Initial Application Date:

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910)

Central Permitting

Fax: (910) 893-2793

www.harnett.org/permits

03/11

**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: William + Rachel Brewington Mailing Address: 117 Pamela Ann Dr
City: Ft. Walden Beach State: FL Zip: 32547 Contact No: Email:
APPLICANT : Signature Home BuildryMailing Address: 1209 N. Main St
City: Lillington State: NC Zip: 2754 Contact No: 910 - 892 - 9399 Email:
CONTACT NAME APPLYING IN OFFICE:Phone #
PROPERTY LOCATION: Subdivision: Ricky L. Day Subdivision: Lot #: Lot Size: 66  State Road # 1735 State Road Name: A TIOCH Church Re Map Book & Page: 203, 322  Parcel: 00 1500 DO 00 DD PIN: 0596-97-2196.000  Zoning Wi Flood Zone: Watershed: Deed Book & Page: 3202 357 Power Company*: Duke
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:    Stem   Wood
☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(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? () 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: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 60
Rear
Closest Side 10 25.8
Sidestreet/corner lot
Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Wasan Katka
Wilder -	
113/004	
if permits are granted I agree to conform to all ordinances and laws of the State of North Ca I hereby state that foregoing statements are accurate and correct to the best of my knowled	arolina regulating such work and the specifications of plans submitte lge.  Permit subject to revocation if false information is provided.
Wie m	10-19-16
Signature of Owner or Owner's Agent	Date

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*



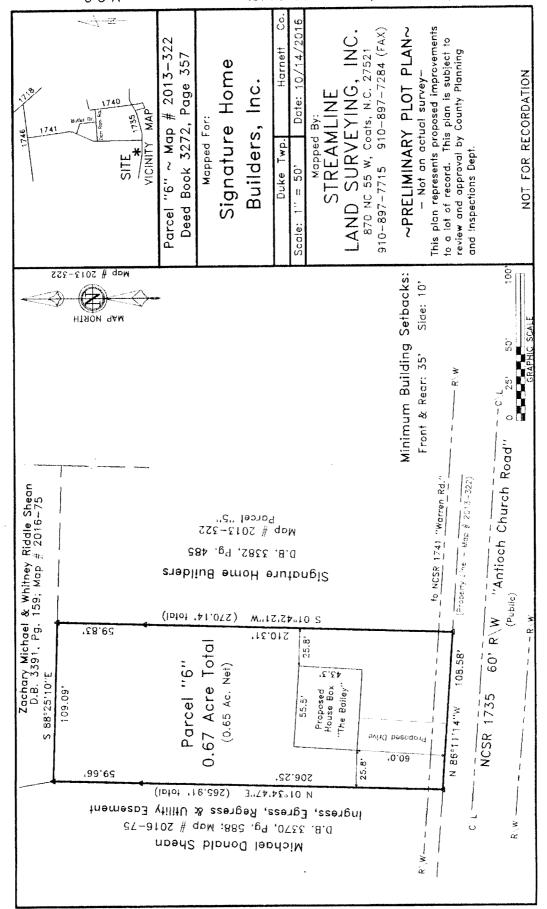
# Town of Erwin Zoning Application & Permit

Permit	#

Planning & Inspections Department
Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

limensions.	•				
Name of Applicant	Synature 1	tome Builders	Property Owne	William + Rachel Brewin	igton
Home Address	1209 N. M		Home Address		_
City, State, Zip	Lillington		City, State, Zip		
Telephone	910-892		Telephone		
Email		loshb@gmail,c	Email		
Address of Proposed			urch Rd.		
Parcel Identification	Number(s) (PI	N) 0546-97-	2196,000 Est	imated Project Cost \$ 115, 80	00
What is the applicant the proposed use of t	•	build / what is	SFD	New Construction	<b>1</b>
Description of any prop to the building or prope	-	nents New	Construction	1	
What was the Previo				The second secon	
Does the Property Ac			7 es		
Number of dwelling/	structures on	the property already	O P	roperty/Parcel size , 66	,
Floodplain SFHA		WatershedYes <u>~</u>			
MUST circle one that a	pplies to proper	ty Existing/Propose			ATT
		Existing/Proposed Owner/Applicant M			
inswers, statements, and and belief. The undersign application. Upon issuan egulations, and the laws	I other informat ming party undence of this perm s of the State of I authorizes the T	ion herewith submitted a erstands that any incorre it, the undersigning part North Carolina regulatin	are in all respects to ct information sub- y agrees to conform g such work and to	ertifies that this application and true and correct to the best of meir mitted may result in the revocation to all applicable town ordinance of the specification of plans level and oct a site inspection to ensure or the specification of plans level and oct a site inspection to ensure or the specification of plans level and oct a site inspection to ensure or the specification of plans level and oct as the specification oct a	knowledge on of this es, zoning Dibmitter V
Chris Shem		Chris	Shu	10-12-16	, \
Print Name		Signature of Owner		Date	
or Office Use					
Zoning District	R-10	Existing Nonconform	ng Uses or Feature	s	
Front Yard Setback	351	Other Permits Require	edCondition	al Use ≰Building _Fire Marsh	al <b>X</b> Other
	75	Requires Town Zonia	ng Inspection(s)	FoundationPrior to C.	of O.
Side Yard Setback	10	Zoning Permit Status	<u></u> Approv	redDenied	
Rear Yard Setback	35'	Fee Paid: 50-00	Date Paid:	Staff Initials:	
Comments New	home c	onstruction		TV .	
Signature of Town Rep	resentative:	no Bandi	D/a	te Approved/Denied: 10/18	1/6
-		1.0			/ (***



