Initial Application Date:	11	17	16
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Residential Land Use Application

Application # _	1650040202
	CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

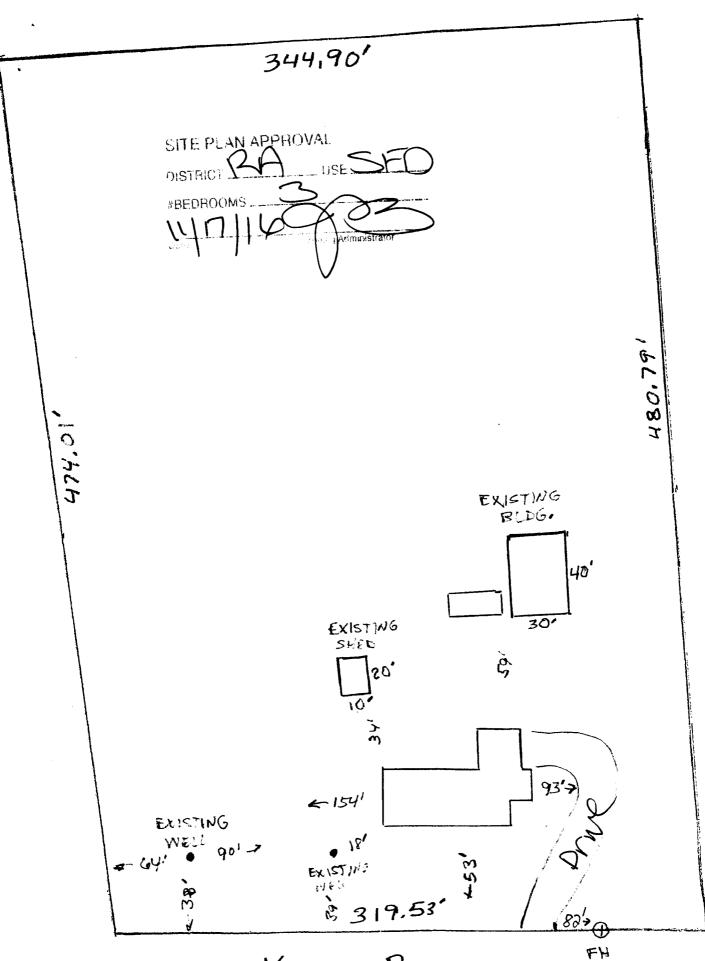
Central Permitting

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

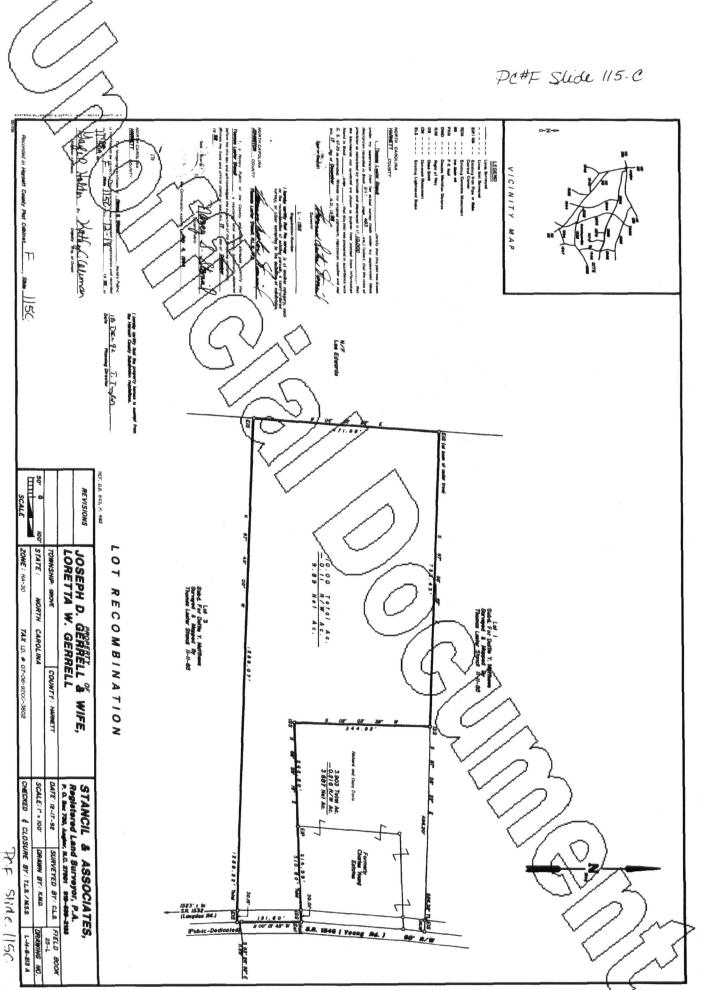
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: NORMS C. MADSON, Dr. Mailing Address: 3551 SAN PARLO RD. City: JACKSONVILLE State: FL zip: J224 Contact No: _____ Email: madson No Kie @ & mail. Com _ Mailing Address:____ APPLICANT*: Zip:____ Contact No: _____ Email: _ State:____ Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: NORGES MADSON Phone # (904) 874-8859 Zoning: KFBOFlood Zone; ★ Watershed: Λ Deed Book & Page 2350 1231 Power Company*: New structures with Progress Energy as service provider need to supply premise number ______ PROPOSED USE: SFD: (Size 72x5 6# Bedrooms: 3 # Baths: 2 Basement(w/wo bath): ___ Garage: 2 Deck: ___ Crawl Space: V Slab: ___ Slab: ___ Slab: ___ (Is the bonus room finished? (__) yes (X) 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 poes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (__) yes (火) no boes the property contain any easements whether underground or overhead (__) yes (__) no structures (existing or proposed). Single family dwellings:____ Comments:____ Required Residential Property Line Setbacks: Minimum_____ Actual Front Closest Side Sidestreet/corner lot____ **Nearest Building** on same lot 03/11

