

Initial Application Date: 4/16/18

Application # 1850043814
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: Names: Elizabeth Denton Mailing Address: 50 Dexterfield Dr. DATE _____

City: Fuquay-varina State: NC Zip: 27526 Contact No: _____ Email: r

APPLICANT: Marty Waddell: SHUMY Mailing Address: 3971 River Rd

City: Fuquay-varina State: NC Zip: 27526 Contact No: 919 524 6310 Email: Marty.waddell@waddell industrial.com

CONTACT NAME APPLYING IN OFFICE: Marty Waddell Phone # 919 524 6310

PROPERTY LOCATION: Subdivision: Tr# 110.49 AC PC# E-105 C Denton land Lot #: 1 Lot Size: 10.60

State Road # 1431 State Road Name: Bradley Rd Map Book & Page: - 1 -

Parcel: 080641 0003 PIN: 0641-69-0024.000

Zoning: R-30 Flood Zone: X Watershed: WS1V Deed Book & Page: 2365, 912 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 55 x 65) # Bedrooms: 3 # Baths: 2 1/2 Basement(w/w bath): _____ Garage: Deck: Crawl Space: Slab: _____ 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/w 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 1) *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:

| | | | | |
|------------------------------|---------|------------|--------|-------------|
| Front | Minimum | <u>35'</u> | Actual | <u>378'</u> |
| Rear | | <u>25'</u> | | <u>127'</u> |
| Closest Side | | <u>10'</u> | | <u>130'</u> |
| Sidestreet/corner lot | | | | |
| Nearest Building on same lot | | | | |

Comments: Please call Marty to meet you out for enviro (919) 524-6310

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North to Christianlight
Rd to Bradley Rd, after pavement ends second driveway
on Right at pipe line

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.

Marty L. Woodhill
Signature of Owner or Owner's Agent

4-12-18
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: Marty Waddell

APPLICATION #: 43814

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 # 027267-11-4/16/18

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.

Marty Waddell
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-12-18
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

Marty and Sherry Waddell (919) 524-6310
Applicant/Owner Phone Number
3971 River Road, Fuquay-Varina, NC 27526
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 Bradley Rd Subdivision/Lot # _____
Parcel # 080641 0003 PIN # 0641-69-0024.000

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 well can be properly constructed according to the permit.

Sherry W. Waddell 04-16-18
Property Owner's or Owner's Legal Representative Signature Required Date

