

Initial Application Date: 8/24/17



Application # 1750040801

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: The Harnett Land Group Mailing Address: P.O.Box 591  
City: Mamers State: nc Zip: 27552 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT: Cates Building Inc. Mailing Address: 639 Executive Place, Suite 400  
City: Fayetteville State: NC Zip: 28304 Contact No: 910-481-0503 Email: angle@cavinessandcates.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angle Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Tingen Pointe # 6 Lot #: 173 Lot Size: .35  
State Road # 701 State Road Name: Juno Drive Map Book & Page: 2014/179  
Parcel: 03957801 0088 85 PIN: 9597-32-4764.000

Zoning: RA20R Flood Zone: X Watershed: NA Deed Book & Page: 2257, 0094 Power Company: Duke Progress

\*New structures with Progress Energy as service provider need to supply premise number 93138530 from Progress Energy.

PROPOSED USE:

- SFD: (Size 43 x 40) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab:  Monolithic Slab:  *stem wall*  
(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): 1 proposed Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

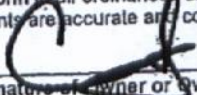
Front	Minimum: <u>35</u>	Actual: <u>36</u>
Rear	<u>25</u>	<u>87</u>
Closest Side	<u>10</u>	<u>21</u>
Sides/rear/corner lot	<u>NA</u>	

Comments: 8/24 - Customer changed from mono to stem wall slab foundation. (P)

Nearest Building on same lot \_\_\_\_\_

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 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

2-21-17  
\_\_\_\_\_  
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\*\*

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Tingen Pointe

LOT 173

INITIAL SYSTEM: Pump to APPROVED 25% REDUCTION

REPAIR Pump to 25% Reduction

DISTRIBUTION: Serial

DISTRIBUTION Serial

BENCHMARK: 100.0

LOCATION BE From 173/174 1'

NO. BEDROOMS: 4

LTAR 0.8 gpd/Ft<sup>2</sup>

LINE	FLAG COLOR	ELEVATION	LENGTH
1	0	98.08	45
2	W	97.08	60
3a	0	96.16	45
			150 AVAILABLE
3b	0	96.16	30
4	W	95.98	90
5	0	94.66	45
			165 AVAILABLE

BY B. C. Raynor

DATE 02/15/2017

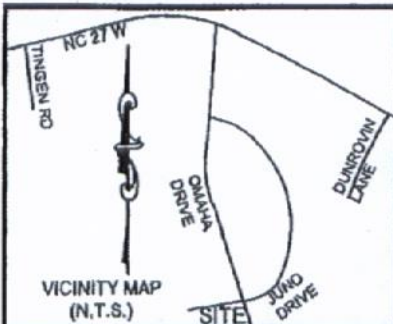
TYPICAL PROFILE

0-48 LS/SL (VF, uncl)

cr 2 248'

INSTALL AT 18"-22"

THERE SHALL BE NO GRADING,  
CUTTING, LOGGING OR OTHER SOIL  
DISTURBANCE IN SEPTIC AREA



**Notes:**

- This plat is for location purposes only. Builder should verify foundation information with plans before construction begins.
- There is no USCE or NCGS monument within 2000' of this site.
- The subject property is not within a special flood hazard area as determined by the Department of Housing and Urban Development.
- The easement information shown hereon was obtained from the recorded plat. No updated title search was performed by the surveyor.
- All distances are measured in feet.
- This map reflects the information contained on the Record Plat and does not represent compliance with the Restrictive Covenants.

