l 1
Initial Application Date: 5 5 17 Application # 17 SOOH 1308
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 LANDLISE ADDLICATIONS.
LANDOWNER WILLIAM GRIFFITH Mailing Address: Same as below)
City: State: Zip: Contact No: Email: joan norris 1957 @ yahoo
APPLICANT: CUMBER CAND HOLLESMailing Address: P.O. BOX 727
City: DUNN State: NC Zip: 28335 Contact No: 910 892 · 4345 Email: " *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: MICHELLE OR JOHN Phone # 910.892.4345
PROPERTY LOCATION: Subdivision: Lot #: Lot Size: 9
State Road # 1909 State Road Name: OAKRIDGE DUNCAN BD Man Book & Page: 2016, 178
Parcel: 050045 0202 07 PIN: (0635-96-2/65-000
Zoning: KA-30Flood Zone: X Watershed: NA Deed Book & Page: 3419 / 0033 Power Company*: DUKE
New structures with Progress Energy as service provider need to supply premise number DUVE from Progress Energy.
PROFOSED USE:
SFD: (Size 60 10 x 70 ) # Bedrooms: 4 # Baths: 3/2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
Mod: (Sizex) # Bedrooms # Baths Basement (w/wn bath) Garage: Site Built Deck: On Frame Off F
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Sizex) 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
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: Comments:
Front Minimum 35 Aug (40)
Rear _25 172'4"

on same lot Residential Land Use Application

10

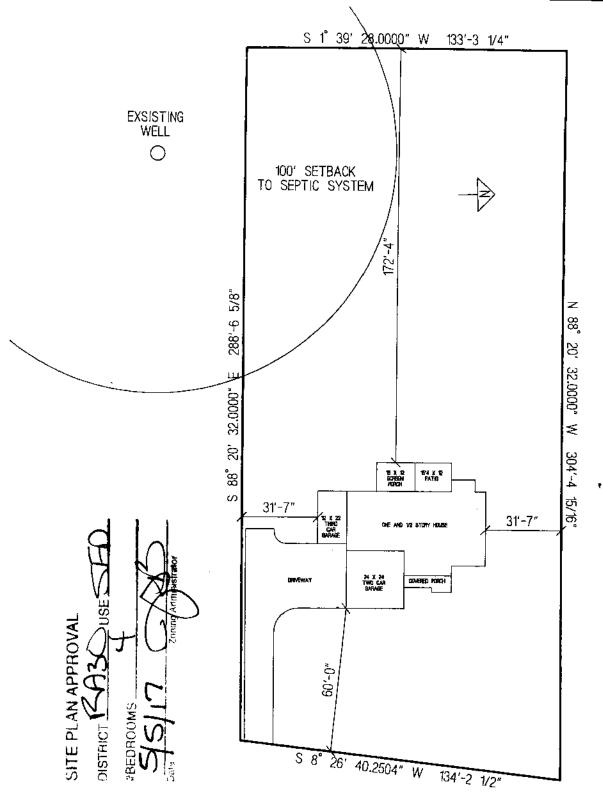
Closest Side

Sidestreet/corner lot Nearest Building

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f permits are gra hereby state tha	anted I agree at foregoing s	to conform to	all ordinance accurate and	s and laws of correct to th	the State of m	of North Carolin ly knowledge.	a regulating Permit subje	such work and ct to revocation	the specification if false informati	is of plans s ion is provid	ubmitted. led.
	<del></del>	Signature	of Owner or	Owner's Ag	ent	<del></del>	->1	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 easoments, 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\*\*



OAKRIDGE DUNCAN ROAD

CUMBERLAND HOMES, INC.
THE CAMERON WITH 3RD CAR GARAGE
1515 OAKRIDGE DUNCAN ROAD
SCALE: 1"=40'

