initial Application Date

Application #	1750240800
	CU#

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7625 ext:2

Fax: (910) 893-2793 www.hamett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" Mailing Address: P.O.Box 591 LANDOWNER: The Harnett Land Group Zip: 27552 State: NC Mamers City: Contact No: Mailing Address: 639 Executive Place, Suite 400 APPLICANT*: Cates Building Inc. Contact No: 910-481-0503 Email: angle@cavinessandcates.com Fayetteville CONTACT NAME APPLYING IN OFFICE: Angle Fowler or Patty Marshali Phone #910-481-0503 PROPERTY LOCATION: Subdivision: Tingen Pointe Lot # 172 ot Size: 425 ac State Road Name: Juno Drive State Road # 713 Parcel: 03957601 PIN: 9597-32-3763.000 Deed Book & Page: 2257/ 0044 Power Company': Watershed: *New structures, with $ilde{\mathcal{P}}$ rogress Energy as service provider need to supply premise number $\frac{98618743}{}$ PROPOSED USF 📶 (Is the bonus room finished? (___) yes (___) no w/ a closel? (___) yes (___) no (if yes add in with # bedrooms) _] # 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. Bedmoms Per Unit:_ Home Occupation: # Rooms: Use: Hours of Operation: 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 Sewar 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 proposed Required Residential Property Line Sethacks: Front though-no change there Rear Closest Side

on same lot Residential Land Use Application

Sidestreet/corner to Nearest Building

> Page 1 of 2 APPLICATION CONTINUES ON BACK

03/11

THE TRUE TO SERVE SPORE IN LINGTON	i
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carokina regulating such work and the I hereby state linet foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if it is the state linet foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if it is a state linet foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if it is a state linet foregoing statements are accurate and laws of the State of North Carokina regulating such work and the line is a state linet foregoing statements are accurate and laws of the State of North Carokina regulating such work and the line is a state linet foregoing statements are accurate and laws of the State of North Carokina regulating such work and the line is a state linet foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if it is a state of the line is a state of th	specifications of plans submitted. size information is provided.

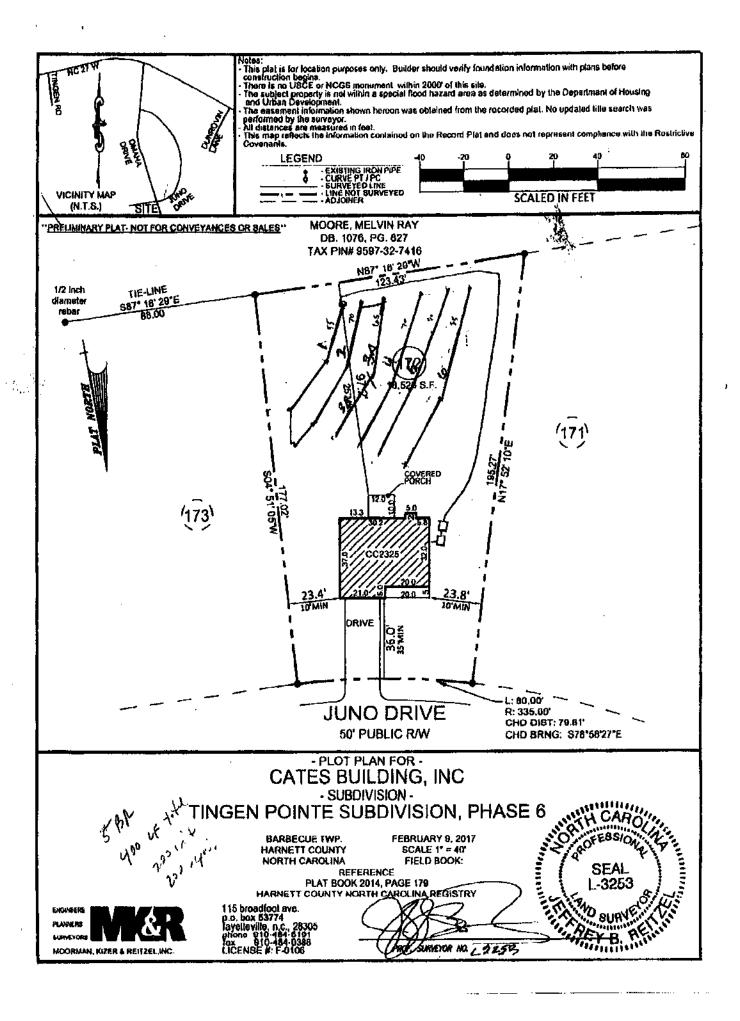
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been besued

