COUNTY OF MARNETT RESIDENTIAL LAND USE APPLICATION  CHE  Central Permitting  108 E. Front Sweet, Lillington, NC 27546  Phone (810) 893-7525 ent 2 Faix (910) 893-2793 www.harnett.org/perm  ARCORDED SURVEY MAP, RECORDED BEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION*  ARADOWNER THE STATE OF THE STAT	Initial Application Date: 1 24 17	MENT LUIS
Central Permitting  108 E. From Street Lillington. NC 27546 Phone (910) 883-7525 exit. 2 Fax (910) 893-2753 www.namet.org/perm  "ARECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"  LANDOWNER DIMES HAND FOR THE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"  LANDOWNER DIMES HAND FOR THE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"  State "Zip." Contact No. "Email JOAN NOTES   957 6  APPLICANT: CLUMBER CAND HOUS Mailings Address P. O. BOX 727  SITE DAIN State No. 2:p 28335 Contact No. 910 892 4345 Email:  Persent fill od applicant information it different broken by the part of the property LOCATION: Subdivision: Quality CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALITY CLED OR JOAN PHONE # 910 892 4345  PROPERTY LOCA	The state of the s	Application # 1750040030
ANDOWNER SHAPZIDIA LANTIS Mailing Address SAME as be by  State " zip " Contact No. " Email: jagn nor ris 1 9576  APPLICANT: CLUMBER CAND HOUS Mailing Address." P. O. Box 721  City: DUNN State MC zip 28335 Contact No. 910 892.4345 Email:  Please fill out applicant information of different than landowner  CONTACT NAME APPLYING IN OFFICE: MI CHELLE OR JOAN Phone # 910.892.4345  PROPERTY LOCATION: Subdivision: QUALL GLEN	COUNTY OF HAR Central Permitting 108 E. Front Street, Lillington, NC 2	ARNETT RESIDENTIAL LAND USE APPLICATION
APPLICANT: CUMBER CAND HOURS Malling Address: P. O. Box 727  Title: NUM State: NC zip. 28335 Contact No. 910 892 · 4345 Email:  CONTACT NAME APPLYING IN OFFICE: MICHELE OR JDKN Phone # 910 · 892 · 4345  PROPERTY LOCATION: Subdivision: QUAL GLEN Lot # 24 Lot Size: LO Bate Road # 2215 State Road Name: HARNETT CENTRAL PD Map Book & Page 2007 / 635  Parcel: 10662 0022 27 PIN: 0662 - 0.3 30 20. 000  Proving RA 30 Flood Zone: X Watershed: NA Deed Book & Page 2431 / 0421 Power Company: DUKE  New structures with Progress Energy as service provider need to supply premise number 539 52125 from Progress Energy.  PROPOSED USE:  SFD: (Size 12 x 47) # Bedrooms: # Baths: 3 Basement(wwo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: (Is the bonus room finished? Dyes in o will a closet? Dyes in o (if yes add in with # bedrooms)  Di Mod: (Size x iii # Bedrooms: # Raths Rasement (wwo bath): Garage: Slab: Dill Deck. On Frame Off Frame (Is the second floor finished? Pyes in no. Any other site built additions? Per Unit: Home Occupation: # Rooms: Will Size X iii # Bedrooms: Garage: (site built? Deck. (site built?)  Displex: (Size x iii No. Buildings: No. Bedrooms: Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? Deck. On Frame Office Final Rewage Supply: New Septic Tank (Complete Checklist) County Sewer Pose owner of this tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In one of the tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In other tructures (existing of proposed) Ingle family dwellings: Manufactured Homes: Other (specify).  Sequired Residential Property Line Setbacks: Comments: Com	"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	R TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
APPLICANT: CUMBER CAND HOURS Malling Address: P. O. Box 727  Title: NUM State: NC zip. 28335 Contact No. 910 892 · 4345 Email:  CONTACT NAME APPLYING IN OFFICE: MICHELE OR JDKN Phone # 910 · 892 · 4345  PROPERTY LOCATION: Subdivision: QUAL GLEN Lot # 24 Lot Size: LO Bate Road # 2215 State Road Name: HARNETT CENTRAL PD Map Book & Page 2007 / 635  Parcel: 10662 0022 27 PIN: 0662 - 0.3 30 20. 000  Proving RA 30 Flood Zone: X Watershed: NA Deed Book & Page 2431 / 0421 Power Company: DUKE  New structures with Progress Energy as service provider need to supply premise number 539 52125 from Progress Energy.  PROPOSED USE:  SFD: (Size 12 x 47) # Bedrooms: # Baths: 3 Basement(wwo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: (Is the bonus room finished? Dyes in o will a closet? Dyes in o (if yes add in with # bedrooms)  Di Mod: (Size x iii # Bedrooms: # Raths Rasement (wwo bath): Garage: Slab: Dill Deck. On Frame Off Frame (Is the second floor finished? Pyes in no. Any other site built additions? Per Unit: Home Occupation: # Rooms: Will Size X iii # Bedrooms: Garage: (site built? Deck. (site built?)  Displex: (Size x iii No. Buildings: No. Bedrooms: Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? Deck. On Frame Office Final Rewage Supply: New Septic Tank (Complete Checklist) County Sewer Pose owner of this tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In one of the tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In other tructures (existing of proposed) Ingle family dwellings: Manufactured Homes: Other (specify).  Sequired Residential Property Line Setbacks: Comments: Com	LANDOWNER: FRANCES HANTZIDIAMANTO	15 Mailing Address: Same as below