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



Young ROAD



NAME: NORRIS MADSON, DV. 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 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {__} Innovative {_____ Conventional {_____} Any { _ } Accepted {__}} 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: Does the site contain any Jurisdictional Wetlands? { }YES Do you plan to have an <u>irrigation system</u> now or in the future? {__}}YES Does or will the building contain any drains? Please explain.__ _}YES

Are there any existing wells springs, waterlines or Wastewater Systems on this property? Is any wastewater going to be generated on the site other than domestic sewage? }YES Is the site subject to approval by any other Public Agency? _}YES Are there any Easements or Right of Ways on this property? Does the site contain any existing water, cable, phone or underground electric lines? { } 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)

11-17-16 DATE

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 16-500 40202

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit Date: 12-16-16 NORRES Owner's Name: Phone: 904- 874-8859 Site Address: 433 Young Rd, Angier NC Directions to job site from Lillington: Go to Coats unto Carson Gregory Rd Lot: Subdivision: Description of Proposed Work: New #Bedrooms: Crawl Space (VSlab () Heated SF 1712 Unheated SF 1174 Finished Rec Room? **General Contractor Information** 892-123 ERDOUL CONSTRUCTORS LUC Telephone Building Contractor's Company Name 28335 Address Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation **Electrical Permit Information** Description of Work New SFD Amps TPole: yes/no Service Size: 200 Electric Electrical Contractor's Company Name Kipline Rd tuquau Varina Address Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information New Description of Work 910-897-550 DUAN NC 28334 Address Signature of Officer(of Corporation Plumbing Permit Information New Plumbing Contractor's Company Name TIMOTHY ROAD DUNN NC Address Signature of Officer(s) of Corporation Insulation Permit Information Tri City Insulation + Building Products Fugeter: He UZ Insulation Contractor's Company Name & 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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner set forth in the permit

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

Sign white

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 for Residential Building and Trades Permit

Owner's Name	Date
Site Address	
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work	# of Bedrooms
Heated SF Unheated SF Finis	shed Bonus Room? Crawl Space Slab contractor information
Building Contractor's Company Name	Telephone
Address	Email Address
License #	
Description of Work	Contractor Information Service SizeAmps T-PoleYesN
Electrical Contractor's Company Name	Telephone
Address	Email Address
License # Mechanical/HV	AC Contractor Information
Description of Work	
Mechanical Contractor s Company Name	Telephone
Address	Email Address
License #	
	Contractor Information
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # / Insulation	Contractor Information
Insulation Contractor's Company Name & Addres	Telephone
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DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 575729

File Init free

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

433 Young Road Angier, NC 27501 Harnett County

Property Type

1-2 Family Dwelling

Print & Pc



Contractors:

Please post this no

Suppliers and Su Scan this image w view this filing. Y to Lien Agent for

Owner Information

Norris Madson 433 Young Road Angier, NC 27501 United States

Email: larrywade@freedomconstructors.com

Phone: 904-874-8859

Date of First Furnishing

12/30/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384

reedon constructors Plan Box #__ SQ Feet 2084 200064 Valuation Garage 640 **Inspections for SFD/SFA Basement** Mono_ Slab_ Crawl **Footing** Plum Under Slab **Footing Foundation Footing** Ele. Under Slab **Foundation** Waterproofing **Foundation** Address **Address** Plum Under slab **Address** Mono Slab Slab Open Floor Address Rough In Rough In Rough In Slab Insulation Insulation **Insulation Open Floor** Final Final Final Rough In Insulation Final Envir. Health **Foundation Survey** Additions / Other Footing____ Foundation____ Slab____ Mono___ Open Floor____ Rough In____ Insulation____ Final ____

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<u> </u>	/aluation <u>// 19833(</u>	SQ Feet $\frac{200}{200}$ Garage $\frac{1}{250}$
Slab	Mono	Basement
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
rveyEn	ovir. Health	Other
<u>er</u>		
	Footing Foundation Address Slab Rough In Insulation Final Free Er	Footing Plum Under Slab Foundation Ele. Under Slab Address Address Slab Mono Slab Rough In Rough In Insulation Insulation Final Final

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