SPINDLE SET

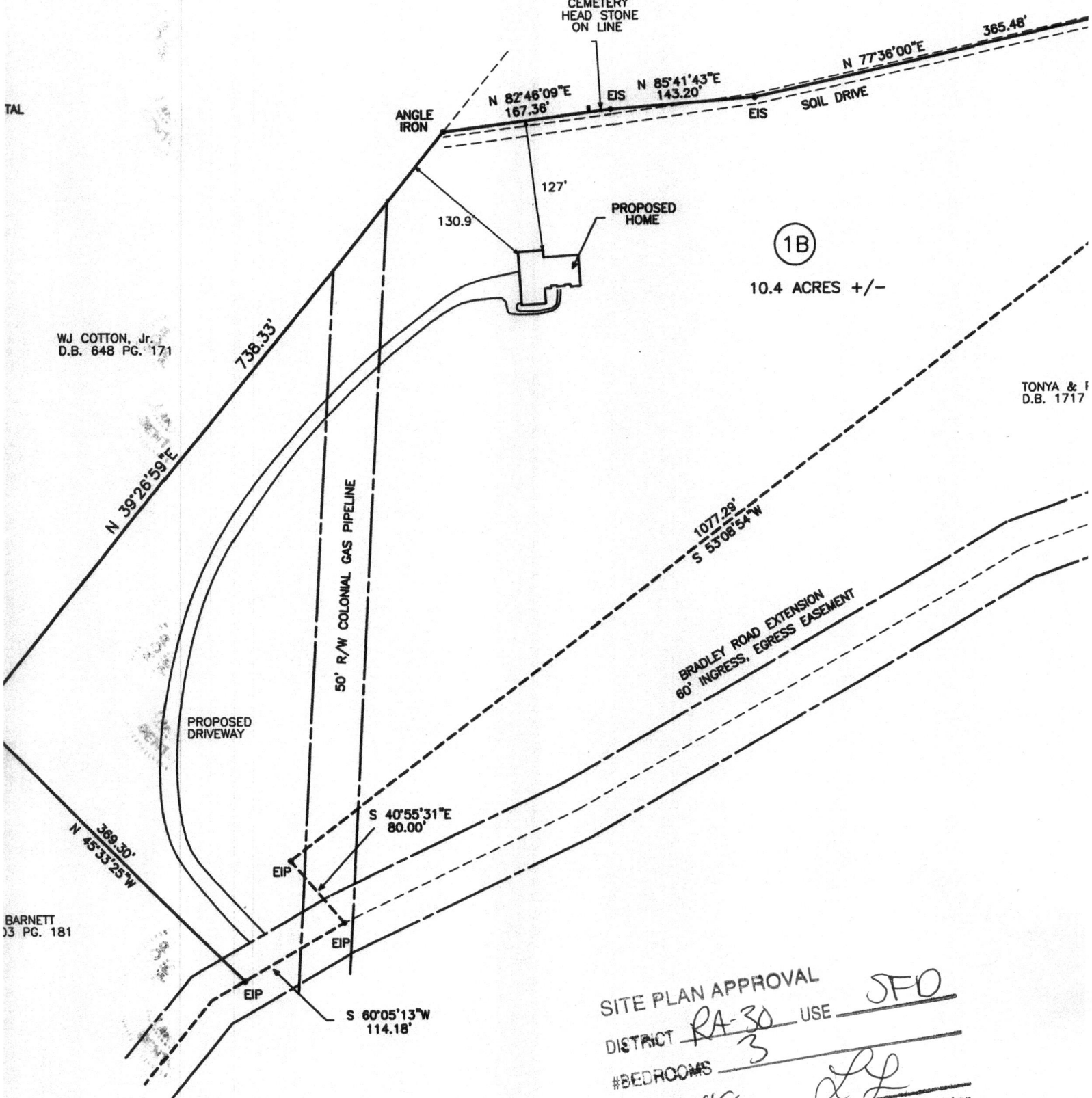
TAL

RAYMOND & MILDRED
BRADLEY
CEMETERY
HEAD STONE
ON LINE

RACHEL LANGDON
LEAH LEMONS
D.B. 1889 PG. 608

WJ COTTON, Jr.
D.B. 648 PG. 171

TONYA & F
D.B. 1717



1B

10.4 ACRES +/-

SITE PLAN APPROVAL
 DISTRICT RA-30 USE SFO
 #BEDROOMS 3
4/20/18
 Zoning Administrator



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 Marty Waddell Date 4-12-18
Site Address 3 Bradley Rd Phone _____
Directions to job site from Lillington 401 North, left on christian light, left
on Bradley Rd after pavement ends 2nd driveway of
right at pipeline
Subdivision _____ Lot _____
Description of Proposed Work Single Family Dwelling # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Todd Waddell 919-369-7955
Building Contractor s Company Name Telephone
Address _____ Email Address _____
77274
License # _____

Electrical Contractor Information

Description of Work Single Family Dwelling Service Size 200 Amps T-Pole Yes No
Dawson Electric
Electrical Contractor s Company Name Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Robert Kornegay
Mechanical Contractor s Company Name Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
Tommy Allen Plumbing
Plumbing Contractor s Company Name Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

31-W
Insulation Contractor s Company Name & Address Telephone _____

***NOTE General Contractor 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 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

Marty Waddell
Signature of Owner/Contractor/Officer(s) of Corporation

4-12-18
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 Marty Waddell

Sign w/Title Marty Waddell Date 4-12-18

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
 Date: 4/16/18 53 Receipt no: 324060

| Year | Number | Amount |
|----------------------|----------------------|-----------|
| 2018 | 50043014 | |
| 91750 TECH 3 | | |
| LILLINGTON, NC 27546 | | |
| 84 | BP - ENV HEALTH FEES | \$1000.00 |
| NEW SEPTIC & WELL | | |

MARTY & SHERRY WADDELL

| | | |
|-----------------|------|-----------|
| Tender detail | | |
| CK CHECK PAYMEN | 3957 | \$1000.00 |
| Total tendered | | \$1000.00 |
| Total payment | | \$1000.00 |

Trans date: 4/16/18 Time: 14:37:33

** THANK YOU FOR YOUR PAYMENT **