· · · ·					
Initial Application Date: 12.14.17	Application # 1750047924				
	ENTIAL LAND USE APPLICATION e: (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: Harry F Weddings	iling Address: 8008 Old Stage Road				
City: Raleigh State: NC Zip: Contact to	lo: 919-880-2252				
APPLICANT*: Tommy Allen Construction Inc. Mailing Address: 88	336 Ransdell Road				
	919-779-2880 Email: tacallenbuilders@gmail.com				
CONTACT NAME APPLYING IN OFFICE: Tommy Allen	Phone # 919-779-2680				
PROPERTY LOCATION: Subdivision: 154 Mabry Road Cluster State Road # State Road Name: Mabry Road	HILA GILLUP Lot #:3 Lot Size: 5.40 Acres  Map Book & Page: 2017, 396				
Parcel: 040682013406 PIN:	N(NW),20 2015				
Zoning: R-30 Flood Zone: NO Watershed: NO Deed Book & Pa	age: 35/4/ CO25 Power Company*: Duke Progress				
*New structures with Progress Energy as service provider need to supply premisi	00558370				
(Is the bonus room finished? () yes () no v	ath): Garage Crawl Space: Slab:				
Manufactured Home:SWDWTW (Sizex) # B	edrooms: Garage:(site built?) Deck:(site built?)				
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:					
Home Occupation: # Rooms: Use:	Hours of Operation: #Employees:				
□ Addition/Accessory/Other: (Size <u>x</u> <u>)</u> Use:	Closets in addition? () yes () no				
Water Supply: Existing Well New Well (# of dwell	lings using well)*Must have operable water before final				
Sewage Supply: New Septic Tank (Complete Checklist) Existing					
Does owner of this tract of land, own land that contains a manufactured home wi	ithin five hundred feet (500') of tract listed above? () yes ()				
Does the property contain any easements whether underground or overhead (Myes (_) no Mantine - Eismus And					
	inufactured Homes: Other (specify) 2 0 0 0				
Required Residential Property Line Setbacks: Comments:	COUNTATO				

Actual\_100 Front Minimum. 840' Rear

Closest Side

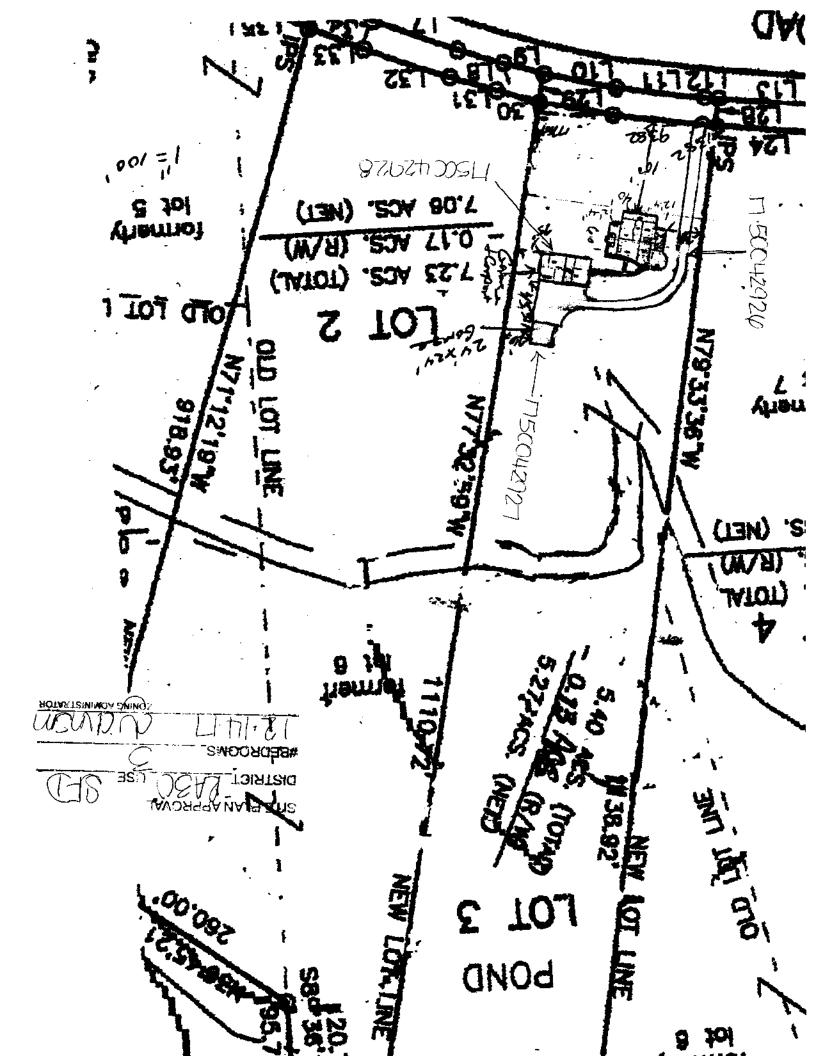
Sidestreet/corner lot Nearest Building on same lot Residential Land Use Application

25'

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	210 to Angier Turn Right on 55 Turn Right on Mabry job site 100 yards
on Right	
The state of the s	77 - C-1
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to the Signature of Owner or Owner's A	f the State of North Carolina regulating such work and the specifications of plans submitted he best of my knowledge. Permit subject to revocation if false information is provided.  12-14-2014  Bate

