

Initial Application Date: 5/18/17

Application # 17-50041414

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: Mouse KUTZA Mailing Address: 4388 OLD US 421
City: Lillington State: NC Zip: 27546 Contact No: 210-381-1048 Email: MKUTZA@GMAIL.COM

APPLICANT: Mouse KUTZA Mailing Address: SAME ABOVE

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Carlos Kutza Phone # _____

PROPERTY LOCATION: Subdivision: 4388 OLD US 421, LILLINGTON NC Lot #: 3 Lot Size: 5.29

State Road #: _____ State Road Name: Old us 421 Map Book & Page: 2015 / 162

Parcel: 130630 0038 09 PIN: 0630-16-9372.000

Zoning: RA-30 Flood Zone: X Watershed: GIS Deed Book & Page: 3358 / 402 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 77 x 77) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: _____ Deck: Crawl Space: 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/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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

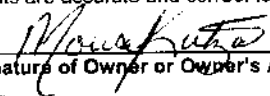
	Minimum	Actual
Front	<u>35'</u>	<u>86'</u>
Rear	<u>25'</u>	<u>643.3'</u>
Closest Side	<u>10'</u>	<u>76.7'</u>
Sidestreet/corner lot	<u>20'</u>	
Nearest Building on same lot		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

TAKE US 421 N/W FRONT ST NORTH 4.3 MILES, TURN LEFT ONTO NEILL THOMAS RD
0.2 MILES, TURN RIGHT ONTO OLD US HWY 421, 0.3 MILES ON THE RIGHT

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

3/25/2017
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: Mouse Kutza

APPLICATION #: 17-SD041414

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 # 229 5/18 022164

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. NORMAL PLUMBING DRAIN & GUTTERS
- 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?

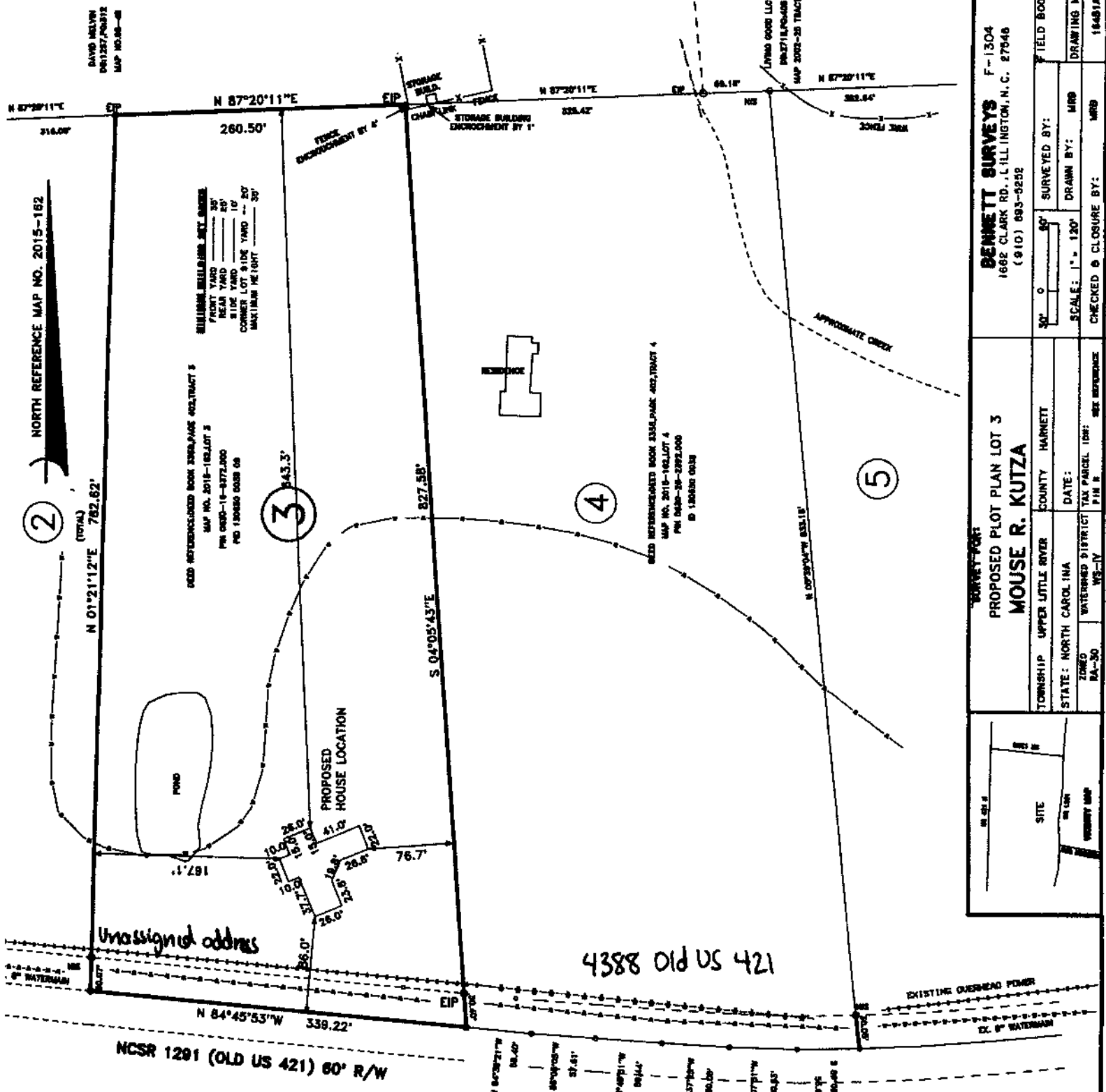
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

