

Initial Application Date: 10/30/17

Application # 1750042650

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: LOUIS N. McLEAN Mailing Address: 242 BROOKLEAF DR

City: DUNN, NC-2 State: NC Zip: 28334 Home #: _____ Contact #: _____

APPLICANT: JAMES JACKSON Mailing Address: 436 OAK VALLEY FARM RD

City: COATS State: NC Zip: 27521 Home #: 919-820-5366 Contact #: 919-820-5366

PROPERTY LOCATION: State Road #: 1705 State Road Name: Fairground Rd

Parcel: 021517 0405 01 PIN: 1578-77-1077.000

Zoning: RA-30 Subdivision: NONE/Long Mclean #2017-347 Lot #: 1B Lot Size: .69 AC

Flood Plain: NO Panel: _____ Watershed: NO Deed Book/Page: 3517-433 Plat Book/Page: 2017-347

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 SOUTH TL ON HWY 27 E NO THROUGH COATS
6 M TR ON FAIRGROUND NO 4 1/2 M TL ON
BROOKLEAF DR FOLLOW PATH LOT ON R

- PROPOSED USE:
- SFD (Size 46 x 56) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 431 Deck NA Crawl Space/ Slab
 - Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms _____ # Baths _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
 - Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 - Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
 - Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
 - Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
 - Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
 - Home Occupation (Size ___ x ___) # Rooms _____ Use _____ Hours of Operation: _____
 - Accessory/Other (Size ___ x ___) Use _____
 - Addition to Existing Building (Size ___ x ___) Use _____ Closets in addition (___)yes (___)no

Water Supply: (___) County (Well (No. dwellings _____) (___) Other

Sewage Supply: (New Septic Tank (Must fill out New Tank Checklist) (___) Existing Septic Tank (___) County Sewer (___) Other

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 on this tract of land: Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:		Comments:
Front	Minimum <u>35</u> Actual <u>105'</u>	<u>HOUSE POSITIONED ANGLED TO LOT LINES</u>
Rear	<u>25</u> <u>106.10'</u>	
Side	<u>10</u> <u>10.13474</u>	
Sidestreet/corner lot	<u>20</u> <u>0</u>	
Nearest Building on same lot	<u>10</u> <u>0</u>	

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

10/30/2017 James B. Jackson
Signature of Owner or Owner's Agent

10/30/2017
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

NAME: _____

APPLICATION #: 42650

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 # 024416-LL
10-30-17

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. _____
- 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.

St. Anne R. [Signature]
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/30/17
 DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become *invalid*.

APPLICANT INFORMATION

LOUIS N. McLEAN (919) 820-5366
Applicant/Owner Phone Number
242 BROOKLEAF DR. DUNN, NC 28334
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address _____ Subdivision/Lot # _____
Parcel # _____ PIN # _____

Directions to the Site

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

James R. Johnson
Property Owner's or Owner's Legal Representative Signature Required