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	ON: The gan Pointe		LOT 172 Pump + REPAIR Approve	ed 25% Reduction
		<u> </u>	DISTRIBUTION Se	
	TION: Serial		LOCATION BC Tree	
BENCHM			LUCATION BE 440	1612
NO. BEDF	ROOMS:		LTAR 0,8 gpd	/ 1 1
LINE	FLAG COLOR	ELEVATION	<u>LENG</u>	<u>[H</u>
,	p	106.17	58	<u> </u>
2	В	105,42	70	
3	ρ	10405	65	
401	β	143.42	16	
			2.5	AVALCAS 4
			<u> </u>	
**************************************				<u></u>
est.	В	103.42	45	
<u>4%</u> 6	P	102.66	80	
6	ß	102.08	85	
				MONNE MOLE
				······································
BY 8.6	C. Raynor		DATE 02/15/20	0/7
TYPICAL	PROFILE		THERE SHALL BE NO	GRADING,
	13 cs/sc (VF mgc)		CUTTING, LOGGING	OR OTHER SOIL
	2 >48"		DISTURBANCE IN SE	PTIC AREA
			**	
ITSTA	u AT 18"-22"			



NA	ME:	Cates-	Building Inc	7 .	APPLICATION#:	
			This application to be f	illed out when applying	g for a septic system inspection.	
1	Соці	nty Health D	epartment Applicati	ion for Improvemen	nt Permit and/or Authorization to Construct	
1F T	HE IN	IPURMATION I	N THIS APPLICATION IS F	ALSIFIED CHANGED O	OR THE SITE IS AT TERRIT TURN THE IMPROVED THE	
rck	TAIT I C	JK AUTHURIZ/	VIION TO CONSTRUCT SE	IALL BROOME INVALID). The nermit is valid for either 60 months or without australia	n
ucho	anung))	upun documenta 910-893-7525	non submitted. (Complete si	te plan = 60 months; Compl	slete plat = without expiration)	
<u>_</u>			ealth New Septic Syste	amCode 800	CONFIRMATION #	-
	• /	All property.	rons must be made v	<u>mr</u> Ooce oog I sibie.∞Ri ace "nink⊾ard	operty flags" on each corner iron of lot. All prope	
1	ı	ines must be d	dearly flagged approxim	iately every 50 feet bet	tween corners.	-
	Ę	our buildings, i	swimming pools, etc. Pl	ace flags per site plan	posed structure. Also flag driveways, garages, decl developed at/for Central Permitting.	
	* 1	⁴iace orange i	Environmental Health ca	ırd in location that is ea	asily viewed from road to assist in location property.	
	• 1	i property is ti	NCKIY WOODBO, Environn	nental Health requires	that you clean out the <u>undergrowth</u> to allow the salk freely around site. <i>Do not grade property.</i>	oil
	• 4	<u>all lots to be.</u>	addrassed within 10 b	usiness days after co	Onfirmation, \$25.00 return frin fee may be incurr	ed
	£	<u>or railure to t</u>	<u>incover outlet ild. mar</u>	K house corners and .	property lines, etc. once lot confirmed ready	
	• 1	viter preparing	proposed site call the v	/Olce permitting system	n at 910-893-7525 option 1 to echodule and use co-	ob
	9	optimetion n	cting notification permit <u>Imber given at end of re</u>	it mulliple permits exis	st) for Environmental Health Inspection. Please no	e
	• L	lse Click2Gov	or IVR to verify results	Once entroved or rec	cuest. Seed to Central Permitting for permits.	
	Envi	ronmental He	eith Existing Tank ins	pections Code 800)	
	• F	ollow above I	nstructions for placing fla	ags and card on proper	artv.	
	• F	^p repare for Ins Possible) and t	spection by removing so	oil over outlet end of	tank as diagram Indicates, and lift lid straight up lis for a septic tank in a mobile home park)	(if
					at 910-893-7525 option 1 & select notification pern	
	11	muttipie peri	niis, ihen use code 80	0 for Environmental F	Health inspection. Please note confirmation numb	nit <u>er</u>
	. H I	ise Click?Gou	recording for proof of re	ouest. Door served brees	ed to Central Permitting for remaining permits.	
SEP	IIC				_ ·	
If ap	plyin	g for authorizati	on to construct please indica	ite desired system type(s):	can be ranked in order of preference, must choose one.	
() Acc	epted	[] Innovative	Conventional	() Any	
() Alte	omative	{} Other	· · · · · · · · · · · · · · · · · · ·		
The a	applic tion.	ant shall notify If the answer is	the local health department "yes", applicant MUST A	nt upon submittal of this (TTACE SUPPORTING	application if any of the following apply to the property if DOCUMENTATION:	in
{}}	YES	NO	Does the site contain any	Jurisdictional Wetlands?	7	
()	YES	(NO	Do you plan to have an in	nigation system now or it	in the future?	
{}}	YES	NO IN	Does or will the building	contain any <u>drains</u> ? Plea	ase explain.	
()		1-TINO	Are there any existing we	ells, springs, waterlines of	or Wastewater Systems on this property?	
{_}}	YES	NO	Is any wastewater going t	o be generated on the site	te other than domestic sewage?	-
(_)	YES	NO	Is the site subject to appro-	oval by any other Public	. Agency?	

