

Initial Application Date: 12/13/17

Application # 17-50042909

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: BRYAN Howell Mailing Address: 101 Mels Meadows Dr.
City: Foamy Union State: NC Zip: 27526 Contact No: 419 427 0679 Email: bhoweltz@embargo mail .com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Bryan Howell Lot #: 3 Lot Size: 1.41

State Road # 1418 State Road Name: Oakridge River Rd. Map Book & Page: 2017, 424

Parcel: 05D0644 0011 D7 PIN: 0644-08-9895.000

Zoning: RA-30 Flood Zone: X Watershed: 1V Deed Book & Page: 2212, 990 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 80 x 80) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: Monolithic Slab: _____
(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: _____ 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 (no

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

Structures (existing or proposed): Single family dwellings: Manufactured Homes: _____ Other (specify): future shop shown on site plan

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35'</u>	<u>89'</u>
Rear	<u>25'</u>	<u>25+</u>
Closest Side	<u>10'</u>	<u>24'</u>
Sidestreet/corner lot	<u>—</u>	<u>—</u>
Nearest Building on same lot	<u>—</u>	<u>—</u>

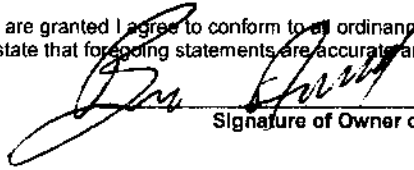
Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N to Christian Light

Rd.

