

Initial Application Date: 2-24-17

Application # 1750010814

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: Alejandro Alvarez & Paula Olivares Mailing Address: 160 Stockton Dr.

City: Angier State: NC Zip: 27501 Contact No: 919 422-0014 Email: \_\_\_\_\_

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 #: 4 Lot Size: 1.59

State Road # \_\_\_\_\_ State Road Name: Prospect Church Map Book & Page: 1

Parcel: 070599 0009 01 PIN: 0599-00-9057.000

Zoning: RA-30 Flood Zone: X Watershed: \_\_\_\_\_ Deed Book & Page: 3274, 1391 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

- SFD: (Size 60' x 40') # Bedrooms: 3 # Baths: 3 1/2 Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_ 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): \_\_\_\_\_

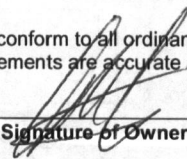
**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	_____	<u>108.9</u>
Rear	_____	<u>50.6</u>
Closest Side	_____	<u>40</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: Call Alejandro Before coming  
919-422-0014  
(Using Bonus as a Rec room)

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 921 towards dunn then  
take right on prospect church Rd. and property will  
be on left

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

2-24-17  
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: \_\_\_\_\_

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 # 020791-LS  
2-24-17

**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?

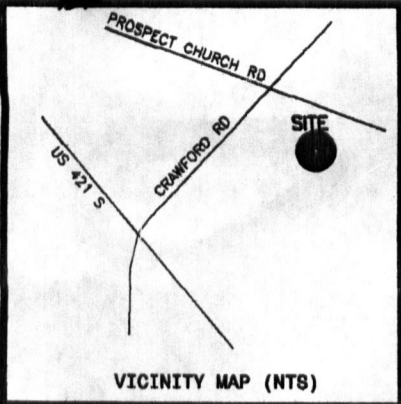
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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)

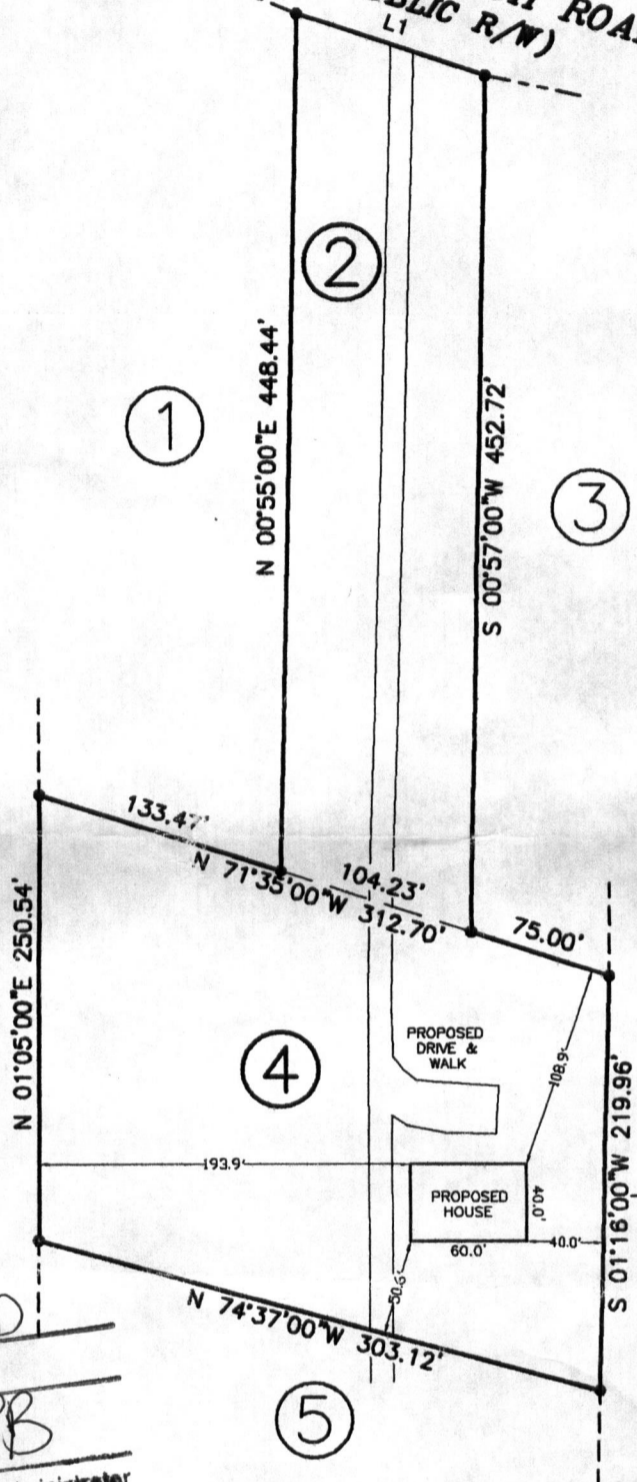
2-24-17  
DATE



VICINITY MAP (NTS)

- 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

**PROSPECT CHURCH ROAD**  
(60' PUBLIC R/W)  
L1



VICKIE STEPHENSON  
D.B.3412, PG.624

HARRY G. MATTHEWS  
ANITA M. MCCLERNON  
M.B.2016, PG.129  
D.B.3419, PG.854

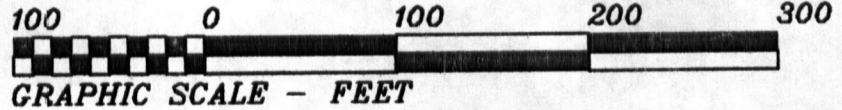
HARRY G. MATTHEWS  
ANITA M. MCCLERNON  
M.B.2016, PG.129  
D.B.3419, PG.854

