	Application # 1750042327
COUNTY OF Central Permitting 108 E. Front Street, Lillington, I	CU# HARNETT RESIDENTIAL LAND USE APPLICATION IC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR O	FFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Probert Currin, Ret	Decca_Mailing Address: 883 Leaflet Church Rd.
City: City: State C Zip	ລາຽປເ Contact No: Email:
APPLICANT*:	Mailing Address: 2919 Breezewood Ave Suite 300
City: Fayetteville State: NC Zip	Contact No: 910-221-1019 Email: travinalove@onsitehomesnc.co
CONTACT NAME APPLYING IN OFFICE: Travina Love	Phone # 910-221-1019 Onsite houses NC
PROPERTY LOCATION: Subdivision: State Road #State Road Name: 35(Parcel:State Roa	Plantation Lot #: 017 Lot Size: .74 ac p Southern Place Map Book & Page: 2010 / 618 PIN:Map Book & Page: 2010 / 618 Deed Book & Page: 1996 / 0384 Power Company*: eed to supply premise numberfrom Progress Energy.
 L X L> (Is the bonus room finished? Mod: (Sizex) # Bedrooms # Baths 	Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: Sla
·	x) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
Home Occupation: # Rooms:Use:_Use:	Hours of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:)	Closets in addition? () yes () no
Sewage Supply: <u> </u> New Septic Tank (Complete Check Does owner of this tract of land, own land that contains a m Does the property contain any easements whether undergr	New Well (# of dwellings using well) *Must have operable water before final list) Existing Septic Tank (Complete Checklist) County Sewer anufactured home within five hundred feet (500') of tract listed above? () yes (✓) no bund or overhead () yes () no O1 Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks:	Comments:
Front Minimum ³⁵ Actual 80	
Rear 25 /23.5	
Closest Side <u>5/10</u> 12.2	
Sidestreet/corner lot_20	
Nearest Building on same lot Residential Land Use Application	Page 1 of 2 03/11

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

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.

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Date

Signature of Owner or Owner's Agent

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

\$750.00

NAME: Onsite Homes, LLC

This application to be filled out when applying for a septic system inspection.

APPLICATION #

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) CONFIRMATION # (

910-893-7525 option 1

- Environmental Health New Septic SystemCode 800
 - All property irons must be made visible. Place "pink property flags" on each corner iron of lot. 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 П

- 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.

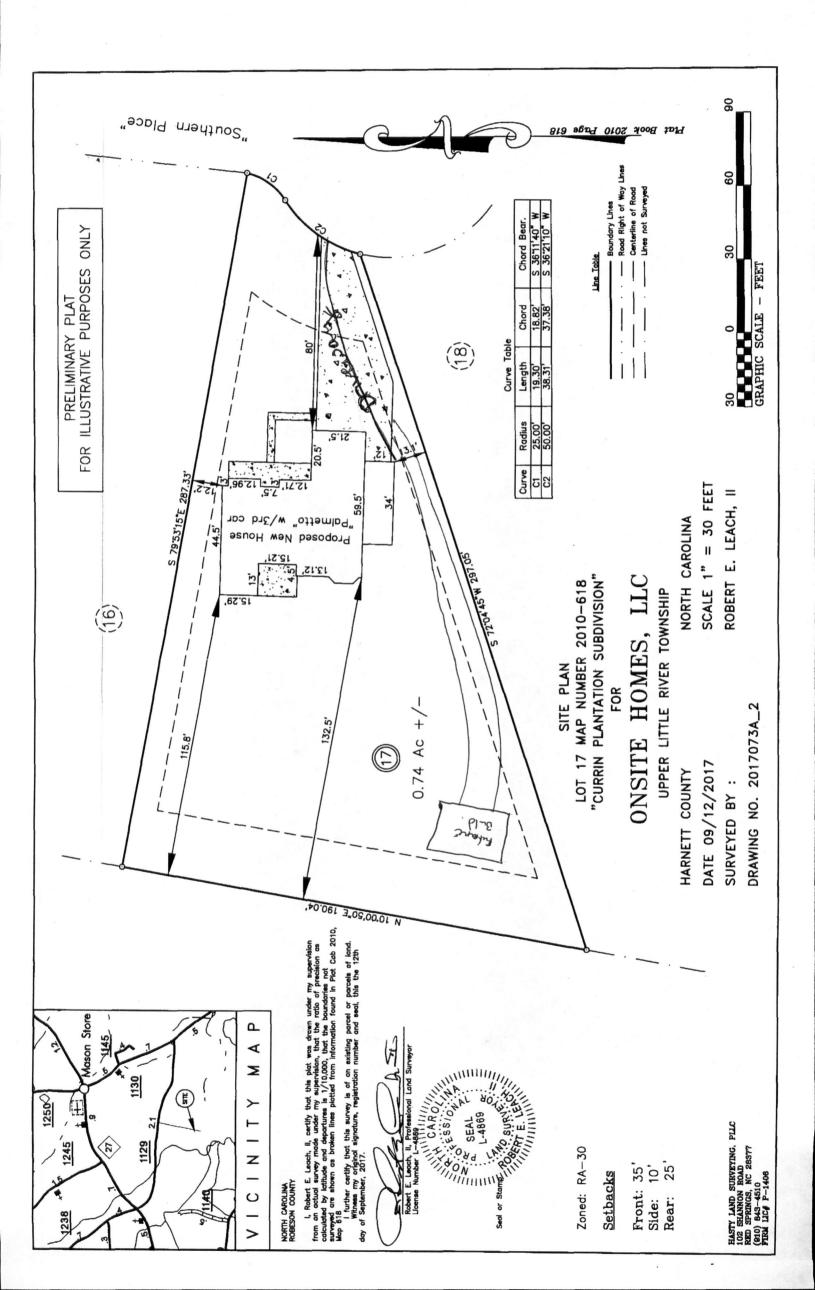
{}} Accepted	{}} Innovative	$\{X\}$ Conventional	{} Any
{} Alternative	{} Other		

