

Initial Application Date: 3/10/17

Application # 1750040923

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Alicia Howington Thomas Mailing Address: 5730 McDougald RD

City: Lillington State: NC Zip: 27546 Home #: 919 770 4954 Contact #: 910 984 6765

APPLICANT: Kenneth Cummings LLC Mailing Address: 680 Griffin RD

City: Lillington State: NC Zip: 27546 Home #: 910 984 6765 Contact #: 910 984 6765

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Kenneth Cummings Phone #: 910 984 6765

PROPERTY LOCATION: Subdivision w/phase or section: private lot Lot #: 2 Lot Acreage: .57

State Road #: 1214 State Road Name: Raven Rock RD Map Book & Page: 2017, 69

Parcel: 13 06200098 08 PIN: 0620-39-575 LWS

Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 3091, 228 Power Company: _____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 North 7 miles
 Take 1 mile on left

PROPOSED USE:

- SFD (Size 48 x 45) # Bedrooms 2 # Baths 2 Basement (w/wo bath) _____ Garage 441 Deck Sur porch Circle: _____ Crawl Space / Slab 5 feet well
(Is the bonus room finished? _____ w/ a closet _____ if so add in with # bedrooms)
- Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
(Is the second floor finished? _____ Any other site built additions? _____)
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? _____) Deck _____ (site built? _____)
- Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
- Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____
- Addition/Accessory/Other (Size _____ x _____) Use _____ Closets in addition()yes ()no

Water Supply: County () Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES () NO

Structures (existing & proposed): Stick Built/Modular Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks: Proposed SFD Comments: _____

Front Minimum _____ Actual 125

Rear _____ 71

Closest Side _____ 11

Sidestreet/corner lot _____ 51.7

Nearest Building on same lot _____

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.

Kenneth Cummings LLC
Signature of Owner or Owner's Agent

3/10/17
Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

THE LAND
S 82°55'48"W
826.00'

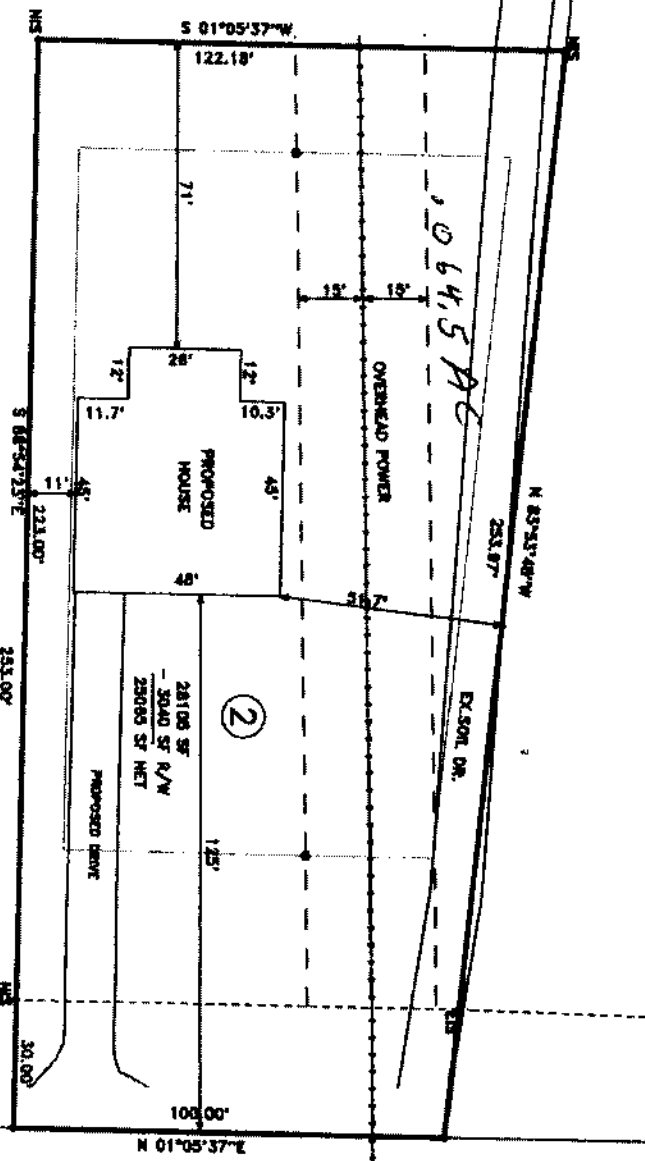
- FRONT YARD 30'
- REAR YARD 30'
- SIDE YARD 10'
- OVERHEAD POWER 10'
- MINIMUM HEIGHT 10'
- MAXIMUM HEIGHT 10'