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

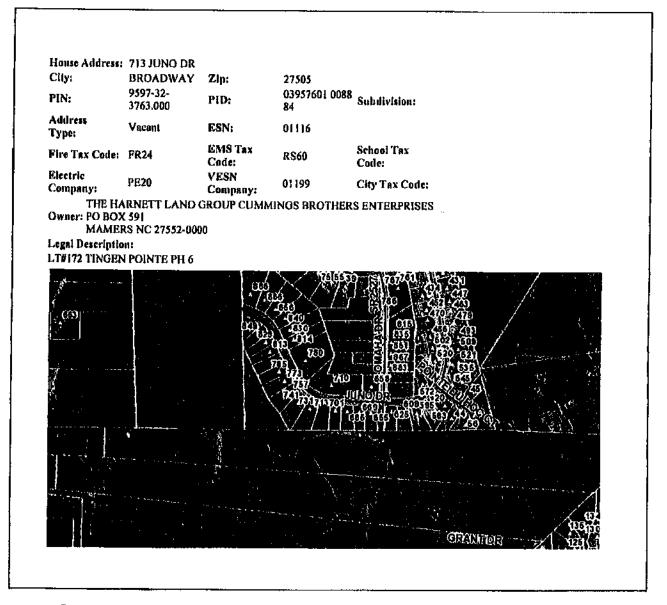
Does the site contain any existing water, cable, phone or underground electric lines? If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

et and Evaluation Can Be Performed.

{__}}YBS

OR OW IERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Are there any Basements or Right of Ways on this property?



Duke Premise# 986/8743

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.hamett.org/permits

Application for Residential Building and Trades Permit

A L	
Owners Name Ates Building Inc	i Date <u>5-9-13</u>
Site Address 713 June Drive	Phone 910-481-0503
Directions to job site from Lillington	
	·
	;
Subdivision Tingen Pointe	Lot 172
Description of Proposed Work SiNole Family Dwelling	# of Bedrooms 5
Heated SF 2325 Unheated SF 663 Finished Bonus Room?	
Cates Building, INC	Olo dol mo
Building Contractor's Company Name	910 - 481 - 0503 Telaphone
639 Executive Place. Suite 400 foretteville	Angie @ Cavinessand CAtes . Co. Email Address
639 Executive Place, Suite 400 fagetteville Address NC 28305	Email Address
<i>3885/</i>	i r
.rcense # <u>Electrical Contractor Information</u>	l .
Description of Work Service Size	
lectrical Contro TArheel Electric	910-303-2334
Bectrical Control	Telephone
PO. BOX 458 Stedman NC 2839/	Personal Property of the Personal Property of
Address 2985-4	Email Address
License #	•
Mechanical/HVAC Contractor Information	ation
Description of Work	<u> </u>
Carolina Comfort air, Inc	919-550-7711
Mechanical Contractor & Company Name	Telephone
5212 US HWY	`
Address / 2907.7	Email Address
Plumbing Contractor Information	1
Description of Work	# Baths
Vance Johnson Plumbing	910-424-6712
Plumbing Contractor's Company Name	Telephone
3242 mid Pines Dr. Fayetteville NC 28306	Facil Adda
7756 - P1 .icense #	Email Address
/ Insulation Contractor Information	1 .
umberland Insulation 4205 Clinton Road	910-484-7118
Insulation Contractor & Company Name & Address Faye Heville, NC 28312	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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Officer/Agent of the Contractor or Owner 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 las 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 w/Title