Initial Application Date:	01-26-18

Application #_	1850043174			
	CU#			

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

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: Milton Enterprises, Inc. Mailing Address: 3183 US 421 N State: NC Zip: 27546 Contact No: 910-814-1012 Email: and rew Emilton built homes. com City: Lillington APPLICANT*: Milton Built Homes, LLC Mailing Address: 3183 US 421 N City: Lillington State: NC Zip: 27546 Contact No: 910.890.0555 Email: and rew @milton builthomes.com
Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Andrew W. Milton Phone # 910.890.0555 PROPERTY LOCATION: Subdivision: Wade Pointe Lot #: 11 Lot Size: 75 ac State Road #_____ State Road Name: 31 Compass Landing, Dunn, NC 28334 Map Book & Page: 2010 / 700 Parcel: 03\527 0|04 |8 PIN: 1527-65-3890.000 Zoning: RA-30 Flood Zone: Min Watershed: No Deed Book & Page: 2933 10982 Power Company: Duke Energy Progress *New structures with Progress Energy as service provider need to supply premise number <u>55500807</u> from Progress Energy. PROPOSED USE: SFD: (Size 44 x 62) # Bedrooms: 3 # Baths 2/2 Basement(w/wo bath): No Garage: V Deck: Crawl Space: Slab: (Is the bonus room finished? (\checkmark) yes (\bigcirc) no w/ a closet? (\bigcirc) yes (\checkmark) 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: ____ 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): ____ Required Residential Property Line Setbacks: Comments: Minimum_ 35 Actual 니5 Front Rear Closest Side Sidestreet/corner lot Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
Address is 31 Compass Landing, Dunn NC 28334
Address is 31 Compass Landing, Dunn NC 28334 2nd lot on left on Compass Landing.

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.
Andrew W. Mills
Signature of Owner or Owner's Agent 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

APPLICATION #: 43174

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) CONFIRMATION #_ 910-893-7525 option 1 Environmental Health New Septic System Code 800 П 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {2} Any { } Innovative { } Accepted {__}} 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: Does the site contain any Jurisdictional Wetlands? { }YES Do you plan to have an irrigation system now or in the future? Does or will the building contain any drains? Please explain. { }YES 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 Is the site subject to approval by any other Public Agency? { }YES Are there any Easements or Right of Ways on this property? 201 Drainage Easement on Site Map Does the site contain any existing water, cable, phone or underground electric lines? { ~ } NO }YES 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.

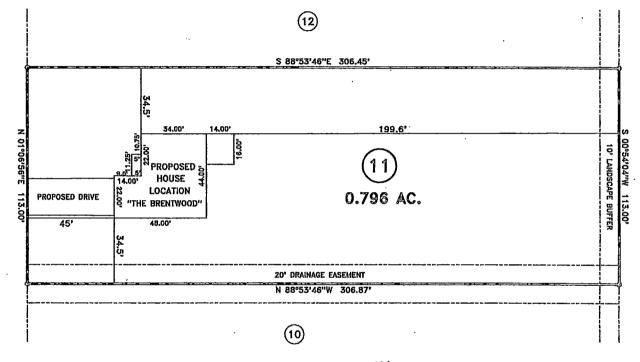
The Site Accessible So That & Complete Site Evaluation Can Be Performed.

| Make | W. Make |
| PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) | DATE

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

MAP REFERENCE: MAP NO. 2010-700

"COMPASS LNDG" 50' R/W



SITE PLAN APPROVAL
DISTRICT RA-80 USE SFD #BEDROOMS. Zoning Administrator وعاورا

\$ SITE S	PROPOSED PLOT PLAN — LOT — 11 "WADE POINTE S/D"		DEMMETT SURVEYS F-1304 1662 CLARK RD., LILLINGTON, N. C. 27546 (910) 893-5252		
	TOWNSHIP AVERASBORO	COUNTY HARNETT	12,5' 0 25'	SURVEYED BY: FIELD BO	

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 Milton Enterprises, Inc.	Date <u>01-26-(8</u>		
Site Address 31 Compass Landing, Dunn, IVC 28334	Phone 910.814.1012		
Directions to job site from Lillington and lot on left on Comp	pass Landing		
•	3		
Subdivision Wade Pointe	Lot		
Description of Proposed Work New Construction SFD	# of Bedrooms 3		
Heated SF <u>3163</u> Unheated SF <u>739</u> Finished Bonus Room? <u>1</u> <u>General Contractor Information</u>	<u>/es</u> Crawl Space <u>. </u>		
Milton Built Homes, LLC	910.890.0555		
Building Contractor's Company Name	Telephone		
3183 US Yal W, Lillington, NC 27546	andrew@miltonbuilthomes.com		
Address	Email Address		
72052			
License # Electrical Contractor Information	an .		
Description of Work New Construction SFD Service Size			
Dawson's Electric, Inc.	919, 201.3841		
Electrical Contractor s Company Name	Telephone		
3754 Cokeshury Road, Fuquay-Varina, NC 27526			
Address	Email Address		
25948-L			
License #			
Mechanical/HVAC Contractor Inform	<u>nation</u>		
Description of Work Na. Construction SFD			
Cape Fear AlC + Hersting Co:	910 483. 8790		
Mechanical Contractor's Company Name	Telephone		
1139 Robeson Street, Fayetteville, NC 28305			
Address	Email Address		
07232			
License # Plumbing Contractor Information	nn		
	# Baths <u> </u>		
Description of Work New Construction SFD	•		
Camden's Plumbing + Repair, Inc. Plumbing Contractor's Company Name	<u>919. 669.4650</u> Telephone		
	i eleptione		
P.D. Box 1359, Figury-Varina, NC 27526 Address	Email Address		
<u>18903</u>			
License # Insulation Contractor Information	on.		
•			
Friends Insulation 200 Blount (reek Estate, Clayton, NC 27520 Insulation Contractor's Company Name & Address	<u>919. 291 2438</u> Telephone		
mananan comaciona company manta & Audi 533			

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 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 And W. Males
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 Milton Built Homes, LLC

Sign w/Title And W Matter, Project Manager Date 01-26-18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 778862

Filed on: 01/04/2018

Initially filed by: MiltonBuiltHomes

Designated Lien Agent Project Property Print & Post First American Title Insurance Company LT#11 WADE POINTE 0.79AC 31 COMPASS LANDING DUNN, NC 28334 Online: www.liensne.com (http://www.liensne.com) Dunn, NC 28334 Address: 19 W. Hargett St., Suite 507 / Ralcigh, NC , Harnett County 27601 Phone: 888-690-7384 Fax: 913-489-5231 Property Type Suppliers and Subcontractors: Email: support@liensnc.com uneithe 1-2 Family Dwelling Owner Information Date of First Furnishing Milton Enterprises, Inc. 3183 US 421 N 01/04/2018 Lillington, NC 27546 United States Email: andrew@miltonbuilthomes.com Phone: 910-814-1012

Please post this notice on the Job Site.

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

View Comments (0)

Technical Support Hotline: (888) 690-7384

HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT *** Oper: LLUCAS Type: CP Drawer: 1 Date: 1/26/18 53 Receipt no: 229000

Year Number Amount 2018 56643174 91750 TECH 3

LILLINGTON, NC 27546 Há SP - ENV HEALTH FEES

\$750.00 NEW SEPTIC

HILTON BUILT HUMES

Tender detail CK CHECK PAYMEN 1259 fotal tendered Total payment

Trans date: 1/26/18 Time: 13:10:43

\$750.00

\$750.00

\$750.00

** THANK YOU FOR YOUR PAYMENT **