MAP REFERENCE MAP NO. 2017-68



MAP REFERENCE
MAP NO 2017-68

JOHN HOWINGTON
DRS. 5098 JFS.228



SITE PLAN APPROVAL

DISTRICT RA30 USE SED

Handwritten signature: RA30 SED
3/10/17

Handwritten signature: Superior



<p>PROPOSED PLOT PLAN FOR ALICIA THOMAS</p>		
<p>STATE: NORTH CAROLINA</p>	<p>COUNTY: HARRETT</p>	<p>DATE: MARCH 8, 2017</p>
<p>THOWHIP/UPPER LITTLE RIVER</p>	<p>TRACT: 108-130-10-000</p>	<p>PLAT: 82-504</p>
<p>SCALE: 1" = 40'</p>	<p>DRAWN BY: MHB</p>	<p>SUBMITTED BY: [Blank]</p>
<p>CHECKED & CLEANED BY: [Blank]</p>	<p>DATE: 17/03/2017</p>	<p>APPROVED BY: [Blank]</p>

NCSR 1314 (RAVEN ROCK RD.) 60'R/W

NAME: Kenneth Cummings

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**
 - 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.**
 - Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
 - 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 door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
 - After preparing trapdoor 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.

Kenneth Cummings LLC
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/10/17
DATE

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

Application # 1750040923

Harnett County Central Permitting

PO Box 66 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: ALICIA HOWINGTON THOMAS Date: 3-21-17

Site Address: _____ Phone: 910 984 6765

Directions to job site from Lillington: HWY 421 N T.R. RANCH BLVD
RD 1 mile on left

Subdivision: private Lot: _____

Description of Proposed Work: NEW HOUSE #Bedrooms: 3

Heated SF 1514 Unheated SF 776 Finished Rec Room? NO Crawl Space () Slab () 5' x 6' w/1

General Contractor Information

CEBCO
Building Contractor's Company Name Telephone 910 984 6765

620 Griffin RD Lillington NC 27546 14856
Address License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work NEW HOUSE Service Size: 200 Amps TPole: yes/no

J M POPE ELECT
Electrical Contractor's Company Name Telephone 910 890-3655

3483 Cameron Dr. 40770
Address License #

Jama M. Pope #
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work NEW HOUSE

Carolina Comfort Air
Mechanical Contractor's Company Name Telephone 419-333-4320

5212 US 70 W Clayton NC 27520 H3-29077
Address License #

[Signature]
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work new house # Baths _____

Jamie Johnson Plumbing
Plumbing Contractor's Company Name Telephone 910 984 6277

1490 Clark RD Lillington NC 27546 21649
Address License #

Jamie Johnson
Signature of Officer(s) of Corporation

Insulation Permit Information

Huan Di Te
Insulation Contractor's Company Name & Address Telephone

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. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
3. 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? yes no

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 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

3-21-17
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: Henneth Cummings LLC

Sign w/Title: *[Signature]* Owner Date: 3-21-17

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

Customer Information

Customer Name kennethcummingllc
Local Reference ID 204774
Receipt Date 3/21/2017
Receipt Time 05:12:17 AM EDT

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****1019
Order ID 21218234
Billing Name kennethcummingllc

Billing Information

Billing Address 630griffinrd
Billing City, State hillington, NC
ZIP/Postal Code 27546
Country US
Phone Number 9109846765
Fax Number

This receipt has been emailed to the address below.

kicmgc@charter.net

Plan Box # 060

Date 3/21/17

Job Name TKOMOS

App # 40923

Valuation \$145344

SQ Feet 1514

Garage 438

= 1952

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 _____

Envir. Health

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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	17-50040923	Date	3/27/17
Property Address	94522 *UNASSIGNED		
PARCEL NUMBER	13-0620- - -0098- -08-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	MALCOM DICKENS PROP		
Property Zoning	RES/AGRI DIST - RA-30		

Owner

HOWINGTON JOHN TILDEN III
 397 RAVEN ROCK ROAD
 LILLINGTON NC 27546

Contractor

CEBCO CONSTRUCTION INC
 PO BOX 591
 MAMERS NC 27552
 (910) 893-3331

Applicant

KENNETH CUMMINGS LLC
 630 GRIFFIN RD
 LILLINGTON NC 27546
 (910) 984-6765

--- Structure Information 000 000 48X45 3BDR W/ GARAGE & SCR PORCH

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1184381		
Issue Date	3/27/17	Valuation	0
Expiration Date	3/27/18		

Special Notes and Comments

T/S: 03/10/2017 08:24 AM JBROCK ----
 HWY 421 N 7 MILES TURN RIGHT 1 MILE ON
 L
 XXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXX
 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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 Property Address 94522 *UNASSIGNED
 PARCEL NUMBER 13-0620- - -0098- -08-
 Application description CP NEW RESIDENTIAL (SFD)
 Subdivision Name MALCOM DICKENS PROP
 Property Zoning RES/AGRI DIST - RA-30

Page 2
 Date 3/27/17

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1184381

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		/ /
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		/ /