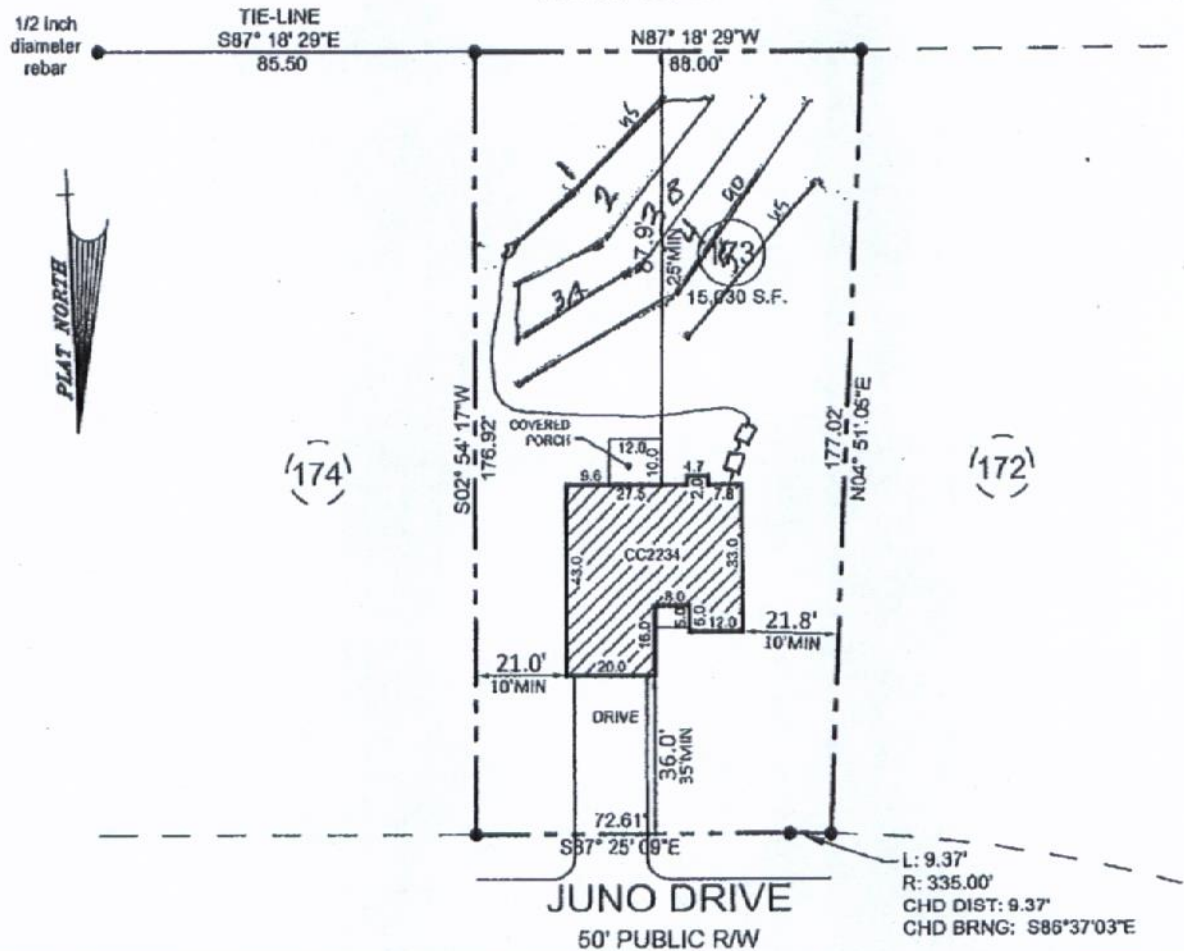
**LEGEND**

- EXISTING IRON PIPE
- CURVE PT / PC
- SURVEYED LINE
- LINE NOT SURVEYED
- ADJONER



**"PRELIMINARY PLAT - NOT FOR CONVEYANCES OR SALES"**

MOORE, MELVIN RAY  
DB. 1076, PG. 827  
TAX PIN# 9597-32-7416



*YBR  
300 LF TOTAL  
150 in IL  
150 in air*

- PLOT PLAN FOR -  
**CATES BUILDING, INC**  
- SUBDIVISION -  
**TINGEN POINTE SUBDIVISION, PHASE 6**

BARBECUE TWP.  
HARNETT COUNTY  
NORTH CAROLINA

FEBRUARY 9, 2017  
SCALE 1" = 40'  
FIELD BOOK:

REFERENCE  
PLAT BOOK 2014, PAGE 179  
HARNETT COUNTY NORTH CAROLINA REGISTRY



ENGINEERS  
PLANNERS  
SURVEYORS  
**M&R**  
MOORMAN, KIZER & REITZEL, INC.

115 broadfoot ave.  
p.o. box 53774  
fayetteville, n.c., 28305  
phone 910-484-5191  
fax 910-484-0388  
LICENSE #: F-0106

*PROF. SURVEYOR NO. L3253*

NAME: Cates Building Inc

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 lines 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?