10/30/2017
Date

DATE: _____

DATE: _____

GARCIA, MANUEL & REBECCA
 PIN: 1518-67-6695
 DB 1126/536

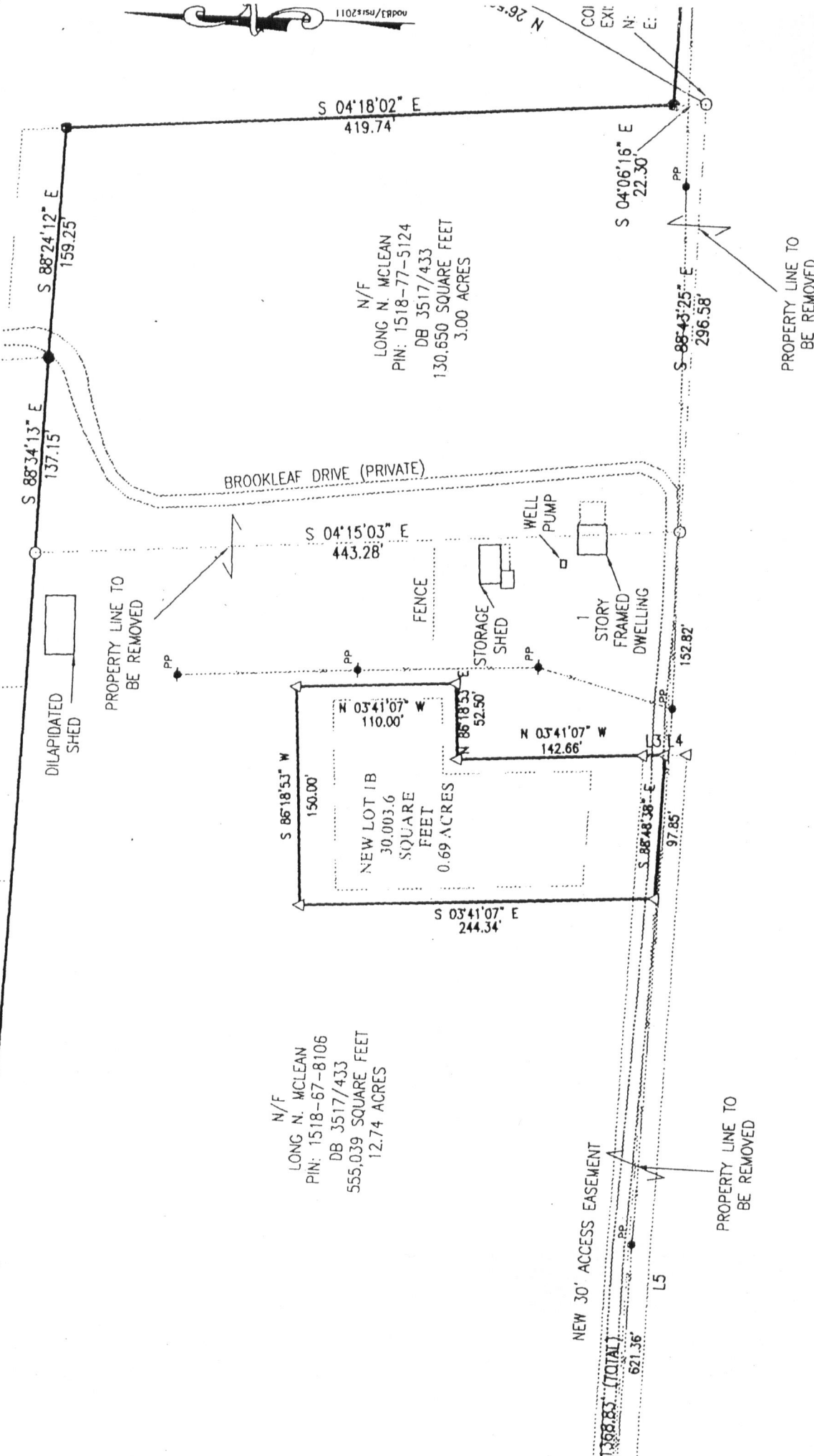
PE, MABLE
 318-67-5592
 1920/345

GARCIA, MANUEL & REBECCA
 PIN: 1518-67-9724
 DB 857/164

GARCIA, MANUEL & REBECCA
 PIN: 1518-77-0736
 DB 3279/158

TYNDALL, JAMES & TAMMY
 PIN: 1518-77-1748
 DB 1240/490

PARKER, WESLEY
 PIN: 1518-77-3722
 DB 1218/0432



09/09/11

Application #

1750042050

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 LOUIS N McLEAN Date 10/24/17
 Site Address 242 BROOKLEAF DR. DUNN, NC. Phone _____
 Directions to job site from Lillington 421 S TOLON NC 27 E 90
THROUGH COATS, NC 6 MILES TR ON FAIRFAX ROAD
GO 4.5 M TR ON BROOKLEAF HOUSE AT END OF RD.
 Subdivision NA Lot 1 B
 Description of Proposed Work CONST. SEA # of Bedrooms 3
 Heated SF 1492 Unheated SF 30 Finished Bonus Room? NA Crawl Space Slab

General Contractor Information

JAMES JACKSON HOME BUILDER 919-820-5366
 Building Contractor's Company Name Telephone
436 OAK VALLEY FARM RD COATS, NC jbuilder436@gmail.com
 Address Email Address
13649
 License # _____

Electrical Contractor Information

Description of Work INSTALL ELEC. W. BEIG Service Size 200 Amps T-Pole Yes No
PATRICK ELEC. CONTRACTOR LLC 910-237-1594
 Electrical Contractor's Company Name Telephone
1309 N MAIN ST. LILLINGTON, N.C.
 Address Email Address
4910 4
 License # _____

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEAT PUMP & ALL HVAC EQUIP.
 Mechanical Contractor's Company Name Telephone
CUSTOM HVAC 919-820-3079
 Address Email Address
12195
 License # _____

Plumbing Contractor Information

Description of Work INSTALL WATER & SEWER # Baths 2
GLOVER CONTRACT PLUMBING 919-868-0959
 Plumbing Contractor's Company Name Telephone
304 QUAIL HOLLOW EXTENSION, SANFORD
 Address Email Address
23160
 License # _____

Insulation Contractor Information

INSULATION INC. P.O. BOX 274 919-776-4138
 Insulation Contractor's Company Name & Address Telephone
SANFORD, NC

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

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 pr esumption 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 of Owner/Contractor/Officer(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: JAMES JACKSON HOME BUILDER

Sign w/Title: James Jackson OWNER Date: _____

Print this page



Legal Description:

TR#1B LONG N MCLEAN MAP#2017-347

Harnett County GIS

PID: 021517 0405 01

PIN: 1518-77-1077.000

REID:

Subdivision: 2017-347

Deeded Acreage: 0.69 ac

Total Acreage: 0.68877993 ac

Account Number: 1500023684

Owners: MCLEAN LONG N

Owner Address : 242 BROOKLEAF DR DUNN, NC 28334

Property Address: FAIRGROUND RD DUNN, NC 28334

City, State, Zip: DUNN, NC, 28334

Building Count: 0

Township Code: 02

Fire Code:

Parcel Building Value: \$0

Parcel Outbuilding Value : \$0

Parcel Land Value : \$0

Parcel Special Land Value : \$0

Total Value : \$0

Parcel Deferred Value : \$0

Total Assessed Value : \$0

Legal Land Units , Unit Type : 0.69, AC

Tax Data Last Modified:

Calculated Land Units / Type: AC ac

Neighborhood: 00211

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 6 / 2017

Sale Price: \$175000

Deed Book & Page: 3517-0433

Deed Date:

Plat Book & Page: 2017-347

Instrument Type: WD

Vacant or Improved:

QualifiedCode: A

Transfer or Split: T

Prior Building Value: \$0

Prior Outbuilding Value : \$0

Prior Land Value : \$0

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$0

Prior Land Units: ac

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 10/30/17 53 Receipt no: 130910

Year	Number	Amount
2017	50042650	
91750	TECH 3	
LILLINGTON, NC	27546	
B4	BP - ENV HEALTH FEES	\$1000.00
SEPTIC & WELL		

JAMES JACKSON HOME BUILDERS

Tender detail		
CK CHECK PAYMEN	3229	\$1000.00
Total tendered		\$1000.00
Total payment		\$1000.00

Trans date: 10/30/17 Time: 11:50:48

** THANK YOU FOR YOUR PAYMENT **