NAME: CLIMBE	LLHNO LIMES	APPLICA:	ΓΙΟΝ #:			
	*This application to be filler	out when applying for a septic syst				
PERMIT OR AUTHORIZA depending upon documenta 910-893-7525 Environmental Hea  • All property is lines must be of the property is the evaluation to be a line for failure to a line failure to a line for failure to a line fa	N THIS APPLICATION IS FALSATION TO CONSTRUCT SHALL ation submitted. (complete site plate option I patth New Septic System of irons must be made visible clearly flagged approximate house corner flags" at each swimming pools, etc. Place Environmental Health card in hickly wooded, Environ	In Improvement Permit and/ SIFIED, CHANGED. OR THE SITE IS A L BECOME INVALID. The permit is value = 60 months; complete plat = without example = without ex	cor Authorization to Construct LTERED, THEN THE IMPROVEMENT lid for either 60 months or without expiration each corner i ron of lot. All property  Also flag driveways, garages, decks, for Central Permitting. In road to assist in locating property. But the undergrowth to allow the soil site. Do not grade property.  5.00 return trip fee may be incurred etc. once lot confirmed ready. 25 option 1 to schedule and use code ental Health inspection. Please note  Permitting for permits.			
* ****** ALIOU * C.	ra galiel elsa call ille vilice r	19/70/17/10/0 PMPtors at 04/0 000 7/20/2	a mobile nome park) option 1 & select notification permit if Please note confirmation number			
<u>SEPTIC</u>		e approved, proceed to Central Pe				
{} Accepted	{ } Innovative {	Conventional {_} Any	order of preference, must choose one.			
{}} Alternative	{}} Other					
The applicant shall notify question. If the answer is	the local health department up "yes", applicant must attach s	on submittal of this application if any	of the following apply to the property in			
{_}YES {NO	Does the site contain any Juri	sdictional Wetlands?				
YES YNO	Do you plan to have an irriga	tion system now or in the future?				
YES YNO		tain any drains? Please explain.				
()YES ()NO		springs, waterlines or Wastewater Sys	tems on this property?			
{_}}YES {_\DO	Is any wastewater going to be	generated on the site other than dome	estic sewage?			
{_}}YES {_V}NO		by any other Public Agency?				
{_}}YES		ight of Ways on this property?				
{_}}YES {NO		ting water, cable, phone or undergrou	nd electric lines?			
	If yes please call No Cuts at	800-632-4949 to locate the lines. This	is a free service			
l Have Read This Applicati	on And Certify That The Inford	nation Provided Herein Is True, Comple	ete And Correct Authorized County And			
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.						
1 Understand I hat I Am Solety Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Meking						
The Site Accessible So That A Complete Site Evaluation Can Be Performed.						
<u>Sea</u>	- Smith		5/5/17			
PROPERTY OWNERS	OR OWNERS LEGAL REP	RESENTATIVE SIGNATURE (RE	QUIRED) DATE			

## **Adams Soil Consulting**

1676 Mitchell Road Angier, NC 27501 919-414-6761

> June 11, 2016 Project # 391

Lester Stancil & Associates, Professional Land Surveyors, P.A. 98 E. Depot Street Angier, NC 27501

Re: Preliminary Soil Evaluation Lot #1 & #2 1515 Oakridge-Duncan Road - William B. Griffith and wife Cherie L. Griffith

Mr. Stancil:

Adams Soil Consulting (ASC) completed a soils evaluation per your request for the above referenced minor subdivision in Harnett County. The soil/site evaluation was performed using hand auger borings, under moist soil conditions, based on the criteria found in the State Subsurface Rules, 15ANCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems".

Lot #1 contains sufficient suitable soils for conventional or LPP type septic systems for potential future single family 3 or 4 bedroom dwelling with a house footprint of at least 50' x 50'. The parcel contains suitable soils that consist of sandy loam, sandy clay, or clay subsoils that can support a daily loading rate of 0.3-0.4 gallons/day/ft<sup>2</sup>.

Lot #2 contained a single family residence with an occupied dwelling. The home was serviced by a septic system and there were no signs of system failure at the time of evaluation. The existing system was located to the west of the existing home and will not be impacted by the new proposed property lines. There is adequate suitable soil located on the lot for a repair field for the existing home should a repair be needed in the future.

The specific septic systems and loading rates for the lot will be assigned by the Harnett County Health Department. The area for the proposed septic field shall not be impacted by home sites, pools, or garages and shall not be mechanically altered from the natural lay of the land.

The lot will require a detailed soils evaluation by the Harnett County Health Department prior to issuance of any permits. Depending on the location and size of the proposed home, well, garage, pool area etc. a septic system layout may be required before a permit can be issued on the above referenced lots demonstrating available space for a septic system and repair area. Due to the subjective nature of the permitting process and the variability of naturally occurring soils, ASC cannot guarantee that areas delineated as suitable for on-site wastewater disposal systems will be permitted by the governing agency. Only a portion of the property was evaluated per the client's request. It should be noted that a more detailed soils evaluation is needed to access the potential soil constraints that may limit future land subdivision.

