

Initial Application Date: 2/23/17

Application # 1750040806

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 ext2 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: Tim Britton Mailing Address: 3109 NC 210 X1
City: Lillington State: NC Zip: 27546 Contact No: 919 669 6798 Email: britton.tj@gmail.com

APPLICANT: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 1994

State Road # NC 210 State Road Name: NC 210 N Map Book & Page: _____

Parcel: 11 00601 003401 PIN: 00601-04-3928.000

Zoning: R40 Flood Zone: X Watershed: NA Deed Book & Page: 536/471 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy

PROPOSED USE:

SFD: (Size 70x78) # Bedrooms: 2 # Baths: 2 1/2 MAH Basement (w/w bath): _____ Garage: X Deck: Covered patio Crawl Space: _____ Slab: X Monolithic Slab: _____
(Is the bonus room finished? () yes (X) no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w 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: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: X 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 (X) yes () no

Structures (existing or proposed): Single family dwellings: X Manufactured Homes: _____ Other (specify): _____

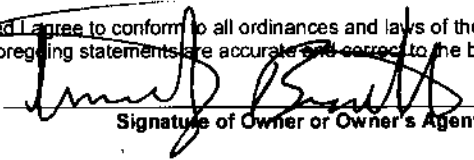
Required Residential Property Line Setbacks:

Front Minimum 35 Actual 182.3
Rear 25 25+
Closest Side 10 101.5
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: Future Pool also on Site Plan

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Property is behind 3109
NC 210 N

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

2/23/17
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

NAME: Tim Britton

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 _____

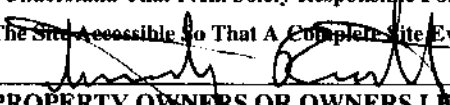
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- 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?

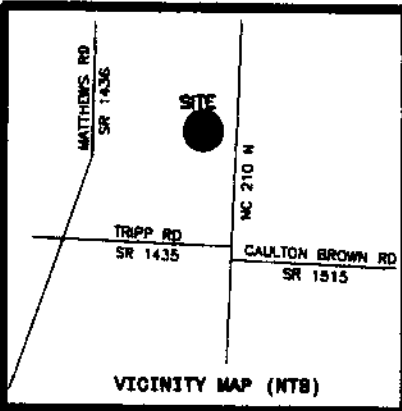
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/23/17
DATE



LEGEND

- NTS NOT TO SCALE
- EIP EXISTING IRON PIPE
- PP POWER POLE
- W/M WATER METER
- TB TELEPHONE BOX
- IPS IRON PIPE SET
- CP&L TRANSFORMER
- CATV CABLE TV BOX
- L POLE LIGHT POLE
- OHPL OVERHEAD POWER LINE
- F.E.S. FLARED END SECTION (PIPE)
- RCP REINFORCED CONC. PIPE
- B.O.C. BACK OF CURB
- F.H. FIRE HYDRANT
- C/O SEWER CLEAN OUT
- EIS EXISTING IRON STAKE
- M.H. MANHOLE
- ECM EXISTING CONCRETE MONUMENT
- P.K. PARKER KALON NAIL

Course	Bearing	Distance
L1	N 08°10'11" E	50.00'
L2	S 14°00'04" W	28.88'

SITE PLAN APPROVAL

DISTRICT RA40 USE SFD

PLAT NORTH
(REF: M.B.98, PG.187)