Left on OAK Ridge River
Site on Right 1/2 mile down

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

12-13-17

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: Howell

APPLICATION #: 17-50042909

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 # BP 12/13 025210

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

12-13-17
DATE

PLOT PLAN FOR

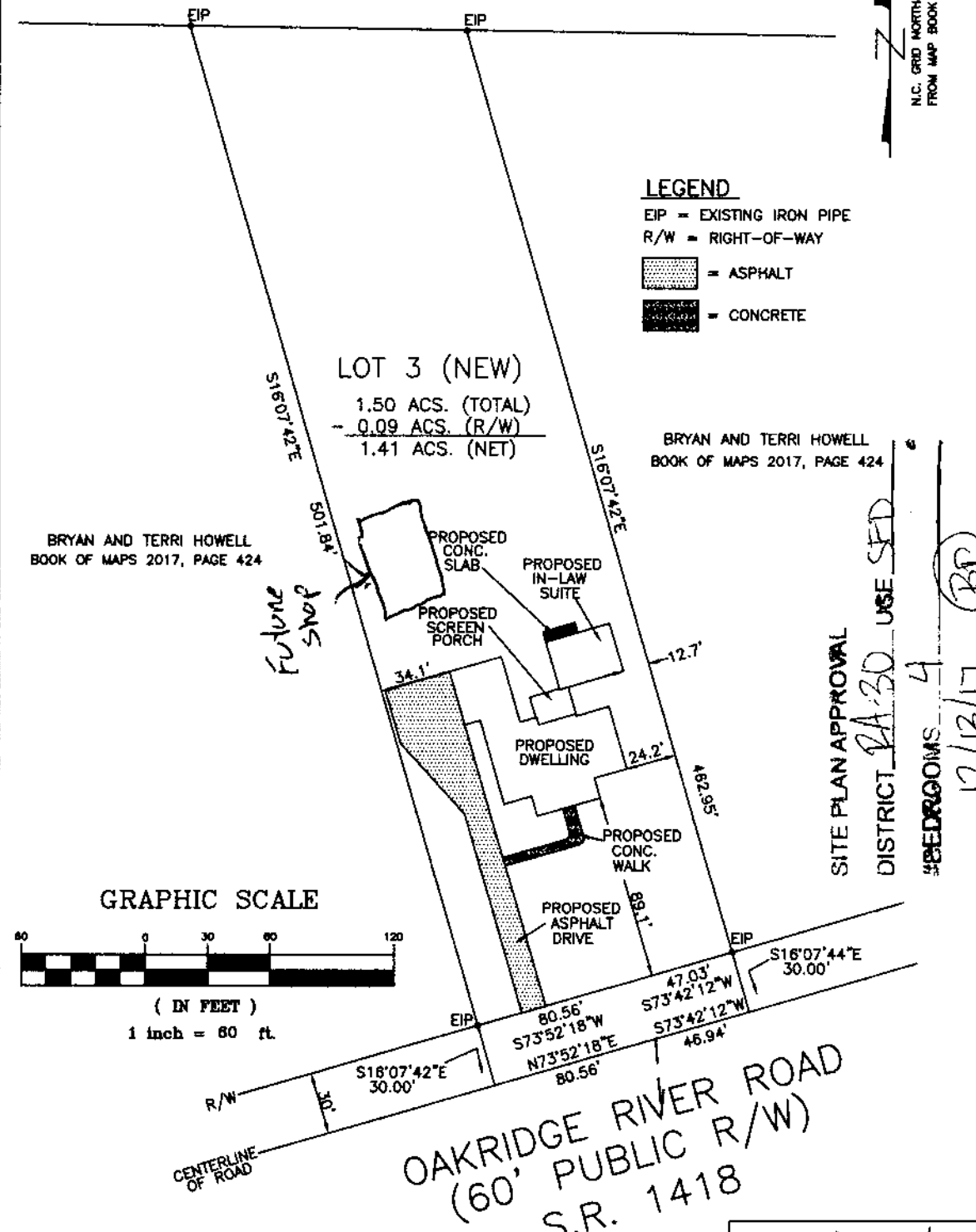
STEVE AND CATHY KING

LOT 3
PROPERTY OF BRYAN AND TERRI HOWELL
SECTION THREE
BUCKHORN TOWNSHIP
HARNETT COUNTY, NORTH CAROLINA
BOOK OF MAPS 2017, PAGE 424
PIN: 0844-18-5361 (PORTION OF)
ADDRESS: 3408 OAKRIDGE RIVER ROAD

NOTES

1. AREA BY COORDINATE CALCULATION.
2. PROPERTY IS SUBJECT TO ALL EASEMENTS AND RIGHT-OF-WAYS OF RECORD PRIOR TO THE DATE OF
3. NO GRID MONUMENTS FOUND WITHIN 2000' OF PROPERTY.

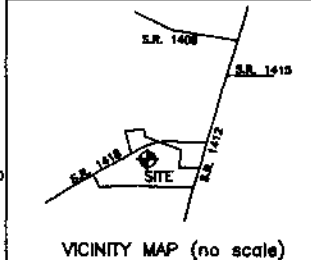
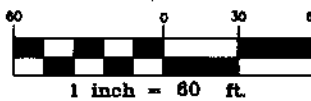
N.C. GRID NORTH MAD 83 (2011)
FROM MAP BOOK 2013, PAGE 51



DRAWING: "KING-PLOT-PLAN60SCALE"

STEWART-PROCTOR
ENGINEERING and SURVEYING
319 CHAPANOKE ROAD SUITE 106
RALEIGH, NC 27603
TEL 919 779-1855 FAX 919 779-16661

DATE 04-04-2016	SURVEYED
SCALE 1"=60'	DRAWN



* 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: Bryan Howell Date: _____
Site Address: Oakridge River Rd. Phone: _____
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: New SFD # of Bedrooms: _____
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Howell Builders Inc.
Building Contractor's Company Name
101 Mels Meadows Dr.
Address
41779 Fuquay Varion NC 27526
License #

Telephone
bhowell2@earthlink.net
Email Address

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
R. A. Jackson

Electrical Contractor's Company Name
9261 Raleigh Rd. Benson
Address
21144
License #

Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work WORK AS OWNER

Mechanical Contractor's Company Name
Address
License #

Telephone
Email Address

Plumbing Contractor Information

Description of Work Thornton Plumbing # Baths 3.5

Plumbing Contractor's Company Name
3160 A-Vinson Rd. Clayton
Address
22152
License #

Telephone
Email Address

Insulation Contractor Information

W-31
Insulation Contractor's Company Name & Address

919-662-9980
Telephone

*NOTE: General Contractor / owner 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 Hamett 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 Hamett 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

12-13-17

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:

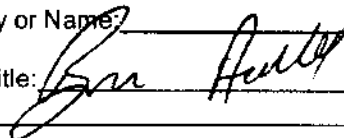
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  _____ Date: 12-13-17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 769762

Filed on: 12/13/2017

Initially filed by: terps111

Designated Lien Agent

North American Title Insurance Company

Online: www.liensnc.com or www.nclicensing.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com or nclicensing@nclicensing.com

Project Property

LOT 3
3408 Oakridge River Rd
Fuquay varina, NC 27526
NC 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

Steven & Cathy King
538 Spruce Meadows Ln
Willow Spring, NC 72592
United States
Email: steventheking76@gmail.com
Phone: 919-606-8606

View Comments (0)

Technical Support Hotline: (888) 690-7384