Preliminary Soil Evaluation Lot #1 & #2 'Preliminary Soils Evaluation 'Soil boundary was sketched onto a preliminary map of the property supplied by the client's surveyor. "Not a Survey. 1515 Oakridge-Duncan Road \*Septic system setbacks listed below for new lots. 1) 10' from property lines. Harnett County NC 2) 100' from wells for primary systems. 3) 50' from surface waters (streams, ponds, lakes). \*Any mechanical disturbances such as grading, culting and filling of the suitable soil areas can render areas unsuitable for future septic systems "See accompanying report for additional information. \*Due to Soil Variability, Adams soil consulting cannot guarantee that the areas shown as suitable will be permitted by the local Health Department. S 88°22'27" B 778.83' (fotal) 748.13' NE 30.10 NE NE NE NE 2 8.958 Ac. Original 1.000 Ac. Lot 1 5.058 Ac. Residual 0.198 Ac. Road R/W NE 5.760 Ac. Net NE Dakridge-Duncan Road NE 1.000 Ac. Total 0.092 Ac. Road R/W 0.000 Ac. Net NE NE UN UN N 68'20'32" Legend Areas contain sols with 30 in more of usectio material and I for conventional, modified conventional as a utilize-shallow conventional as There may be inclusion converted the horizon upon the matter than the matter t \*Not a Survey Approximate location of existing gravity septic (sketched from preliminary proposal) Areas not evaluated UN Unsuitable areas. GRAPHIC SCALE 1" = 100'Adams 100 Soil Consulting 100 200 919-414-6761 Project #391

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

	Application #
Harnett County Central Permitting	
PO Box 65 Lillington, NC 27546	
16 400	

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

## Application for Residential Building and Trades Permit

Owner's Name: CLM BERLAND HOUES, THE Date: 5/5/17
Site Address: 1515 DAILRIDGE DUNICAN RD. Phone: 910.892.4348
Directions to job site from Lillington: TAKE HWY 401 TOWARDS FURTHER
Directions to job site from Lillington: TAKE HWY 401 TOWARDS FURNAY
TURN WONTD CHRISTIAN LIGHT RD FOLLOW TO OAKBIOG
Cobality
Departation of D
Heated SE: 2804 Habsated SE: 4
Heated SF: 2804 Unheated SF: Finished Bonus Room? YES Crawl Space: Slab:  General Contractor Information
CUMBERLAND HOMES THE 912 BOD 4211-
building Contractor's Company Name Telephone
P.O. BOX 727 DUNN, NC 28335  Address  CON 02  Telephone  joan norris 1957@ yahoo. Email Address
59493
License #
Description of Work N.S.E Electrical Contractor Information Service Size: 200 Amps T-Pole: Yes No
WESTER & PACE ELEGIPLE 919.499.5389
Electrical Contractor's Company Name  919.499.5389  Telephone
546 LESLIE DR. SANFORD NC WIA
28330 Email Address
12007-4
License #
Mechanical/HVAC Contractor Information  Description of WorkN.S.F.
STEPHENCOUS INTO ME & A TOTAL A TOTAL
Mechanical Contractor's Company Name  Telephone  Mechanical Contractor's Company Name  Telephone
Mechanical Contractor's Company Name  343 SHIPWASH DR GARNER NC  Address
Z'/5 29 Email Address
18644
License #
Description of Work N.S.F # Baths 3/2
# Dallis
Plumbing Contractor's Company Name  Telephone  Telephone  Address
77720 Empil Address
23160
icense #
INSULATING INC 5902 FAYETEVILLE RD 919.772-9000
TNSULATING TING 5902 FAYETTE / IUE RD 919.772-9000 Insulation Contractor's Company Name & Address PALEIGH NC Telephone