APPLICANT: CUMBER CAND HOURS Malling Address: P. O. Box 727  Title: NUM State: NC zip. 28335 Contact No. 910 892 · 4345 Email:  CONTACT NAME APPLYING IN OFFICE: MICHELE OR JDKN Phone # 910 · 892 · 4345  PROPERTY LOCATION: Subdivision: QUAL GLEN Lot # 24 Lot Size: LO Bate Road # 2215 State Road Name: HARNETT CENTRAL PD Map Book & Page 2007 / 635  Parcel: 10662 0022 27 PIN: 0662 - 0.3 30 20. 000  Proving RA 30 Flood Zone: X Watershed: NA Deed Book & Page 2431 / 0421 Power Company: DUKE  New structures with Progress Energy as service provider need to supply premise number 539 52125 from Progress Energy.  PROPOSED USE:  SFD: (Size 12 x 47) # Bedrooms: # Baths: 3 Basement(wwo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: (Is the bonus room finished? Dyes in o will a closet? Dyes in o (if yes add in with # bedrooms)  Di Mod: (Size x iii # Bedrooms: # Raths Rasement (wwo bath): Garage: Slab: Dill Deck. On Frame Off Frame (Is the second floor finished? Pyes in no. Any other site built additions? Per Unit: Home Occupation: # Rooms: Will Size X iii # Bedrooms: Garage: (site built? Deck. (site built?)  Displex: (Size x iii No. Buildings: No. Bedrooms: Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? Deck. On Frame Office Final Rewage Supply: New Septic Tank (Complete Checklist) County Sewer Pose owner of this tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In one of the tract of iand, own land that contans a manufactured home within five nundred feet (500') of tract listed above? In other tructures (existing of proposed) Ingle family dwellings: Manufactured Homes: Other (specify).  Sequired Residential Property Line Setbacks: Comments: Com	City:State:Zip:_1'	Contact No: Email: joan norris 1957
PROBLEM STATE NAME APPLYING IN OFFICE: MICHELLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: Subdivision: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: QUALLE OR JOHN Phone # 910 892 435  PROPERTY LOCATION: QUALLE	APPLICANT: CUMBER LAND HOUSEMAIL	iling Address: P.O. Box 727
Phone # 910 892 4345  PROPERTY LOCATION: Subdivision: Quarte Step   Lot #: 24   Lot Size; CD    State Road # 2215   State Road Name: HARNETT CENTRAL PD   Map Book & Page; 2007 / C35    Parcel:   10062 0022 277   PIN:   O162 - 0.3 3020.000    Coning RA 30 Flood Zone: X   Watershed: N   A   Deed Book & Page; 2431 / 0424    Frow structures with Progress Energy as service provider need to supply premise number   589 52125    From Progress Energy.   From Progress Energy.    PROPOSED USE:   SFD: (Size 1/2 x 47)  # Bedrooms:   # Baths   Basement (w/wo bath):   Garage: V   Deck   Crawl Space:   Stab: V   Slab:    (Is the bonus room finished? (V) yes   ) no w/a closet?   ) yes     no (if yes add in with # bedrooms)    If Mod: (Size   x   ) # Bedrooms   # Raths   Basement (w/wo bath)   Garage:   Site Built Deck     On Frame   Off Frame    (Is the second floor finished? (V) yes   ) no Any other site built additions? (V) yes   ) no    If Manufactured Home:   SW   DW   TW (Size   x   ) # Bedrooms   Garage:   (site built?   ) Deck:   (site b	City: DUNN State: NC Zin: 28	8335 Contact No: 910 892 . 4345 Email:
State Road # 2215 State Road Name: HAPNETT CENTEAL PD Map Book & Page 2007 / U35  Parcel: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
State Road # 2215 State Road Name: HARNET CENTEAL ED Map Book & Page. 2007 / U35  PIN: O642 - 0 3* 30 20. 000  Coning: A 30 Flood Zone: Watershed: N A Deed Book & Page 2431 / 0424 Power Company: DUKE  New structures with Progress Energy as service provider need to supply premise number 589 52125 from Progress Energy.  PROFOSED USE:  SFD: (Size 12 x 47) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Glab: Slab: Slab: Monolithic Slab: Spice 12 x 47) # Bedrooms: # Baths: Basement (w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Slab: Slab: Monolithic Slab: Spice 12 x 47) # Bedrooms: # Baths: Basement (w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Slab: Slab: Monolithic Slab: Slab: Monolithic Slab: Slab: Monolithic Slab: Slab: Monolithic Slab: Spice 12 x 47) # Bedrooms: # Baths: Basement (w/wo bath): Garage: Slab: Monolithic Slab: Slab: Monolithic Slab: Slab: Monolithic Slab: Monolithic Slab: Slab: Monolithic Slab: Slab: Monolithic Slab: Mon	CONTACT NAME APPLYING IN OFFICE: MICHEL	LE OR JOKN Phone # 910.892.4345