DEED NORTH  
REF: D.B.3274, PG.391

SITE PLAN APPROVAL  
DISTRICT RA30 USE SFD  
#BEDROOMS 3  
2-24-17  
Zoning Administrator

NOTE: SHOWN IS LOT 2 AND 4 OF  
TURLINGTON ESTATE S/D  
REF: D.B.3274, PG.391

Course	Bearing	Distance
L1	S 71°35'00" E	103.11'



AREA = 2.61 ACRES  
XXXX PROSPECT CHURCH ROAD

THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE PREMISES, MADE UNDER MY SUPERVISION, AND THAT THERE ARE NOT ANY ENCROACHMENTS, EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE. THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10,000. THIS MAP WAS PREPARED FOR TITLE COMPANY USE AND IS NOT INTENDED FOR RECORDATION OR CONVEYANCES WITHOUT WRITTEN AUTHORIZATION OF THE SURVEYOR AND OTHER APPROPRIATE OFFICIALS.  
PROFESSIONAL LAND SURVEYOR  
L-3247

PRELIMINARY PLAT  
NOT FOR RECORDATION

PRELIMINARY PLOT PLAN FOR:  
**ALEJANDRO ALVAREZ**  
**PAULA K. OLIVARES**

GROVE TWSP., HARNETT CO., N.C.  
SCALE 1" = 100' OCTOBER 14, 2016

MAULDIN - WATKINS SURVEYING, P.A.  
P.O. BOX 444 / 1301 W. BROAD ST.  
FUQUAY VARINA, NORTH CAROLINA 27526  
(919) 552-9326

Plan Box # A4

Date 2-24-17

Job Name Alejandro Alvarez

App # 40814

Valuation 336576

SQ Feet 3506

Garage \_\_\_\_\_  
= 3506

**Inspections for SFD/SFA**

Crawl  Slab \_\_\_\_\_ Mono \_\_\_\_\_ Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey NO

Envir. Health New

Other \_\_\_\_\_

Septic

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_

09/09/11

Application #

1756040816

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ 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**

Doing work as owner

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No

owner

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

owner

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

owner

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

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] owner  
Signature of Owner/Contractor/Officer(s) of Corporation

[Signature] 3-10-17  
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 [Signature]

Sign w/Title [Signature] owner Date 3-10-17

## 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 Alejandro Alvarez

Mailing address of Agent 160 Stockton dr.

Angier N.C. 27501

Physical address of Agent 160 Stockton dr.

Angier N.C. 27501

Telephone 919-422-0014 Fax \_\_\_\_\_

Email alvarez.concrete@aol.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.”



COUNTY OF Harnett

\_\_\_\_\_ Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN \_\_\_\_\_

Address 1304 prospect church R.d. dunn N.C.

Type of construction:  Residential     Commercial     Industrial     Other

Intended use after completion (e.g. Personal residence): \_\_\_\_\_

Building permit number associated with this application: \_\_\_\_\_


I, Alejandro Alvarez (Print Full Name)    (919) 422-0014 (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by **initialing** the relevant provision in paragraph 1 and **initialing** paragraphs 2-5 below attesting to the following:

- 1.  I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;  
OR  
 I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

\_\_\_\_\_  
(Name of Firm or Corporation)

- 2.  I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3.  I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- 4.  I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5.  I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S 153A-362 or G.S. 160A-422.

 \_\_\_\_\_ (Signature of Affiant)    3-10-17 \_\_\_\_\_ (Date)

Sworn or affirmed and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

(Notary Stamp or Seal)

\_\_\_\_\_  
(Printed Name of Notary Public)

(NOTE: It is a class F felony to willfully commit perjury in any affidavit taken pursuant to NC G.S. 14-209)

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.

Page 2  
Date 3/10/17

Application Number . . . . . 17-50040816  
 Property Address . . . . . 94492 \*UNASSIGNED  
 PARCEL NUMBER . . . . . 07-0599- - -0009- -01-  
 Application description . . . . . CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . . JOHN A TURLINGTON ESTATE  
 Property Zoning . . . . . RES/AGRI DIST - RA-30

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . . . .  
 Phone Access Code . . . . . 1181023

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	105	B105	R*OPEN FLOOR	_____	___/___/___
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	_____	___/___/___

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 . . . . . 17-50040816 Date 3/10/17  
Property Address . . . . . 94492 \*UNASSIGNED  
PARCEL NUMBER . . . . . 07-0599- - -0009- -01-  
Application type description CP NEW RESIDENTIAL (SFD)  
Subdivision Name . . . . . JOHN A TURLINGTON ESTATE  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
ALVAREZ ALEJANDRO & OLIVARES PAULA K 1304 PROSPECT CHURCH RD COATS NC 27521	OWNER

Applicant  
-----  
ALVARZ ALEJANDRO  
160 STOCKTON DR  
ANGIER NC 27501  
(919) 422-0014

--- Structure Information 000 000 60X40 3BDDR CRAWL W/BONUS W/CLOSET-RECRM  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? NEW  
WATER SUPPLY COUNTY

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1181023  
Issue Date . . . . . 3/10/17 Valuation . . . . . 0  
Expiration Date . . . . . 3/10/18

Special Notes and Comments  
XX  
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations  
T/S: 02/24/2017 01:58 PM LBENNETT --

\_\_\_\_\_  
\_\_\_\_\_