Mouse Kutza
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/25/17
DATE



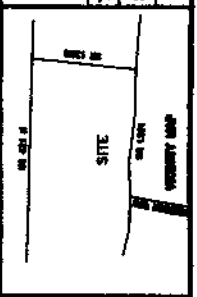
DAVID MELVIN
061257,06312
MAP 10-06-08

LYNARD GOOD LLC
062718,06408
MAP 2002-20 TRACT

BENNETT SURVEYS F-1304
1682 CLARK RD., LILLINGTON, N.C. 27548
(910) 893-0202

BURNET FORK
PROPOSED PLOT PLAN LOT 3
MOUSE R. KUTZA

TOWNSHIP: UPPER LITTLE RIVER COUNTY: HARNETT
STATE: NORTH CAROLINA DATE:
ZONING: RA-30 WATERSEWER DISTRICT: TAX PARCEL ID#: SEE REFERENCE
W/S-14 P/N R.



NORTH REFERENCE MAP NO. 2015-162

DEED REFERENCE
DEED BOOK 3358, PAGE 402
MAP REFERENCE
MAP 2015-162

SITE PLAN APPROVAL
DISTRICT RA-30 USE SFD
#BEDROOMS 3
BP 5/18/17

LEGEND
 - - - - - UNASSIGNED ADDRESS
 - - - - - EXISTING OVERHEAD POWER
 - - - - - 60" WATERMAIN
 - - - - - 48" WATERMAIN
 - - - - - 36" WATERMAIN
 - - - - - 24" WATERMAIN
 - - - - - 18" WATERMAIN
 - - - - - 12" WATERMAIN
 - - - - - 8" WATERMAIN
 - - - - - 6" WATERMAIN
 - - - - - 4" WATERMAIN
 - - - - - 3" WATERMAIN
 - - - - - 2" WATERMAIN
 - - - - - 1.5" WATERMAIN
 - - - - - 1" WATERMAIN
 - - - - - 0.75" WATERMAIN
 - - - - - 0.5" WATERMAIN
 - - - - - 0.375" WATERMAIN
 - - - - - 0.25" WATERMAIN
 - - - - - 0.1875" WATERMAIN
 - - - - - 0.125" WATERMAIN
 - - - - - 0.09375" WATERMAIN
 - - - - - 0.0625" WATERMAIN
 - - - - - 0.046875" WATERMAIN
 - - - - - 0.03125" WATERMAIN
 - - - - - 0.0234375" WATERMAIN
 - - - - - 0.0175781" WATERMAIN
 - - - - - 0.0131812" WATERMAIN
 - - - - - 0.009875" WATERMAIN
 - - - - - 0.0074062" WATERMAIN
 - - - - - 0.0055546" WATERMAIN
 - - - - - 0.0041659" WATERMAIN
 - - - - - 0.003125" WATERMAIN
 - - - - - 0.0023437" WATERMAIN
 - - - - - 0.0017578" WATERMAIN
 - - - - - 0.0013181" WATERMAIN
 - - - - - 0.0009875" WATERMAIN
 - - - - - 0.0007406" WATERMAIN
 - - - - - 0.0005555" WATERMAIN
 - - - - - 0.0004166" WATERMAIN
 - - - - - 0.0003125" WATERMAIN
 - - - - - 0.0002344" WATERMAIN
 - - - - - 0.0001758" WATERMAIN
 - - - - - 0.0001318" WATERMAIN
 - - - - - 0.0000988" WATERMAIN
 - - - - - 0.0000741" WATERMAIN
 - - - - - 0.0000555" WATERMAIN
 - - - - - 0.0000417" WATERMAIN
 - - - - - 0.0000313" WATERMAIN
 - - - - - 0.0000234" WATERMAIN
 - - - - - 0.0000176" WATERMAIN
 - - - - - 0.0000132" WATERMAIN
 - - - - - 0.0000099" WATERMAIN
 - - - - - 0.0000074" WATERMAIN