NAME:	APPLICATION #:					
	*This application to be filled out when applying for a septic system inspection.*					
County H	ealth Department Application for Improvement Permit and/or Authorization to Constru	ict				
IF THE INFORM	ATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMEN	ΙT				
PERMIT OR AU	THORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expir	ation				
	ocumentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)  CONFIRMATION #					
	3-7525 option 1 CONFIRMATION # ental Health New Septic System Code 800					
☐ <u>Environm</u> • All pr	pperty irons must be made visible. Place "pink property flags" on each corner iron of lot. All pro	perty				
lines r	oust be clearly flagged approximately every 50 feet between corners.					
<ul> <li>Place</li> </ul>	orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, c	lecks,				
out bu	Idings, 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 prope erty is thickly wooded, Environmental Health requires that you clean out the <b>undergrowth</b> to allow th	irty. De soil				
• II brot	tion to be performed. Inspectors should be able to walk freely around site. <b>Do not grade property</b> .	6 301				
• All lo	s to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be inc	urrea				
for fa	lure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready	<u>′.</u>				
After	reparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use	code				
	fter selecting notification permit if multiple permits exist) for Environmental Health inspection. Please	note				
contin	nation number given at end of recording for proof of request.  ick2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.					
	ental Health Existing Tank Inspections Code 800					
	above instructions for placing flags and card on property.					
	e for inspection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight	up (ii				
possil	le) and then put IId back in place. (Unless inspection is for a septic tank in a mobile home park)					
	T LEAVE LIDS OFF OF SEPTIC TANK					
After the street of the s	ncovering <b>outlet end</b> call the voice permitting system at 910-893-7525 option 1 & select notification pipele permits, then use code <b>800</b> for Environmental Health inspection. Please note confirmation numbers	ımhei				
	at end of recording for proof of request.	1111001				
	lick2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.					
<b>SEPTIC</b>						
If applying for	uthorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one	<b>).</b>				
{}} Accepted						
{}} Alternati	/e {} Other					
The applicant s	all notify the local health department upon submittal of this application if any of the following apply to the prop	erty in				
question. If the	answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:					
{}}YES {=	NO Does the site contain any Jurisdictional Wetlands?					
	NO Do you plan to have an <u>irrigation system</u> now or in the future?					
{}}YES { <u>u</u>	NO Does or will the building contain any <u>drains</u> ? Please explain					
{}}YES {	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?					
(_}YES {ك	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 (_	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 Th	s Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized Coun	ty And				
State Officials A	re Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And	Rules.				
I Understand T	at I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Mal	king				
The Site Accessi	ole So That A Complete Site Evaluation Can Be Performed.					
	10/19/16					

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

## **Harnett County Department of Public Health**

### **Well Construction Permit Application**

If the information in the application for a Well Construction Permit is *falsified*, changed, or the site is altered, then the Well Construction Permit shall become invalid.

Signat	une Ho	me Bi	nilders Lillington	(910)	892-	9299
Applicant/Own	er			Phone No	umber	
1209 N	Main	2+	Lillington	NC	2754	1 (
Street Address,	City, State	, Zip Code				
1. existing and/or proj 2. the location of the 3. the location for the 4. the location of exis 5. the location of any 6. above ground and/	posed property I facility and appu proposed well; sting or proposed existing wells v or underground	ines and easem urtenance; I sewer lines an vithin 100 feet o storage tanks;	Plan is a map/drawing of ents with dimensions; and/or sewage disposal syst of the property; surface within 100 feet of the propose.	ems within 10 ater bodies;		
1. there is a relocation 2. there is a change in	n of the propose of the intended us installing the was changed that al	d facility; se of the facility aste water syste ffect site draina	m in an area other than inc ge.	dicated on the	well permit	; or
Contact inform			Y INFORMAT			
Contact inform	<u>P</u>	ROPERT		<u>ION</u>		rigation 🗆
Contact inform  Single-Family	<u>P</u> Multifam	ROPERT Prop nily⊔ Chu	Y INFORMAT	TION  Busine	ss⊔ Ir	
Contact inform  Single-Family	<u>P</u> Multifam	ROPERT Prop illy Chu ch Chu co 66 - e	TY INFORMAT   osed use of well  irch □ Restaurant	TION  Busine	ss⊔ Ir	
Contact inform  Single-Family	<u>P</u> Multifam	ROPERT Prop illy Chu ch Chu co 66 - e	TY INFORMAT  posed use of well  preh □ Restaurant  Sch ?cl Subdivisi  PIN #	TION  Busine	ss⊔ Ir	

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and

Property Owner's of Owner's Legal Representative Signature Required

making the site accessible so that a will can be properly constructed according to the permit.

#### DO NOT REMOVE!

#### Details: Appointment of Lien Agent

Entry #: 547414

Filed on: 10/19/2016

Initially filed by: larrydaughtry02152

#### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384 Fax: 913-489-5231

Email: support/d-liensne.com and magnetic income con-

Property Type

Owner Information

Signature Home Builders 1209 N. Main St.

Lillington, NC 27546 United States

Email: csherrod.shb@gmail.com

Phone: 910-892-9299

**Project Property** 

Rickie L. Day Subdivision Lot 6 PIN: 0596-97-

Antioch Church Rd Dunn, NC 28334

Harnett County

1-2 Family Dwelling

Date of First Furnishing

10/31/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Post



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.

Plan Box #		Date 11-10-10 Job Name Signature Home Builders			
App # <u>599U</u>	8	Valuation 1336	Garage	392 496 388	
Inspections for S	FD/SFA SH	mull			
Crawi	Slab_V	Mono	Basement		
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final		
Foundation Survey	<u>No</u> .	Envir. Health_New	Other		
Additions / Other Footing Foundation Slab Mono Open Floor Rough In nsulation					