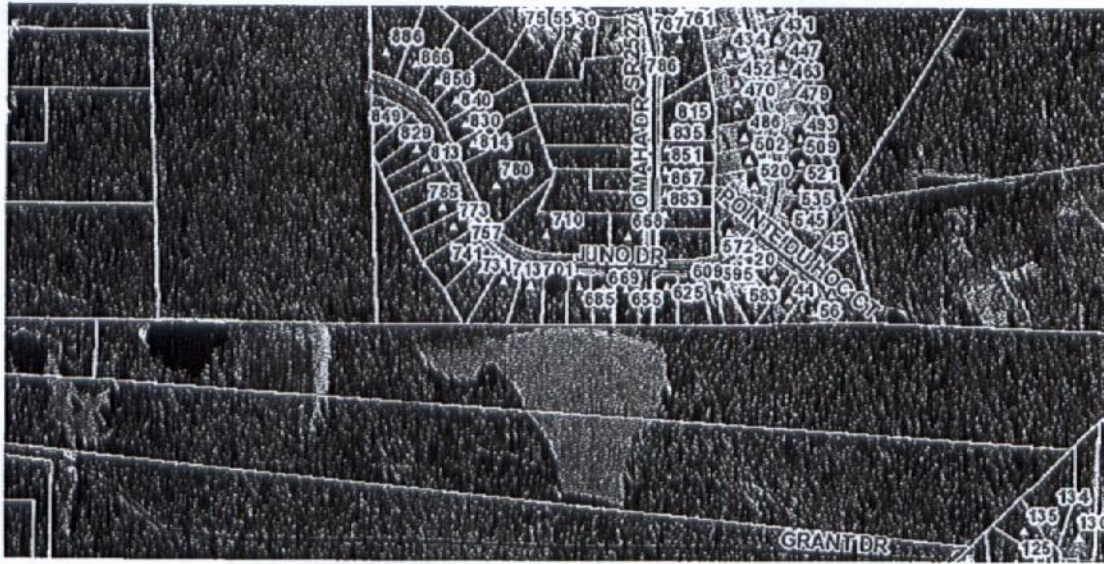
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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

House Address: 701 JUNO DR  
City: BROADWAY Zip: 27505  
PIN: 9597-32-4764.000 PID: 03957601 0088 Subdivision: 85  
Address Type: Vacant ESN: 01116  
Fire Tax Code: FR24 EMS Tax Code: RS60 School Tax Code:  
Electric Company: PE20 VESN Company: 01199 City Tax Code:  
THE HARNETT LAND GROUP CUMMINGS BROTHERS ENTERPRISES  
Owner: PO BOX 591  
MAMERS NC 27552-0000  
Legal Description:  
LT#173 TINGEN POINTE PH 6



Duke  
Premise # 83505640

09/09/11

Application #

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 Cates Building Inc Date 5-9-13  
Site Address 701 JUNO DRIVE Phone 910-481-0503  
Directions to job site from Lillington \_\_\_\_\_

Subdivision TINGEN POINTE Lot 173  
Description of Proposed Work Single Family Dwelling # of Bedrooms 4  
Heated SF 2234 Unheated SF 594 Finished Bonus Room? N/A Crawl Space \_\_\_\_\_ Slab

**General Contractor Information**

Cates Building, Inc Telephone 910-481-0503  
Building Contractor's Company Name  
639 Executive Place, Suite 400 Fayetteville NC 28305 Email Address angie@carinessandcates.com  
Address 38851  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole Yes No  
Tacheel Electric Telephone 910-303-2334  
Electrical Contractor  
PO Box 458 Stedman NC 28391 Email Address \_\_\_\_\_  
Address 22985-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Carolina Comfort Air, Inc Telephone 919-550-7711  
Mechanical Contractor's Company Name  
5212 US Hwy Email Address \_\_\_\_\_  
Address 29077  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Vance Johnson Plumbing Telephone 910-424-6712  
Plumbing Contractor's Company Name  
3242 mid Pines Dr. Fayetteville NC 28306 Email Address \_\_\_\_\_  
Address 7756-Pl  
License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation Telephone 910-484-7118  
Insulation Contractor's Company Name & Address  
Fayetteville, NC 28312

\*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

Date

2-21-17

**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 Cates Building Inc

Sign w/Title

Date

2-21-17