State Road # 2215 State Road Name: HARNETT CENTRAL RD Map Book & Page, 2007 / U35  Parcel: 10667 0022 27 PIN: OLG 2 - 0 3- 30 2 D. 000  Coning. A 30 Flood Zone: Watershed: N A Deed Book & Page, 2431 / 0424 Power Company*: DUKE  New structures with Progress Energy as service provider need to supply premise number 53952125 from Progress Energy.  PROPOSED USE:  SFD: (Size 12 x 47) # Bedrooms  # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Show with a closet? Water based in with # bedrooms)  Mod: (Size		
PROPOSED USE:  SFD: (Size 12 x 47) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: (Is the bonus room finished? (V) yes) no w/a closel? Site Built Deck On Frame On Frame_ (Is the second floor finished? yes) no Any other site built additions? yes no Deck: (site built? Deck: (site built? Deck: Closets in addition? yes no Addition/Accessory/Other: (Size x) Use: Hours of Operation: #Employees: Closets in addition? yes no essented that contains a manufactured home within five hundred feet (500°) of tract listed above? yes no tructures (existing of proposed): 9 ngle family dwellings: Nanufactured Homes: Other (specify): Nanufactured Homes: Other (specify): No builtings: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer tructures (existing of proposed): 9 ngle family dwellings: Manufactured Homes: Other (specify): Nanufactured Residential Property Line Setbacks: Comments: Manufactured Homes: Other (specify): Other (specify): Nanufactured Residential Property Line Setbacks: Comments: Manufactured Homes: Other (specify): Nanufactured Residential Property Line Setbacks: Comments: Manufactured Homes: Other (specify):	State Road #State Road Name:	PENETT CENTRAL RD Map Book & Page: 2007, 635
Now structures with Progress Energy as service provider need to supply premise number \$39\subsection 20\subsection 539\subsection 539\subsect	Parcel: 10662 0022 27	PIN: 0662 -03-3020.000
New structures with Progress Energy as service provider need to supply premise number	Coning: $RA \cdot 30$ Flood Zone: $X$ Watershed: $NA$ [	Deed Book & Page: 2431 / O424 Power Company*: DUKE
ROPOSED USE:  SFD: (Size \$\frac{12}{2} \times \frac{47}{2}\$ # Bedrooms: \$\frac{4}{2}\$ # Baths: \$\frac{3}{2}\$ Basement(w/wo bath):Garage: \frac{1}{2} Deck:Crawl Space:Slab: \frac{1}{2} \times \frac{1}{2} \text{Slab:}	New structures with Progress Energy as service provider need to	to supply premise number 53952125 from Progress Energy
(Is the second floor finished? (	(Is the bonus room finished? ( <u>V</u> ) y  1 Mod: (Size x) # Bedrooms# BathsBas	yes () no_w/ a closet? () yes () no (if yes add in with # bedrooms)  asement (w/wo bath) Garago: Site Built Deck. On Frame
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	(Is the second floor finished? ()	) yes () no Any other site built additions? () yes () no
Home Occupation: # Rooms:	Manufactured Home:SWDWTW (Size	_x) # Bedrooms: Garage:(site built?) Deck:(site built?)
Addition/Accessory/Other: (Sizex) Use:	Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
Vater 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 noes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no no noes the property contain any easements whether underground or overhead () yes () no tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments:	1 Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Vater 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 noes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no no noes the property contain any easements whether underground or overhead () yes () no tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify):	Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes (
Rewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer notes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no note the property contain any easements whether underground or overhead () yes () no tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify):		
noes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no loses the property contain any easements whether underground or overhead () yes () no lose tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify): lequired Residential Property Line Setbacks: Comments:	sewage Supply: New Septic Tank (Complete Checklist)	Existing Sentic Tank (Complete Checklish County Sentic Tank (Complete Checklish County Sentic Tank (Complete Checklish County Senting
oes the property contain any easements whether underground or overhead () yes () no tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify):  equired Residential Property Line Setbacks: Comments:		
tructures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify):equired Residential Property Line Setbacks: Comments:		
	Required Residential Property Line Setbacks: Com	omments:

Residential Land Use Application

10

20

Rear

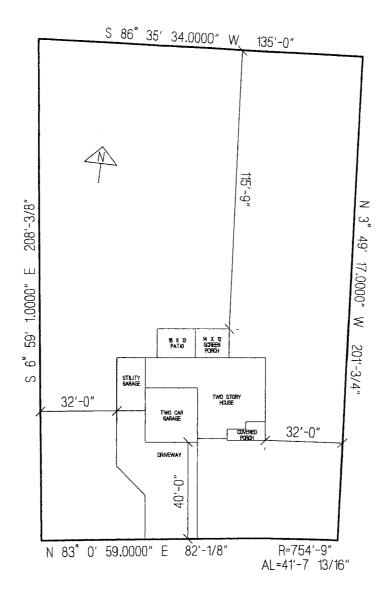
Closest Side

Sidestreet/corner lot Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE HWY 210 N TO HARNETT CEN LOTO THEN (L) THEN CONTINUE TO ENGLISH SPRINGER DR (L) THEN (R) TURN ONTO POINTER LOTS ON RIGHT	TURI
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 submit 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  Date	ed.

<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\*\*



POINTER DRIVE

## CUMBERLAND HOMES, INC. THE SHILOH WITH 3RD CAR GARAGE LOT # 24 QUAIL GLEN SCALE: 1"=40'

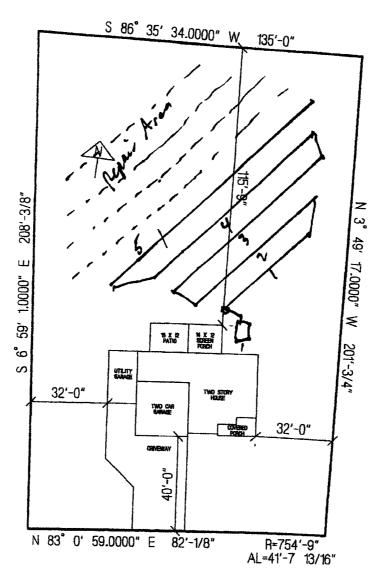
SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION. Queir GLEN		LOT 24
INITIAL SYSTEM: APPROVED 25% RECUCTI	ON	REPAIR: APPROVED 25% REDUCT
DISTRIBUTION: SEALAL	-	DISTRIBUTION SERIAL
BENCHMARK: 100.0		LOCATION AC 23/24
NO. BEDROOMS: 4		LTAR 0,4 6 10/572
LINE FLAG COLOR	ELEVATION	LENGTH
		· · · · · · · · · · · · · · · · · · ·
<u> </u>	104.00	40'
$\frac{2}{2}$	103,67	55'
( du ) 3 B	103.34	75'
W. C - 7	103.08	10a ( 3o (
	7-2.13	3.0.
BY M. EAKER		DATE 01/2017
TYPICAL PROFILE (1017101)		THERE SHALL BE NO GRADING
12. 40+ sec [F-/F: 16N]		RUTTING CUTTING OR OTHER SOIL
(12 740"		DISTURBANCE IN SEPTIC AREA
		ANY DISTURBANCE MAY CAUSE A SITE
INSTALL AT 18"		TO BECOME UNSUITABLE