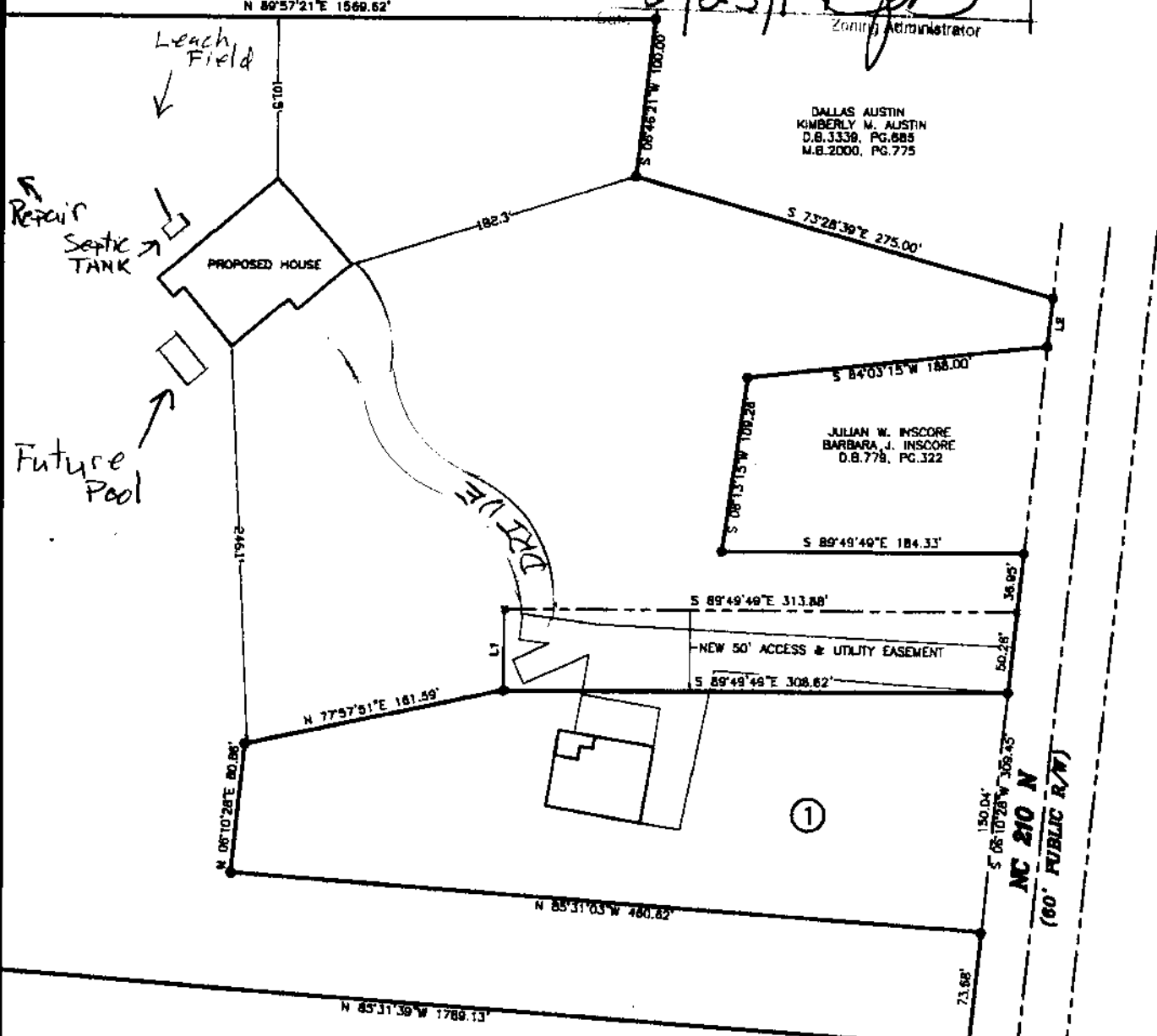
DAVID M. GARDNER
BETTY L. GARDNER
D.B.2714, PG.820
M.B.2001, PG.111

BEDROOMS 2
2/23/17
Zoning Administrator

DALLAS AUSTIN
KIMBERLY M. AUSTIN
D.B.3338, PG.685
M.B.2000, PG.775

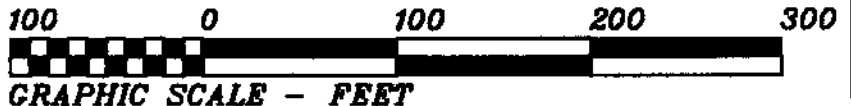
JULIAN W. INSCORE
BARBARA J. INSCORE
D.B.778, PG.322

LAKSHMAN RAO
JYOTI RAO
D.B.1273, PG.732
M.B.98, PG.187



NOTE: SHOWN IS PARENT TRACT
TIMOTHY J. & CHERYL L. BRITTON S/D
REF: M.B.2017, PG.8
M.B.16, PG.15

AREA = 21.133 ACRES
XXX NC 210 N



Harnett County Central Permitting
PO Box 65 Lillington NC 27548
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 Tim Batten Date 3/8/17
Site Address 3109 NC 210 N Lillington NC Phone _____
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Owner
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No _____

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Owner
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Owner
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Owner
License # _____

Insulation Contractor Information

Owner
Insulation Contractor's Company Name & Address _____ 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]
Signature of Owner/Contractor/Officer(s) of Corporation

[Signature]
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 _____
Sign w/Title [Signature] _____ Date 3/8/17

OWNER Finance No loan on house

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	17-50040806	Date	3/08/17
Property Address	94447 *UNASSIGNED		
PARCEL NUMBER	11-0661- - -0034- -01-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	C B MATTHEW ESTATE		
Property Zoning	RES/AGRI DIST - RA-40		

Owner

Contractor

BRITTON TIMOTHY & CHERYL
 492 HILLIARD RD
 FUQUAY-VARINA NC 27526

OWNER

Applicant

BRITTON TIM
 3109 NC 210 N
 LILLINGTON NC 27546
 (919) 669-6798

--- Structure Information 000 000 70.4X79.8 2BDR SLAB W/ GARAGE & COV PORC
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 2000000.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW TANK
 WATER SUPPLY COUNTY

Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1180389		
Issue Date	3/08/17	Valuation	0
Expiration Date	3/08/18		

Special Notes and Comments

T/S: 02/23/2017 09:14 AM JBROCK ----
 PROPERTY IS BEHIND 3109 NC 210 N
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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 PARCEL NUMBER 11-0661- - -0034- -01-
 Application description CP NEW RESIDENTIAL (SFD)
 Subdivision Name C B MATTHEW ESTATE
 Property Zoning RES/AGRI DIST - RA-40

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc
 Phone Access Code 1180389

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
30-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___