

Initial Application Date: 12-27-16

Application # 40435  
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: James \*Adam\* Shindedecker Mailing Address: 2745 Kipling Rd  
City: Fuquay-Varina State: NC Zip: 27526 Contact No: (919) 538-8574 Email: \_\_\_\_\_

APPLICANT: \*Same\* Mailing Address: \_\_\_\_\_  
City: Fuquay-Varina State: NC Zip: 27526 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: James Adam Shindedecker Phone # (919) 538-8574

PROPERTY LOCATION: Subdivision: Captains Landing Lot #: 7R Lot Size: 1.21 AC  
State Road # \_\_\_\_\_ State Road Name: Dauphine Street Map Book & Page 2010, 318  
Parcel: 05 0613 0078 PIN: 0613-43-9435-000  
Zoning: RABO Flood Zone: X Watershed: AA Deed Book & Page 346, 496 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size 40 x 50) # Bedrooms: 2 # 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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum 35 Actual 125  
Rear 25 158  
Closest Side 10 15.5  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Turn Left on 401 from office go to Christian Light road and turn Left. Go to River road turn Left. Go down dirt road and at the end turn Left. That'll be Captains Landing. Stay on main Road down past pond, up the hill thru the curve's and it'll be the last road on the right before the river, Basin Rd. Turn Right on Basin Im straight in the last turn in the road. By the ~~light pole~~ power pole.

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.

Tommy Adam Shindler  
Signature of Owner or Owner's Agent

12-21-16  
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: James Adam Shindler