4 Bedrick House

16.7 × 111



POINTER DRIVE

CUMBERLAND HOMES, INC.
THE SHILOH WITH 3RD CAR GARAGE
LOT # 24 QUAIL GLEN
SCALE: 1"=40'

AME: CLIMBERLAND	Homes, INC	APPLICATION #:	
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N \*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 8 00 All property irons must be made v isible. Place "pink p roperty 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 En vironmental 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 Cod e 800 Follow above instructions for placing flags and card on property. Prepare for inspection by removing soil over over outlet end as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park) After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then u se co de 800 for Environmental Health ins pection. 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. { \( \) Conventional { } Innovative {\_\_}} 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 }YES Do you plan to have an irrigation system 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? { }YES 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? { MNO { }YES 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)

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

	Application #	
rmitting		

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: CLM BELLAND HOUES, IN Site Address: 50 POWTER OR ANGUER, NC	C Date: 1/16/17
Site Address: 50 POWTER OR ANGUER NC	Phone: 910 -892 - 4245
Directions to job site from Lillington: TAKE HWY 210 N	TO HARLIPT (DICTOR)
TURN ( CONTINUE TO ENGUSH SPRING	ER DR MEN & PANTER
' DK IS ON RIGHT LOT IS ON RIGHT	
Subdivision: QUALL GLEN	Lot: 24
Description of Proposed Work: N.S.F.	# of Bedrooms: 4
Heated SF: 2569 Unheated SF: Finished Bonus Room?	# of Bedrooms;
General Contractor Information	Orawi Space: Slab:
CUMBERLAND HOMES, INC	910.892.4345
Building Contractor's Company Name	Telephone
P.O. BOX 727 DUNN, NC 28335 Address	joannerris 1957@yahoo.com
59493	Email Address
License #	
Description of Work N.S.F. Electrical Contractor Information	
WESTER & PACE ELECTRIC  Flectrical Contractor's Company Name  Service Size: 2	Amps T-Pole: Yes No
Electrical Contractor's Company Name	919 · 499 · 5389 Telephone
546 LESLIE DR. SANFORD, NC	NIA
Address 28330	Email Address
12007-4	
License #  Mechanical/HVAC Contractor Information  Mechanical/HVAC Contractor Informat	ation
Description of Work N. S. F.	
STEPHENSONS HEADING & AIR INC	919.329.0686
Mechanical Contractor's Company Name	Telephone
343 SHIPWASH DR GARNER NC	_ N / A
Address 27529	Email Address
Plumbing Contractor Information  Description of Work  N.S.F  SLOVER CONTRACT PLUMBING  Plumbing Contractor's Company Name  304 QUAIL HOLLOW WAY SANFORD, No.  Address  23160	1
Description of Work N.S.F	# Baths 3
GLOVER CONTRACT PLUMBING	919.868.0959
Plumbing Contractor's Company Name	Telephone
Address 27333	<sup>2</sup> N/A
23160 27332	Email Address
License #	
Insulation Contractor Information	
INSULATING INC 5902 PAYETTEVILL	ERD 919.772-9000
Insulation Contractor's Company Name & Address PALEIGH NC	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

1 50 2

Homeowners Applying to Build Their Own Home  Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption  Ouesting pairs por G.S. 97.14 Possibilities on the following pairs pair	
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request	n. )
Do you own the land on which this building will be constructed? YesNo	
Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes No	
Do you intend to directly control & supervise construction activities?  Yes No	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes No	
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? YesNo	
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 I affirm that I have obtained all listed contractors 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 \$250.00.	
Signature of Owner/Contractor/Okicer(s) & Corporation    1   2   17   Date	<del>)</del>
1 2 St. Schedule.	
Signature of Owner/Contractor/Okicer(s) & Corporation  Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	
Signature of Owner/Contractor/Okicer(s) & Corporation  Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:	
Signature of Owner/Contractor/Oxicer(s) & Corporation  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 way.	vork
Signature of Owner/Contractor/Okicer(s) & Corporation  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 viset forth in the permit:	vork m.
Signature of Owner/Contractor/Oricer(s) Corporation  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 viset forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover the Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover	vork m. er
Signature of Owner/Contractor/Okicer(s) & Corporation  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 vest forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover the them.  Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	vork m. er
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Signature of Owner/Contractor/Okicer(s) & Corporation  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 vest forth in the permit:  Has three (3) or more employees and has obtained workers' compensation insurance to cover the 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 to 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 to issuance of the permit and at any time during the permitted work from any person firm or corporation to insurance permitted work from any person firm or corporation.	vork m. er