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*



				17.50042927	
NAME: TOMMY	1 A Way		APPLICATION#:	ニュー・ベムコウロカル	
*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  Output Health Department Application for Improvement Permit and/or Authorization to Construct					
	TI 110 A DOLLO A TIONI IS EX	I CICIED CHANGED OR	THE SHE IS ALTERED		
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	'IANITA CANCTRUCT SHA	ALI RECOMPENVALID.	The permit is variation of	IN COMPINION WITHOUT OFFICE OF	
<ul> <li>depending upon documentation</li> </ul>	on submitted. (Complete site	plan = 60 months; Complet	e prax = without expiration : CONFIRMATION :	リールカレスコム	
910-893-7525 o	Jth New Sentic System	n Code 800		10,15,17	
All property in	ons must be made vis	sible. Place "pink prop	erty flags" on each o	corner iron of lot. All property	
ام مطاعم بمداد منا	aadu flaagad annrovima	itely every 50 feet betw	een corners.		
Place "orange h	ouse corner flags" at ea wimming pools, etc.  Pla	ach corner of the propo	sed structure. Also i eveloped at/for Centr	lag driveways, garages, decks, al Permitting.	
Dines aconso E	ovironmental Health car	d in location that is eas	illy viewed from road	to assist itt locating broberty.	
If proporty is thi	ickly wooded. Environm	ental Health requires th	nat you clean out the	undergrowth to allow the son	
aviation to be	conformed Inchestors	should be able to walk	: treely around site. D	O not diage broberry.	
All lots to be a	ddressed within 10 bu	siness days after cor	itirmation, \$25.00 re	turn trip fee may be incurred nce lot confirmed ready.	
A 54	avenue and site call the w	nice permitting system.	at 910-893-7525 ODI	Of 1 to schedule and use code	
800 (after selec	ting notification permit i	it multiple permits exist	() for Environmental i	Health inspection. Please note	
confirmation nu	mber given at end of rec	cording for proof of regi	<u>uest.</u>		
Use Click2Gov	or IVR to verify results.	Once approved, proce	ed to Central Fermiti	ing for permits.	
Callan, about in	alth Existing Tank Insp estructions for placing fla	ans and card on proper	ty.		
Dunners for inc	postion by removing sc	sil over outlet end of t	tank as diagram indi	cates, and lift lid straight up (if	
possible) and the	nen put lid back in plac	e. (Unless inspection i	s for a septic tank in a	a mobile home park)	
A Processing and an about	LIDS OFF OF SEPTIC TA	ica normitting system :	at 910-893-7525 optio	on 1 & select notification permit	
Aπer uncoverin	g outlet end call the vo nits, then use code 80f	0 for Environmental H	ealth inspection. Ple	ase note confirmation number	
given at end of	recording for proof of re	eauest.			
Use Click2Gov	or IVR to hear results.	Once approved, procee	ed to Central Permittir	ng for remaining permits.	
SEPTIC  If applying for authorization	on to construct please indica	ate desired system type(s):	can be ranked in order of	of preference, must choose one.	
{}} Accepted	{} Innovative	Conventional	{}} Any		
{ } Alternative	{} Other				
The applicant shall notify	the local health departme	nt upon submittal of this.	application if any of the	e following apply to the property in	
question. If the answer is	"yes", applicant MUST A	ATTACH SUPPORTIN	G DOCUMENTATIO	N:	
YES NO	Does the site contain any	y Jurisdictional Wetlands	?		
{_}YES {_}NO	⊸Đo you plan to have an i	rrigation system now or i	n the future?		
YES (WNO Does or will the building contain any drains? Please explain.					
()YES (NO		velis, springs, waterlines o			
(_)YES (L_)NO	Is any wastewater going	to be generated on the si	te other than domestic s	sewage?	
{_}YES {NO	Is the site subject to app	roval by any other Public	:Agency?		
(1) YES (_) NO	•	sorRight of Wayson thi			
{_}YES {\= NO		y existing water, cable, p			
	If yes please call No Cu	uts at 800-632-4949 to loo	cate 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 Grants	ed Right Of Entry To Cond	uct Necessary Inspections	To Determine Complian	ce 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)

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

Owners Name Harry F. Weddings	Date 12-14-247			
Site Address	Phone 919 - 880 - 226 2			
Directions to job site from Lillington 210 to Angley				
Turn Right on Milas Rd. Site	1 7 <del>-</del> 1			
	words on Kyht			
Subdivision	Lot 3			
Description of Proposed WorkSFR	# of Bedrooms 3			
Heated SF 2998 Unheated SF Finished Bonus Room?_	Crawl Space V Slab			
General Contractor Informatio	<u> </u>			
Building Contractor's Company Name	<u>919-979-2880</u>			
	Telephone			
Address Ransdell Rosed Raleich	+acallenbuildors@gmail			
20121	Email Address . Cow			
License #				
Description of WorkService Size	n American Total Africa			
Makeus Electron Convice	Amps T-Pole Yes No			
Electrical Contractor's Company Name	919 - 639 - 4837 Telephone			
1731 Mabry Koad Anior NC	Johnnie Pmakarelætrical, com			
Address 150774	Email Address			
License #				
Mechanical/HVAC Contractor Inform	ation			
Description of Work				
Polar Bear	919-539-8446			
Mechanical Contractor a Company Name	√ <del>aja</del> phione			
S12 Old Stage Road Coats NX	Polarbearh vac Oyahoa com			
30048	Email Address			
License #				
Plumbing Contractor information	1			
Description of Work	_# Baths2			
Plumbing Contractor's Company Name	919-553-4485			
	Telephone			
10 150x 434 Clasta-11 27528	Email Address Com			
27/32	Email Address			
License #				
LOCALATING TAKE				
Insulation Contractor's Company Name & Address	7-1772-9000 Talashan			
	s on the second			

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 <u>by signing below I have obtained all subcontractors 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 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.

ature 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: President Date: 12-19-2017

