Initial Application Date:_	10	13	1/	1	7
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Application # _	17500424	71
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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 ____ Mailing Address:____120 Edmondson Drive LANDOWNER: Ken Dawson Homes, Inc. Zip: 27592 City: Willow Springs Contact No: (919)422-6979 kenndawson@hotmail.com APPLICANT*: Mailing Address: Zip:_____ Contact No: _____ Email: State: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Ken Dawson PROPERTY LOCATION: Subdivision: 2017-253 Bryan McLamb Lane __ State Road Name: Map Book & Page: ____ PIN: 1528-64-2716.000 Parcel: 021526 0470 Deed Book & Page: 3550 10368 Power Company*: Duke Progress Zoning: R30 *New structures with Progress Energy as service provider need to supply premise number ____ PROPOSED USE: SFD: (Size 57x47; \$\sqrt{\text{Bedrooms:}}\frac{3}{2}\$ # Baths \$\sqrt{\text{\text{N}}}\frac{1}{2}\$ Basement(w/wo bath) ____ Garage: \$\sqrt{\text{Deck:}}\sqrt{\text{Crawl Space:}}\sqrt{\text{Slab:}}\frac{1}{2}\$ (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:____ 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 (\subseteq) no Does the property contain any easements whether underground or overhead (___) yes (✓) no Manufactured Homes: Other (specify): Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Minimum 35 Actual 35 Front 25 Rear 10 Closest Side Sidestreet/corner lot **Nearest Building** on same lot Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Lillington take	ke HWY 421 S. to Dunn. Left on 301 N.
Left on Bryan McLamb Lane. Property is on Rt.	
If permits are granted I agree to conform to all ordinances and laws of the State of North C I hereby state that foregoing statements are accurate and correct to the best of my knowled	arolina regulating such work and the specifications of plans submitted.
Thereby state that foregoing statements are accounted and corresp to the best of my knowled	10/31/17
Signature of Owner or Owner's Agent	Date

This application expires 6 months from the initial date if permits have not been issued

