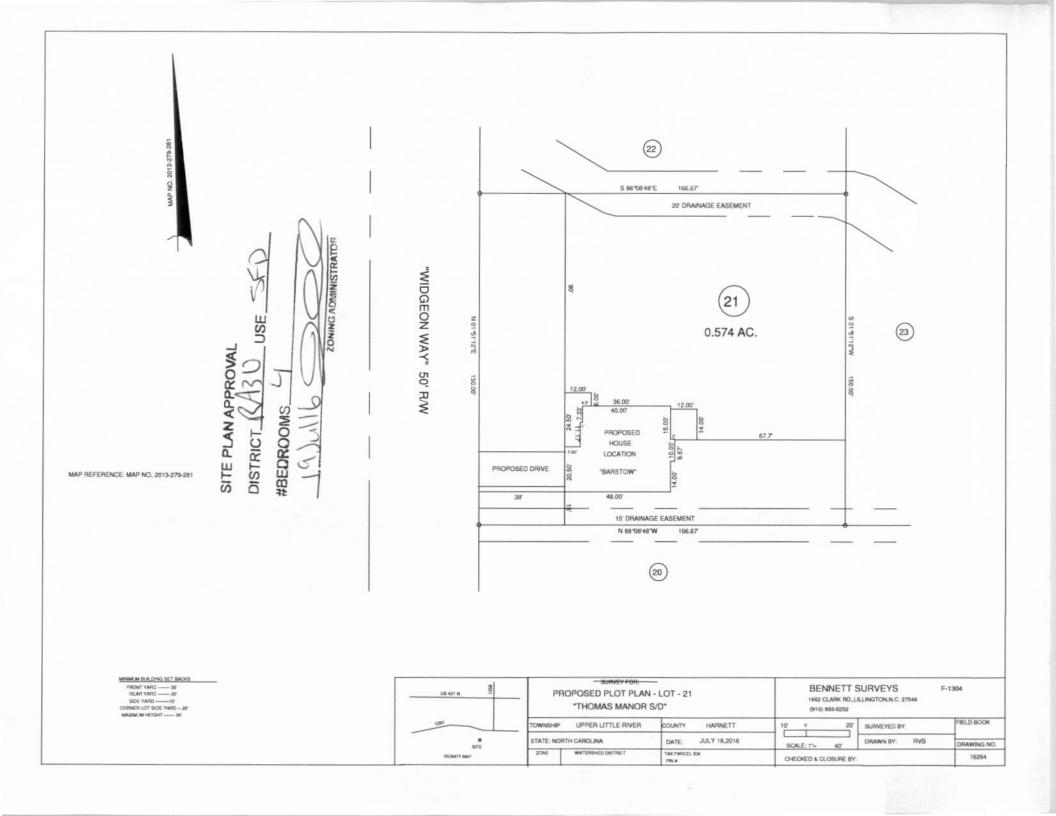
<b>APPLICA</b>	TION #:	

\*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. { Conventional {\_\_}} Any {\_\_}} Accepted {\_\_}} Innovative {\_\_}} Other \_\_ { } Alternative 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: Does the site contain any Jurisdictional Wetlands?  $\{ \_ \} YES$ Do you plan to have an irrigation system now or in the future? {\_\_}}YES {\_\_}}YES Does or will the building contain any drains? Please explain. Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {\_\_\_}}YES {\_\_}}YES Is any wastewater going to be generated on the site other than domestic sewage? Is the site subject to approval by any other Public Agency? {\_\_}}YES 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? {\_ 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)



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 # 39040

## **Application for Residential Building and Trades Permit**

Owner's Name	Date
Site Address	Phone
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work New Construction	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room? General Contractor Informatio	<u>n</u>
Weaver Homes, Inc	910-630-2100
Building Contractor's Company Name 350 Wagoner Drive Foretheile, NC 28303	Telephone Wb1971@gmeil.cm
Address 7597/	Email Address
License #	<b></b>
Description of Work New Service Size	Amps T-Pole Lyes No
IM Pape Electric	910-890-1060
Electrical Contractor's Company Name	Telephone
409 Chatam ST. Scafor , NL 27330	•
Address	Email Address
3135-6	
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New	
Mainstream Mechanical	919-291-0450
Mechanical Contractor's Company Name	Telephone
412 Lazy Bosench Dr. Benson, NL 27504	
Address	Email Address
31005	
License #	
Plumbing Contractor Information	
Description of Work New	# Baths
Plumbing Contractor's Company Name	910-814-7705
Plumbing Contractor's Company Name	Telephone
614 Byrd Rd. Bunland, NC 28323	
Address	Email Address
21649	
License #	ion
Insulation Contractor Informat	919-770-1974
Insulation, Inc	Tolonbone
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 6/22/16 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 \_\_\_ Date 6/22/16

Sign w/Title

Selected Parcels Feature	
Parcel Identification	
PIN	0630-24-9999.000
[ParcelNumber]	130630 0096 23
[REID]	0066640
Owner Information	
AccountNumber]	1400012728
Name1]	WEAVER DEVELOPMENT CO INC
Name2]	
Address1]	276 WIDGEON WAY
Address2]	
[Address3]	
[City]	LILLINGTON
State]	NC
[ZipCode]	27546-0000
Assessment Data	
[ParcelBuildingValue]	
ParcelObxfValue]	
ParcelLandValue]	30000
TotalAssessedValue]	30000
Property Information	
StreetDirection]	
UnitNumber]	
HouseNumber]	000165
StreetName]	WIDGEON
StreetType]	WAY
StreetSuffix]	
Legal Desciption	
LegalDescription]	LT#21 THOMAS MANOR 0.57AC MAP#2013-279
LegalLandUnits]	
LegalLandType]	LT
GIS Calc Acres	0.57
PlatBook]	2013
[PlatPage]	279
Structure Data	
[ActualYearBuilt]	
TotalAcutalAreaHeated]	
Sales Information	
DeedBook]	03139
DeedPage	0485
DeedDate	2013-07-14 20:00:00
SaleYear	2013
SalePrice	200000
Parcel Links	
Zoning Overlay	130630 0096 23
Soils Overlay	130630 0096 23
PRC	130630 0096 23
INC	130030 0070 23