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

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.**

James Adam Shindler  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

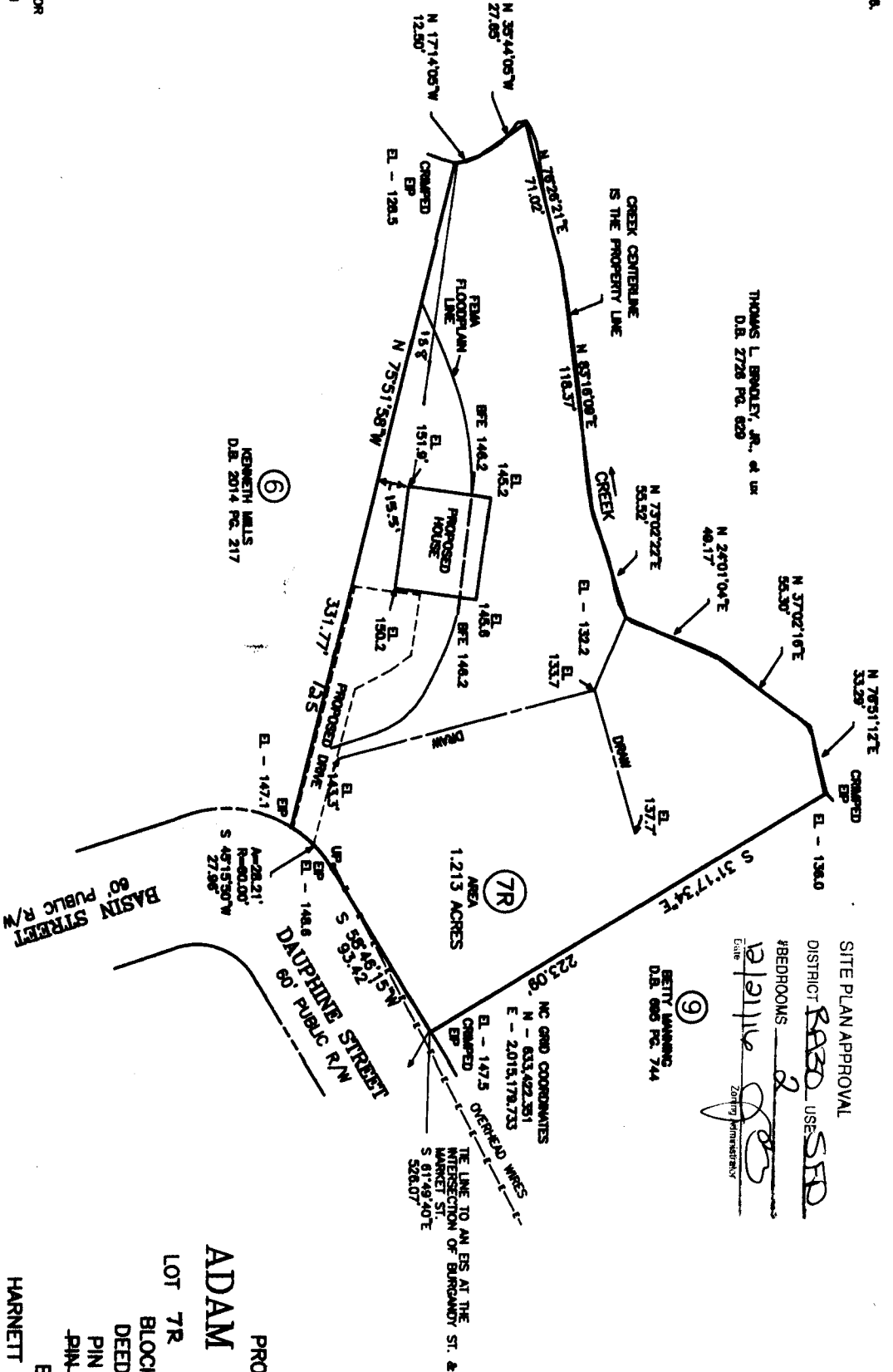
12-21-16  
DATE

Map of  
 FLOOD ELEVATION - 144.2  
 DATE: 10/2/2008  
 NC GRID COORDINATES AND ELEVATIONS  
 FROM GPS/RTK OBSERVATIONS, TIED  
 TO MOSS CREEK STATION "MCL",  
 NAD 83 (2011) HORIZONTAL &  
 NAD 83 ELEVATIONS.

I, BENTON W. DEWAR, PROFESSIONAL LAND SURVEYOR  
 AND CERTIFIED CENTER, STATE OF NORTH CAROLINA,  
 DO HEREBY CERTIFY THAT THIS PLAT WAS DRAWN UNDER  
 MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY  
 SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10000.  
 THAT THE PLAT IS OF A BOUNDARY SURVEY OF AN  
 EXISTING PARCEL OF LAND THAT IS REGULATED  
 BY A COUNTY OR MUNICIPALITY ORDINANCE THAT  
 REGULATES PARCELS OF LAND.

BENTON W. DEWAR NCPLS 3040

BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER  
 MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY  
 SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10000.



THOMAS L. BROOLEY, JR., et ux  
 D.B. 2726 PG. 629

KENNETH HILLS  
 D.B. 2014 PG. 217

SITE PLAN APPROVAL  
 DISTRICT R20 USE SFD  
 #BEDROOMS 2  
 Date 10/2/08  
 Zoning Administrator

BETTY LAWRENCE  
 D.B. 605 PG. 744

NC GRID COORDINATES  
 N - 633,422.391  
 E - 2,015,178.733  
 EL - 147.5

THE LINE TO AN E.S. AT THE  
 INTERSECTION OF BURGAWAY ST. &  
 MARKET ST.  
 S 61°48'40"E  
 528.07'

HARNETT COUNTY  
 SCALE: 1" = 50'  
 GRAPHIC SCALE  
 BENTON

PROJ  
 ADAM  
 LOT 7R  
 BLOCK  
 DEED  
 PIN  
 PIN

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <b>JAMES ADAM SHINDLEDECKER</b>		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>DAUPHINE STREET</b>		Company NAIC Number:
City <b>FUQUAY VARIANA</b>	State <b>NORTH CAROLINA</b>	ZIP Code <b>27526</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 7R, BLOCK 6, MAP BOOK 21 PAGE 52</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
A5. Latitude/Longitude: Lat. <u>35° 29' 25.0554"</u> Long. <u>78° 56' 57.3826"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A8.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>N/A</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A9.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>HARNETT COUNTY 370328</b>		B2. County Name <b>HARNETT</b>		B3. State <b>NC</b>	
B4. Map/Panel Number <b>0602</b>	B5. Suffix <b>J</b>	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date <b>OCT. 3, 2006</b>	B8. Flood Zone(s) <b>AE + X</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>146.2</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>DAUPHINE STREET</b>			Policy Number:
City <b>FUQUAY-VARINA</b>	State <b>NC</b>	ZIP Code <b>27526</b>	Company NAIC Number

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS/VRS Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |  |                     |  |
|--|---------------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  | <u>158</u> <u>0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor  | <u>N/A</u>          | <input type="checkbox"/> feet <input type="checkbox"/> meters            |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | <u>N/A</u>          | <input type="checkbox"/> feet <input type="checkbox"/> meters            |
| d) Attached garage (top of slab)   | <u>N/A</u>          | <input type="checkbox"/> feet <input type="checkbox"/> meters            |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>150</u> <u>9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>145</u> <u>2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>151</u> <u>9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                               | <u>N/A</u>          | <input type="checkbox"/> feet <input type="checkbox"/> meters            |

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name **BENTON W. DEWAR** License Number **NCPLS-3040**

Title **OWNER**

Company Name **BENTON DEWAR & ASSOCIATES**

Address **5920 HONEYCUTT ROAD**

City **HOLLY SPRINGS** State **NC** ZIP Code **27540**

Signature *[Signature]* Date **12-6-2016** Telephone **919-868-1449**



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)