^{***}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.***

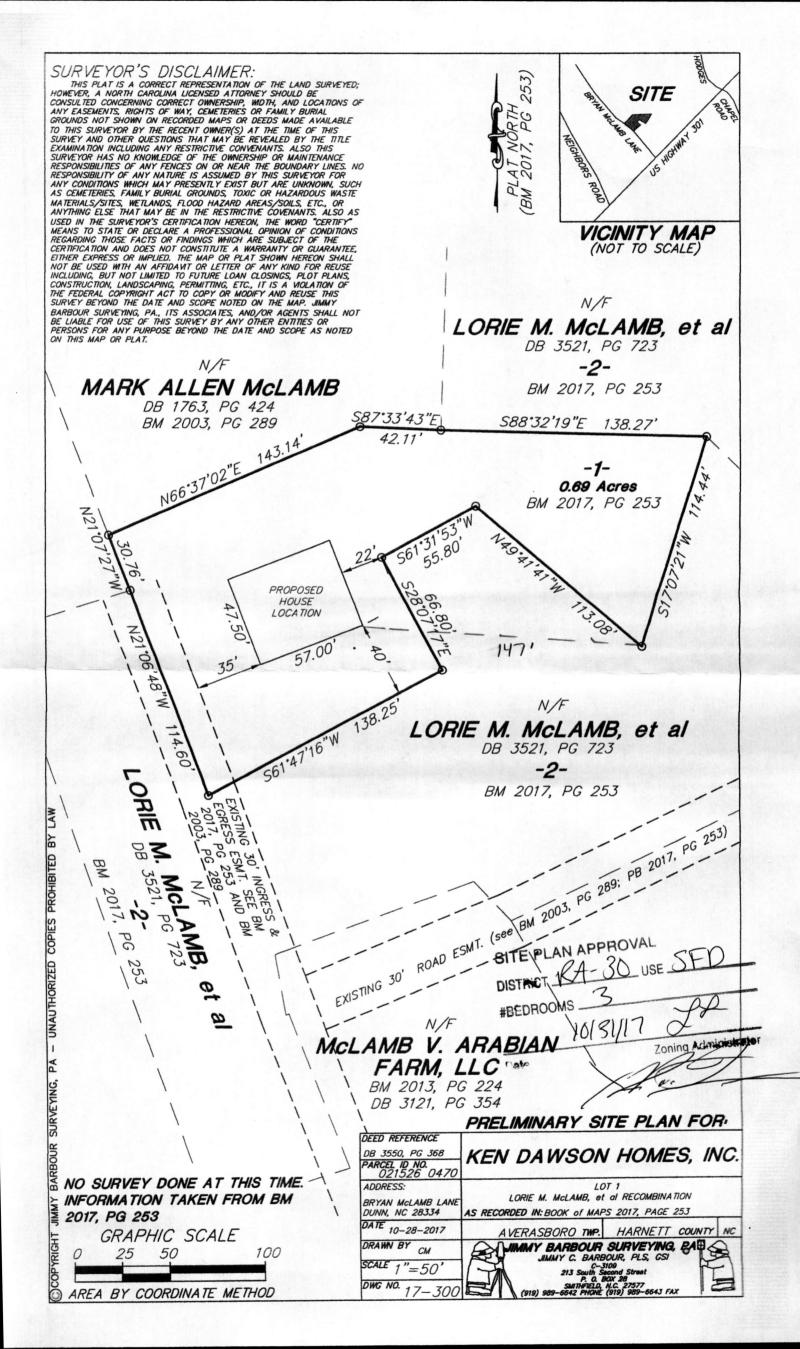
This application to be filled out when applying for a septic system inspection. **Country Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS AISEIRED, CHANGED, OR THIS ITE IS ALTERED. THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without experience permits of the construct of the construction of	NAME:	APPLICATION #:
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PERMITOR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Completes sie plan = 60 months: Complete plat = without expiration.) Palos 3-7525 option 1 Environmental Health New Septile 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 blickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspections 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 trio fee may be incurred for fallure to uncover outlet lid, mark house corners and property lines, set. 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 (lefter selecting notification permit if multiple permits exist for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request. Disc Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. 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 s		Department Application for Improvement Permit and/or Authorization to Construct
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YES NO Does or will the building contain any drains? Please explain.		
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.		Does or will the building contain any drains? Please explain
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YES {_} NO Are there any Easements or Right of Ways on this property? From of 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.	{_}}YES {\times_}} NO	Is any wastewater going to be generated on the site other than domestic sewage?
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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.		
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The Site Accessible So That A Complete Site Evaluation Can Be Performed.		그 사람들이 하는 사람들이 되었다. 그는 사람들이 가장 아니는 사람들이 되었다면 하는 사람들이 되었다. 그는 사람들이 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 하는데 되었다면 하는데 하는데 되었다면 하는데 되었다면 하는데 하는데 되었다면 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
10-31-2017		
	The Site Accessible So Ti	N//C/
	PROPERTY OWNER	

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 <u>invalid</u>.

APPLICANT INFORMATION
Len Jawson Homes, Inc. Applicant/Owner Bryan McLamb Lane Street Address, City, State, Zip Code (919) 422-6979 Phone Number Dunn, NC 28334
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 or 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
December of many formall
Proposed use of well Single-Family Multifamily Church □ Restaurant □ Business □ Irrigation □
Street Address 7BD Subdivision/Lot # far #/ Parcel # 021526 0470 PIN # 1528-64-2716,000
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 give 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 will can be properly constructed according to the permit.
Jun 10-31-2017
Dota



