

Initial Application Date: 4/26/17

Application # 1750041250

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Bettie = Milton Westbrook
Buyer:

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Gregory Inc will be 5-1-17 Mailing Address: 62 E. McIver St
City: Angier State: NC Zip: 27501 Contact No: 919-422-8130 Email: GregoryInclannan@gmail.com

APPLICANT: Gregory Inc Mailing Address: 62 E. McIver St
City: Angier State: NC Zip: 27501 Contact No: 919-422-8130 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Derek Gregory Phone # 919-422-8130

PROPERTY LOCATION: Subdivision: _____ Lot #: 2 Lot Size: .69
State Road # 70 State Road Name: Young Rd Map Book & Page: 98, 394

Parcel: 07 6092 609302 PIN: 0692-86-5247-000
Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 1251, 301 Power Company*: Duke Energy Progress

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

PROPOSED USE:

SFD: (Size 33x44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: N Deck: N Crawl Space: Y 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: 1 proposed SFD Manufactured Homes: _____ Other (specify): old shed

Required Residential Property Line Setbacks:

Comments: _____

Front Minimum 35 Actual 75.8 from rt of way

Rear 25 47.4

Closest Side 10 12

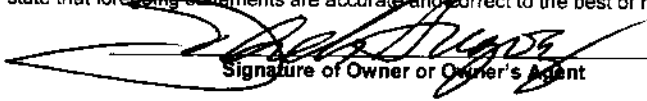
Sidestreet/corner lot _____

Nearest Building on same lot _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take Hwy 27 into Coats, Turn left at light onto 55 Hwy, head toward Angier, Turn Rt on Maple Rd, go to stop sign, turn left onto Carson Gregory Rd, Turn Rt onto Langdon Rd, Turn left onto Young Rd, w. 11 be 2nd lot on rt.

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

4-26-79
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

HTE# Repair
PERMIT # 27812

Harnett County Department of Public Health

23092

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 70 Young Rd

Name: (owner) Bettie Westbrook

SUBDIVISION _____

LOT # _____

System Installer: L & M Trucking

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

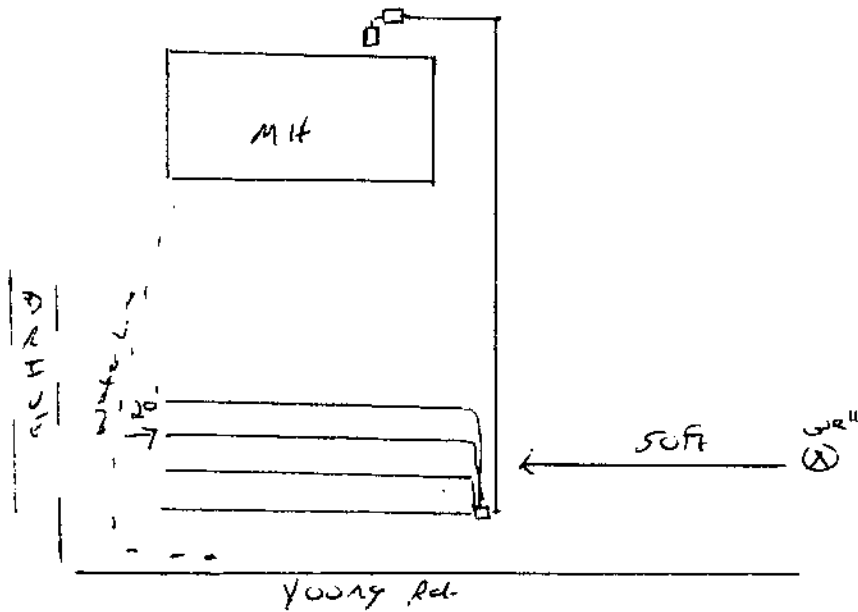
Type of Water Supply: Community Public Well Distance from well 50 feet

System Type: III 6 Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other Pump to E2 Flow Septic Tank: Existing gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 18-24 inches
French Drain Required: _____ Linear feet

Authorized State Agent Bryan McSwain REHS

Date 2/27/2014

NAME: Gregory 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 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. Positive drain in crawl space around Foundation
 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)

4-26-17
DATE

09/09/11

Application #

1750041250

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 Gregory Inc Date 5-16-17
Site Address 70 Young Rd Phone 919-422-8130
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work Build New Home # of Bedrooms _____
Heated SF 1155 Unheated SF 70 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Gregory Inc Telephone 919-422-8130
Building Contractor's Company Name _____
62 E. McIver St Email Address Gregoryinc@comcast.net
Address _____
36220
License # _____

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes _____ No _____
D2 Electric Telephone 910-723-3242
Electrical Contractor's Company Name _____
100 Hidden Creek Ln Lillington Email Address _____
Address _____
24311-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Polar Bear Heating & Air Telephone 910-984-6059
Mechanical Contractor's Company Name _____
512 Old Stage Rd Coats Email Address _____
Address _____
30048
License # _____

Plumbing Contractor Information

Description of Work Away Plumbing - New home # Baths 2
3221-B Plainview Church Rd Telephone 910-628-3223
Plumbing Contractor's Company Name _____
Address _____ Email Address _____
10886 - Pless 1
License # _____

Insulation Contractor Information

Insulating Inc Telephone 919-772-9000
Insulation Contractor's Company Name & Address _____

*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

5-16-17
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 Gregory Inc

Sign w/Title *[Signature]* - Vice-President Date 5-16-17

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 Investor's Title

Mailing address of Agent P.O. Drawer 2687
Chapel Hill, NC 27515

Physical address of Agent _____

Telephone 919-968-2200 Fax 888-467-2440

Email _____

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.”

*Lila
Agent* 170 Young Rd.

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 **Derek G Gregory**
 Local Reference ID **211899**
 Receipt Date **5/1/2017**
 Receipt Time **04:23:52 PM EDT**

Payment Information

Payment Type **Credit Card**
 Credit Card Type **MAST**
 Credit Card Number *******4065**
 Order ID **21655666**
 Billing Name **Gregory Construction**

Billing Information

Billing Address **62 E. McIver St**
 Billing City, State **Angier, NC**
 ZIP/Postal Code **27501**
 Country **US**
 Phone Number **9194228130**
 Fax Number **919-639-7001**

This receipt has been emailed to the address below.

Email Address **Gregoryinlanman@gmail.com**
Gregoryinlanman@gmail.com