

Initial Application Date: 12-29-16

Application # 1650040473

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 Propertus Mailing Address: 365 Cattle Lake Dr
City: Coats State: NC Zip: 27521 Contact No: 919-868-9307 Email: Jernigan@Aol.com

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

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

PROPERTY LOCATION: Subdivision: Oxford Woods Lot #: 9 Lot Size: 579
State Road # _____ State Road Name: Oxford Woods Dr Map Book & Page: 2008, 214

Parcel: 040092 0017 19 PIN: 0682-98-0070 000

Zoning: RA 30 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 15755762 from Progress Energy.

PROPOSED USE:

- SFD: (Size 46 x 49) # Bedrooms: 2 # Baths: _____ Basement(w/wo bath): Garage: _____ Deck: _____ Crawl Space: _____ Slab: Monolithic 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: _____ Manufactured Homes: _____ Other (specify): _____

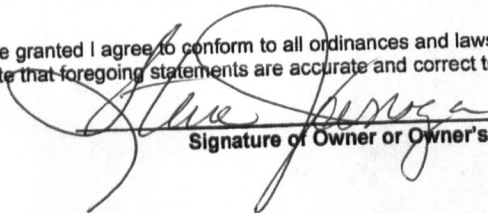
Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>35</u>	<u>50</u>
Rear	<u>25</u>	<u>127</u>
Closest Side	<u>10</u>	<u>31.2'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 Hwy Angler T.R on
Old Stage Rd Sub on Right

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

12-29-14
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 #: 40473

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 # 019804-LB
12-29-14

- 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.

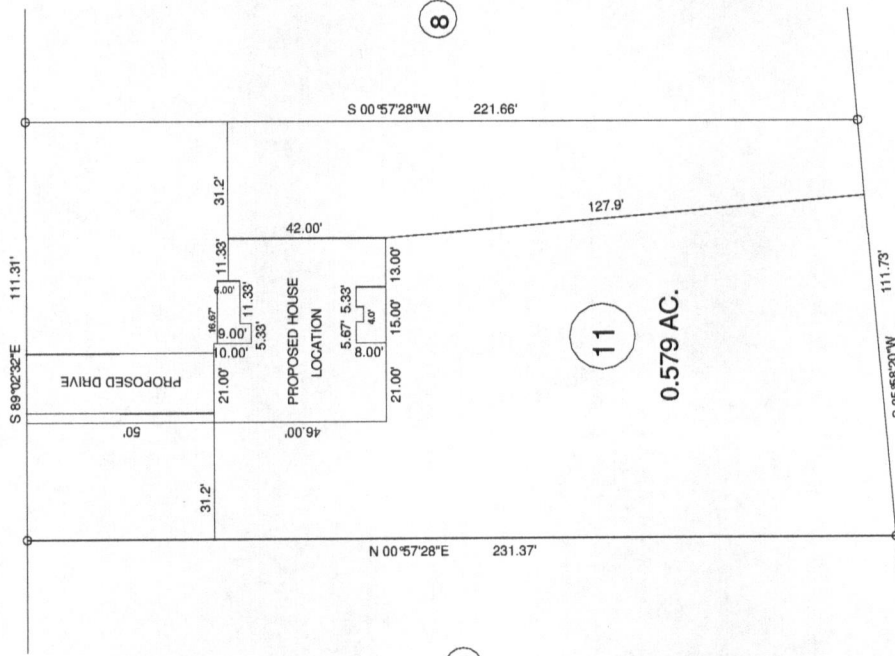
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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)

12-29-14
DATE

"OXFORD WOODS DRIVE" 50' R/W



8

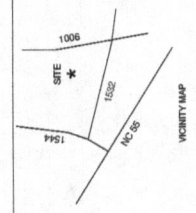
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11

0.579 AC.

- MINIMUM BUILDING SET BACKS
- FRONT YARD 35'
- REAR YARD 25'
- SIDE YARD 10'
- CORNER LOT SIDE YARD - 20'
- MAXIMUM HEIGHT 35'

MAP REFERENCE: MAP NO. 2008-214



—SURVEY FOR—

PROPOSED PLOT PLAN - LOT - 9
"OXFORD WOODS S/D"

TOWNSHIP	BLACK RIVER	COUNTY	HARNETT
STATE	NORTH CAROLINA	DATE	NOVEMBER 14, 2016
ZONE	RA-30	TAX PARCEL ID#	PN #

BENNETT SURVEYS		F-1304	
1662 CLARK RD., LILLINGTON, N.C. 27546		(910) 893-5252	
12.5"	0	25'	SURVEYED BY:
SCALE: 1" =	50'		DRAWN BY: RVB
CHECKED & CLOSURE BY:			FIELD BOOK
			DRAWING NO. 16518

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 12-29-11

Site Address 217 Oxford Woods Dr Phone _____

Directions to job site from Lillington 210 High Avenue, Take on Old Stage Rd Sub on Right

Subdivision Oxford Woods D Lot 9

Description of Proposed Work New Home # of Bedrooms 2

Heated SF 1799 Unheated SF _____ Finished Bonus Room? Yes Crawl Space _____ Slab

General Contractor Information

S-Mark Properties

Building Contractor's Company Name

365 Cottle Lake Dr Costs NC

Address

75632

License # _____

919-868-9307

Telephone

Joernsoy44@aol.com

Email Address

Electrical Contractor Information

Description of Work New Home Service Size 100 Amps T-Pole Yes No

Wester & Pace Elect

Electrical Contractor's Company Name

614 Leslie Rd Sanford

Address

12007 U

License # _____

919-499-3946

Telephone

Email Address _____

Mechanical/HVAC Contractor Information

Description of Work New Home

Cool Springs

Mechanical Contractor's Company Name

2200 Cool Springs Rd Broadway

Address

11542

License # _____

919-258-0415

Telephone

Email Address _____

Plumbing Contractor Information

Description of Work New Home # Baths 2

Certes Farcloth Plumbing

Plumbing Contractor's Company Name

5056 Elizabethtown Hwy Roseboro

Address

7269

License # _____

910-531-3111

Telephone

Email Address _____

Insulation Contractor Information

INSULATING INC

Insulation Contractor's Company Name & Address

919-772-9000

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 Jernige
Signature of Owner/Contractor/Officer(s) of Corporation

12-29-16
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 S. Mark Properties

Sign w/Title *Steve Jernige* Date 12-29-16

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@liensnc.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.”