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

.) \	
Owner's Name Len Jawson Homes, Inc.	Date <u>/0-31-17</u>
Site Address	Phone (919) 422-6979
Directions to job site from Lillington From Lillington take Hu	14, 421 S. to Dumn,
Left on 301 N. Left on Bryan Mc Lamb Lang	Property is on Rt.
Subdivision	Lot far #1
Description of Proposed Work Single Family Residential	# of Bedrooms 3
Heated SF 2393 Unheated SF Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Ken Chusen Homes, Inc.	(919)422-6979
Building Contractor's Company Name	Telephone , , ,
120 Edmondson Dr. Willow Springs, NC 27592	Kenndawsowa hotmail.com
Address	Email Address
\$ 59881	
License #	
Description of Work	Amma T Dala / Yan Na
Joseph H. Pope Electrical Contractors	(919) 820-0837 Telephone
Electrical Contractor's Company Name	relephone
81 Beaver Creek Dr. Juny NC 28334	inpelectrical hotmail.com
Address	Email Address
<u> </u>	
License # Mechanical/HVAC Contractor Inform	nation
0 1 1 1 11/10	Tation .
Description of Work <u>Residential HVAC</u>	(010) 512-11077
Kadtord HVIIC	(919) 553 - 4072 Telephone
Mechanical Contractor's Company Name	relephone
917 Hobbs St. Clayton, NC 27520	F
Address	Email Address
JJ0 J 9	
License # Plumbing Contractor Information	on .
Description of Work Residential Phenbuly	# Baths 2 /2
C_{11}	(917) ANT HUNE 567-6361
Plumbing Contractor's Company Name	Telephone
1120 T. H. O. A. AV 10724	-
Address	Email Address
10929	
License #	
Insulation Contractor Information	on /)
Textus Insulation 519 Old Druc Store A. Garner, ne	(919)661-0499
Insulation Contractor's Company Name & Address 17529	Telephone

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 of Owner/Contractor/Officer(s) of Corporation 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

I hereby certify that I have the authority to make necessary application that the application is correct

Print this page



Legal Description:

PAR#1 LORIE M MCLAMB MAP#2017-253

PID: 021526 0470 **PIN:** 1528-64-2716.000 **REID:** 0022147

Subdivision: 2017-253

Deeded Acreage: 0.7 ac

Total Acreage: 0.72672149 ac

Account Number: 1500001117

Owners: KEN DAWSON HOMES INC

Owner Address: 120 EDMUNDSON DRIVE WILLOW SPRINGS, NC 27592

Property Address: BRYAN MCLAMB LN DUNN, NC 28334

City, State, Zip: DUNN, NC, 28334

Building Count: 1
Township Code: 02

Fire Code:

Parcel Building Value: \$117100
Parcel Outbuilding Value: \$0
Parcel Land Value: \$3000
Parcel Special Land Value: \$0
Total Value: \$120100

Parcel Deferred Value: \$0

Total Assessed Value: \$120100

Legal Land Units, Unit Type: 0.7, AC

Harnett County GIS

Tax Data Last Modified:

Calculated Land Units / Type: AC ac

Neighborhood: 00201
Actual Year Built: 1975

TotalAcutalAreaHeated: 2070 Sq/Ft Sale Month and Year: 10 / 2017

Sale Price: \$0

Deed Book & Page: 3550-0368

Deed Date:

Plat Book & Page: -Instrument Type: WD Vacant or Improved: QualifiedCode: C Transfer or Split: T

Prior Building Value: \$117410
Prior Outbuilding Value: \$0
Prior Land Value: \$20000
Prior Special Land Value: \$0

Prior Deferred Value: \$0
Prior Assessed Value: \$137410

Prior Land Units: ac



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 763307

Filed on: 11/30/2017

Initially filed by: kennchris2

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensne.com.ac.g.

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384
Fax: 913-489-5231

Etnail: supportfathensne.com

Project Property

PIN 1528-64-2716.000 Parcel #1 Bryan McLamb Lane Dunn, NC 28334 Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Ken Dawson Homes, Inc. 120 Edmondson drive Willow Springs, NC 27592

United States

Email: kenndawson@hotmail.com

Phone: 919-422-6979

Date of First Furnishing

12/04/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384