LOM

\*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Build Their Own Hol Please answer the following questions then see a Permit Technician to determine if you qualify for permit Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo as	The Lunder Owners E	xemption.
1. Do you own the land on which this building will be account.	Yes	
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	Yes	
3. Do you intend to directly control & supervise and an arrival and arrival arrival and arrival arrival and arrival and arrival arrival arrival and arrival ar	Yes	
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	Yes	
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?		
Mechanical codes, and the Harnett County Zoning Ordinance. I state the information contractors is correct as known to me and that I affirm that I have obtained all lists permission to obtain these permits and if any changes occur including listed connumber of bedrooms, building and trade plans, Environmental Health permit change changes, I certify it is my responsibility to notify the Harnett County Count	ed contractors itractors, site	<u>s                                    </u>
changes, I certify it is my responsibility to notify the Harnett County Central Permit any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After its as per corrent fee schedule.	ting Departme	tuse Intof
any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Componentian N.O.C. and the contractor of the con	r 2 years re-is:	tuse Intof
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:	r 2 years re-is:	f use ent of sue fee
any and all changes.  EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Componentian N.O.C. and the contractor of the con	r 2 years re-is:  7-14  ctor or Owner	fuse ent of sue fee
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor  Owner  Owner  Owner  Owner  Owner  Otticer/Agent of the Contractor  Owner  On hereby confirm under penalties of perjury that the person(s), firm(s) or corporation set forth in the permit:	r 2 years re-is:  7-14  actor or Owner  n(s) performing	f use ant of sue fee
Affidavit for Worker's Compensation N.C.G.S. 87  Affidavit for Worker's Compensation N.C.G.S. 87  General Contractor Owner Owner Officer(s) Officer(s) Owner Officer(s) Officer(	7-14 Actor or Owner on (s) performing surance to cover to cover the cover of the cover the cover of the cover on the cover on the cover of the cover	t use ent of sue fee
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Owner Owner Officer/Agent of the Contractor Owner Officer/Agent of the Contractor Owner Has three (3) or more employees and has obtained worker's compensation institute of the compensation in the compensation institute of the compensation institute of the compensation in the compensa	r 2 years re-is: r-14  ctor or Owner n(s) performing surance to covo	t use ant of sue fee sue fee work wer them.
Affidavit for Worker's Compensation N.C.G.S. 87  Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the Contractor the permit of the p	r 2 years re-is: r-14  ctor or Owner n(s) performing surance to covo	t use ant of sue fee sue fee work wer them.
Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Owner Officer/Agent of the Contract for thin the permit:  Has three (3) or more employees and has obtained workers' compensation in:  Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Copartment issuing the permit may require certificates of coverage of worker's compensation is subcontract of the permit may require certificates of coverage of worker's compensation is subcontractors.	r 2 years re-is: r 2 years re-is: r-14  ctor or Owner n(s) performing surance to covon insurance to ompensation in	t use ant of sue fee s
Affidavit for Worker's Compensation N.C.G.S. 87  Affidavit for Worker's Compensation N.C.G.S. 87  The undersigned applicant being the:  General Contractor Owner Officer(s) of perjury that the person(s), firm(s) or corporation set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation in:  Has one (1) or more subcontractors(s) and has obtained workers' compensation hem.  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 Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment issuing the permit may require and first sought it is understood that the Coppartment is sought in the Coppartment is sought in the Coppartment is sought in the Coppartment is	r 2 years re-is: r 2 years re-is: r-14  ctor or Owner n(s) performing surance to covon insurance to ompensation in	t use ant of sue fee sue fee work wer them. To cover insurance ina

Provide that we have  $\chi_{\mathcal{A}_{\mathcal{A}}}(x,y,y) = (1,2,3,4)$ 

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P.O. BOX 65
      LILLINGTON, NC 27546
      For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
      Bldq Insp scheduled before 2pm available next business day.
    Application Number . . . . . 17-50041308
                                                Date 6/15/17
   Property Address . . . . . . 94578 *UNASSIGNED
   PARCEL NUMBER . . . . . . . . 05-0645- - -0202- -07-
   Application type description CP NEW RESIDENTIAL (SFD)
   Subdivision Name . . . . . . P G TUTOR
Property Zoning . . . . . . RES/AGRI DIST - RA-20M
   Owner
                                  Contractor
   ______
                                   GRIFFITH WILLIAM B & CHERRIE L CUMBERLAND HOMES INC
                                  PO BOX 727
   1515 OAKRIDGE DUNCAN RD
   1515 OAKRIDGE DUNCAN RD
FUQUAY-VARINA NC 27526
                                  DUNN
                                                   NC 28335
                                   (910) 892-4345
   Applicant
   ______
   CUMBERLAND HOMES INC #1
   PO BOX 727
                    NC 28335
   DUNN
   (910) 892-4345
--- Structure Information 000 000 60.10X70 4BDR SLAB W/ GARAGE
   Flood Zone . . . . . . . FLOOD ZONE X
                           # BEDROOMS 4000000.0
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
COUNTY
   Other struct info . . . . # BEDROOMS
                                                 4000000.00
                           WATER SUPPLY
                                                 COUNTY
 _______
   Permit . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
   Additional desc . .
   Phone Access Code . 1194604
Issue Date . . . 6/15/17 Valuation . . . .
Expiration Date . . 6/15/18
-
-----**
   Special Notes and Comments
    T/S: 05/05/2017 09:54 AM JBROCK ----
    TAKE HWY 401 TO CHRISTIAN LIGHT RD
    TURN L FOLLOW TO OAKRIDGE DUNCAN TURN L
    LOT IS ON L
    PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
    INSULATION AND LAND USE.
    Work must conform and comply with the
    STATE BUILDING CODE and all other State
    and local laws, ordinances & regulations
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HARNETT COUNTY CENTRAL PERMITTING

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 . . . . 17-50041308 Date 6/15/17

Property Address . . . . . 94578 \*UNASSIGNED

Property Zoning . . . . . . RES/AGRI DIST - RA-20M

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

Additional desc . .

Phone Access Code . 1194604 \_\_\_\_\_\_

## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION		/_/
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		_/_/_
20	103	B103	R*BLDG FOUND & TEMP SVC POLE		//
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		//_