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	X NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	TY NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	{ <u>}</u> } №	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		Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	NO NO	Is the site subject to approval by any other Public Agency?	
{}}YES	X NO	Are there any Easements or Right of Ways on this property?	
{}}YES	X 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. nsiteH PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REOUIRED)



08/08/11	Harnett County Central Permitting
Each section below to be filled out by whomever performing work	PO Box 66 Lillington NC 27646 910 003 7525 Fex 010 803 2703 www hernelt org/permits
Must be awner or licensed contractor Address company name & phone must match	Application for Residential Building and Trades Pormit
Owner s Name Site Address 35 Le Directions to job site fr	om Lillington left on NC of which left
onto sa	there "Place Lot lot
Heated 8F 2635, U	AND ALC SOL
Building Contractors (2919 Byeeze	
Address <u>73671- U</u> License #	
Southern	FD Electrical Contractor information Service Size 200 Amps T-Pole V_Yes_No Price Electric Company Name
Address	ut Rd. MT. Olive, NC Southernpride mp@gmail.con EmailAddress
24726	Mechanical/HVAC Contractor Information
Carbuna C Mechanical Contracto Zoo Emmu	HVAC-For SFD Omfort Air Inc. Is Company Name + Rd Dunn NC 28334 HVAC-For SFD 1960000 Carolina ConfortAir. LOM Email Address
Address 29077 License #	
Description of Work Vance Joh Plumbing Contractor 3242 MI	Plumbing Contractor Information Plumbing for SFP # Baths 03 NSON Plumbing 910-424-6212 a Company Name d Pine Rd-EagenCh, - Eblanchard Ovjplumbing. Com- Email Address
CMS6 P	1. Insulation Contractor Information 910 486 28 55
Insulation Contractor	s Company Name & Address Telephone
NOTE G	eneral Contractor must fill out and sign the second page of this application

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_----- · · I hareby 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 Machanical codes and the Harnelt County Zoning Ordinance I state the information on the above contractors is correct as known to me and that <u>by argning below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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 Harnelt County Central Permitting Department of any and all changes

any and all changes EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$160.00 After 2 years re-issue fee is as per current fee schedule

Signature of Owner/Contractor/Olficer(s) of Corporation 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 COSite Homes, LLC		
Sign W/Tius Qngerthon - Phone with bong DA Date 10.25.17		

DO NOT REMOVE!

Details: Appointment of Lien Agent Entry #: 742945

Designated Lien Agent

Project Property

First American Title Insurance Company

Online: <u>www.lienspc.com</u>______ Address: 19 W. Hargett St. Suite 507 / Raleigh, NC 27601 Phone: 888-6981-7384 Fax: 913-489-5234 Ermail: <u>support glienspc.com</u>_____ LOT 17 356 SOUTHERN PLACE LJLLINGTON, NC 27546 HARNETT County

Property Type

1-2 Family Dwelling

09/12/2017

Owner Information

Date of First Furnishing

Onsite Homes LLC 2919 Breezewood Ave Sre 300 Fayetheville, NC 28303 United States Email travinalove@onsitehomesne.com Phone 910-745-0001

View Comments (0)

Technical Support Hotline: (888) 690-7384

Filed on: 10/24/2017 Initially filed by: travina1

Print & Post



Contractors: Please post this notice on the lob Site

Suppliers and Subcontractors: Sean this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project