

Initial Application Date: 12-20-11

Application # 1650040425

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: S-Mark Properties Mailing Address: 365 Cattle Lake Dr
City: Coats State: NC Zip: 27521 Contact No: 919-868-9307 Email: JEAN8044@AOL.COM

APPLICANT: S-Mark Prop. Mailing Address: 365 Cattle Lake Dr
City: Coats State: NC Zip: 27521 Contact No: 919-868-9307 Email: JEAN8044@AOL.COM
*Please fill out applicant information if different than landowner

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

PROPERTY LOCATION: Subdivision: OXFORD Woods Lot #: 3 Lot Size: .58
State Road # _____ State Road Name: Old Stage Rd / 51 Oxford Woods Map Book & Page: 2008, 214
Parcel: 040692 0017 13 PIN: 06082-98-9649.000
Zoning: RA30 Flood Zone: X Watershed: - Deed Book & Page: 3389, 324 Power Company*: Duke Energy

*New structures with Progress Energy as service provider need to supply premise number 75949601 from Progress Energy.

PROPOSED USE:

- SFD: (Size 52x48) # Bedrooms: 2 # Baths: _____ 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: f County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
Sewage Supply: f 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:

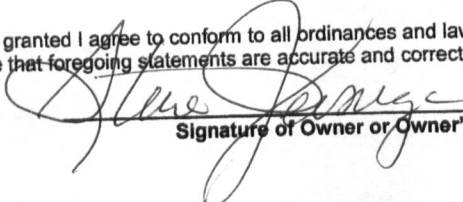
Front	Minimum	Actual
	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>137</u>
Closest Side	<u>10</u>	<u>27</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

210 thru Angier T.R. on
old Stage Rd Sub on Right Abt. 3 - Mls

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

12-20-16
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

NAME: _____

APPLICATION #: 40425

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 # 019709-1B-12-2016

- 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

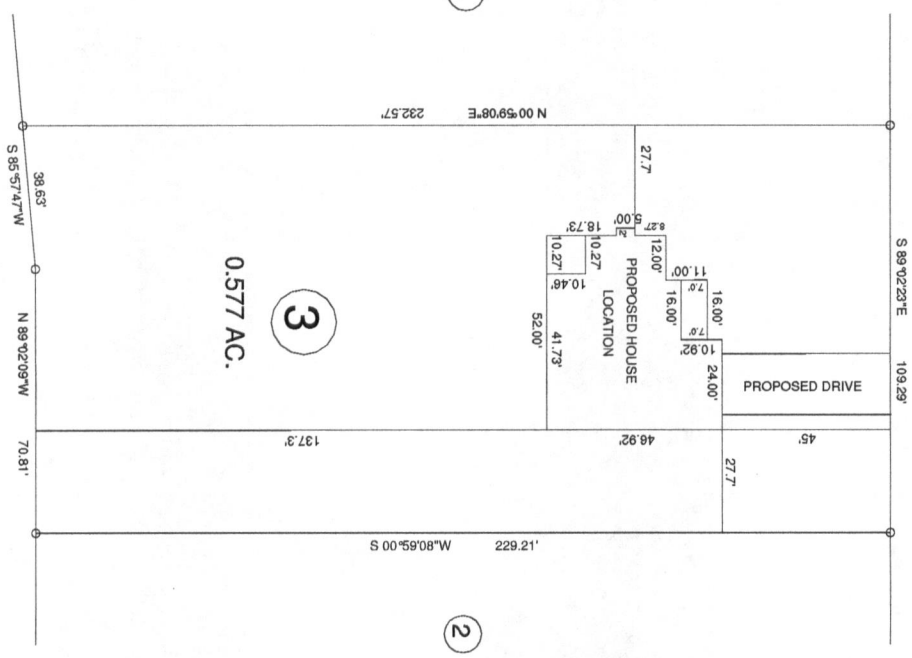
[Handwritten Signature]

12-20-16

"OXFORD WOODS DRIVE" 50' R/W

SITE PLAN APPROVAL
 DISTRICT RA-30 USE SFD
 #BEDROOMS 2
12-20-16
 Zoning Administrator

MAP REFERENCE: MAP NO. 2008-214



MINIMUM BUILDING SET BACKS
 FRONT YARD 35'
 REAR YARD 25'
 SIDE YARD 15'
 CORNER LOT SIDE YARD - 25'
 MAXIMUM HEIGHT 35'



SURVEY FOR: _____

PROPOSED PLOT PLAN - LOT - 3
"OXFORD WOODS SUBDIVISION"

TOWNSHIP	BLACK RIVER	COUNTY	HARNETT
STATE	NORTH CAROLINA		
ZONE	RA-30	WATERSHED DISTRICT	
DATE:	SEPTEMBER 01, 2016		
TAX PARCEL ID:	_____		

BENNETT SURVEYS
 1662 CLARK RD., LILLINGTON, N.C. 27546
 (910) 899-5252

F-1304

SCALE: 1" = 50'	CHECKED & CLOSED BY: _____
SURVEYED BY: _____	FILED BOOK: _____
DRAWN BY: RVB	DRAWING NO. 16400

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 Properties Date 12-20-10

Site Address 51 Oxford Woods Dr Phone 919-868-9307

Directions to job site from Lillington 210 thru Angier Rd in old stage Rd Sub on Right

Subdivision Oxford Woods Lot 3

Description of Proposed Work New Home # of Bedrooms 3

Heated SF 1833 Unheated SF _____ Finished Bonus Room? Crawl Space _____ Slab

General Contractor Information

S-Mark Properties 919-868-9307

Building Contractor's Company Name _____ Telephone _____

3165 Cattle Lake Dr _____

Address _____ Email Address _____

75632 _____

License # _____

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No

Wiring + Panel 919-499-3946

Electrical Contractor's Company Name _____ Telephone _____

614 Justice Rd Sanford _____

Address _____ Email Address _____

12007 4 _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Home

Coal Springs Services 919-258-0415

Mechanical Contractor's Company Name _____ Telephone _____

2200 Coal Springs Rd Broadway _____

Address _____ Email Address _____

11542 _____

License # _____

Plumbing Contractor Information

Description of Work Curtis Farecloth Plumbing # Baths 2

Curtis Farecloth Plumbing 910-571-3111

Plumbing Contractor's Company Name _____ Telephone _____

50516 Elizabethtown Hwy Roseboro _____

Address _____ Email Address _____

7269 _____

License # _____

Insulation Contractor Information

Insulating Inc 919-772-9008

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

Steve Young
Signature of Owner/Contractor/Officer(s) of Corporation

12-20-16
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 Roberts

Sign w/Title *Steve Young* Date 12-20-16

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence OR the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Investors Title Insurance Company

Mailing address of Agent 19 W. Hargett St. Suite 507
Raleigh N.C. 27501

Physical address of Agent 19 W. Hargett St. Suite 507
Raleigh N.C. 27501

Telephone 1-888-690-7384 Fax 1-919-794-5664

Email Support@heensenc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

Plan Box #

AL

Date

12-20-16

Job Name

SMARK PROPERTIES

App #

1650840425

Valuation

153600

SQ Feet

1600

Garage

480

=

2080

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono

Basement _____

Footing

Footing

Plum Under Slab

Footing

Foundation

Foundation

Ele. Under Slab

Foundation

Address

Address

Address

Waterproofing

Open Floor

Slab

Mono Slab

Plum Under slab

Rough In

Rough In

Rough In

Address

Insulation

Insulation

Insulation

Slab

Final

Final

Final

Open Floor

Rough In

Insulation

Final

Foundation Survey NO

Envir. Health

New

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____