 - - - - - 0.0000056" WATERMAIN
 - - - - - 0.0000042" WATERMAIN
 - - - - - 0.0000031" WATERMAIN
 - - - - - 0.0000023" WATERMAIN
 - - - - - 0.0000018" WATERMAIN
 - - - - - 0.0000013" WATERMAIN
 - - - - - 0.0000009" WATERMAIN
 - - - - - 0.0000007" WATERMAIN
 - - - - - 0.0000005" WATERMAIN
 - - - - - 0.0000004" WATERMAIN
 - - - - - 0.0000003" WATERMAIN
 - - - - - 0.0000002" WATERMAIN
 - - - - - 0.0000001" WATERMAIN

Harnett County Central Permitting
PO Box 85 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 Mouse KUTZA Date _____

Site Address 4388 Old US 421 LILLINGTON, NC 27546 Phone 210 381 1048

Directions to job site from Lillington TAKE US-421 N/W FRONT ST NORTH 4.3 MILES, TURN LEFT ONTO NEILL THOMAS RD. 0.2 MIL, TURN RIGHT ONTO OLD US HWY 421 0.3 MIL ON THE RIGHT

Subdivision _____ Lot _____

Description of Proposed Work BUILD SINGLE STORY DWELLING # of Bedrooms 3
Heated SF 3000 Unheated SF 0 Finished Bonus Room? 0 Crawl Space X Slab _____

General Contractor Information

ADIRONDACK DEVELOPMENT LLC 919 669 4579
Building Contractor's Company Name Telephone
1303 OLDE WALKER MILL RD. APEX NC 27502 ADIRONDACKDEV@GMAIL.COM
Address Email Address
74384
License #

Electrical Contractor Information

Description of Work INSTALL SERVICE ENTIRE HOUSE Service Size 400 Amps T-Pole X Yes ___ No ___
IMPERIAL ELECTRIC 919 363 7474
Electrical Contractor's Company Name Telephone
PO BOX 162 APEX NC 27502 KIMBADBILK@AOL.COM
Address Email Address
19850
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL NEW HVAC ENTIRE HOUSE
SOUTHERN AIR SOLUTIONS INC. 919 901 3784
Mechanical Contractor's Company Name Telephone
2221 CROCKER'S NUB RD. MIDDLETOWN NC 27557
Address
25539
License #

Plumbing Contractor Information

Description of Work INSTALL NEW PLUMBING ENTIRE HOUSE # Baths 2
CECIL DAVIS PLUMBING 919 880 0316
Plumbing Contractor's Company Name Telephone
2413 PAULA ST. RALEIGH, NC CD264079@GMAIL.COM
Address Email Address
2291-P-1
License #

Insulation Contractor Information

TRI-CITY INSULATION 7204 BECKY CIR., RAL, NC 919 790 9684
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

Mandy Cuty
Signature of Owner/Contractor/Officer(s) of Corporation

3/25/2017
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 Mandy Cuty Date 3/25/2017