Initial Application Date:	4	/2	7	_	18
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Application # _	1850043894	
	CL I#	

COUNTY OF HARNETT 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

Central Permitting

et .
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: JASON VNCANNON & Jamie Mailing Address: 5555 Christian Light Rd
LANDOWNER: JASON VUNCANNON & Jamie Mailing Address: 5555 Christing Light RL City: Fuquay - Varim State NC Zip: 2756 Ontact No: 919-868-6460 Email: JASON OTA HONS METAL. C
APPLICANT*: Daniel-Vincannon Mailing Address: 125 River Rd
City: Way Variable State C Zip 27539 Contact No. 919 806-493 Email:
CONTACT NAME APPLYING IN OFFICE: DCATE LANCANNO: Phone # 919-808-4923 LOTT LAR PROPERTY LOCATION: Subdivision: Damon WOOdall Mgott 2017-194 State Road # 1441 State Road Name: Chalybeate Springs Rd Map Book & Page: 2017, 194 Parcel: 040 (264 0100 05 PIN: 0464-53-875 1,000 Zoning: RA-30 Flood Zone: X Watershed: WS-IV Deed Book & Page; 3543 1,291 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: SFD: (Size 9 4 x 70) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: No (if yes add in with # bedrooms)
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: 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) 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 🞉) 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:
Front Minimum Actual
Rear
Closest Side 124.9
Sidestreet/corner lot
Nearest Building

Residential Land Use Application

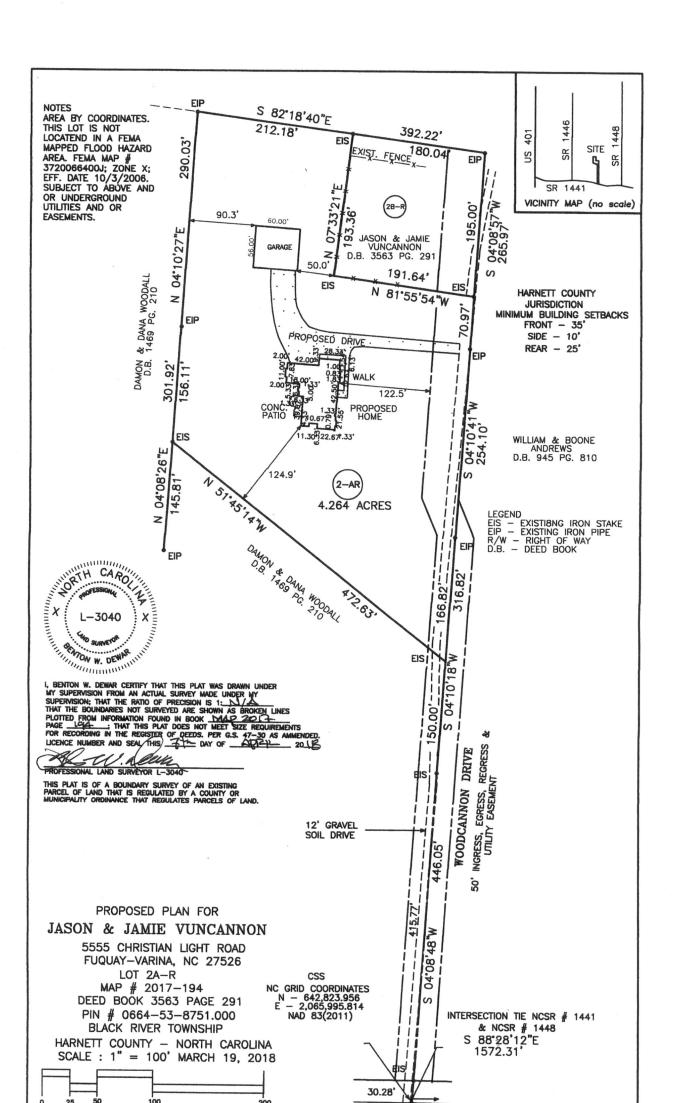
cific directions to the	es LEFT	on Woo	deanna	DR	BARN W	ill BE o	N LEF.
			***************************************	The second secon			
						1	
mits are granted I agree to g	onform to all ordinances	and laws of the S	State of North Ca	rolina regulati	ng such work and	the specifications	of plans submit
eby state that foregoing state	ments are accurate and	correct to the bes	st of my knowledg	ge. Permit su	piect to revocation	if false information	is provided.
	22/-				4/2///8		

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:	APPLICATION #: 4389 Q
,	
	This application to be filled out when applying for a septic system inspection. epartment 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
DEDMIT OD AUTHODIZA	TION TO CONSTRUCT SHALL DECOME INVALID. The permit is well a few sixters 60 months as without assistant
depending upon documentati	ion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525	ion submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION # 627 450
<u>Environmental He</u>	walth New Septic System Code 800 4/27
	ons must be made visible. Place "pink property flags" on each corner iron of lot. All property learly flagged approximately every 50 feet between corners.
 Place "orange I 	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks wimming pools, etc. Place flags per site plan developed at/for Central Permitting.
	Environmental Health card in location that is easily viewed from road to assist in locating property.
	ickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soi
	e performed. Inspectors should be able to walk freely around site. <i>Do not grade property.</i>
	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
	ncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
	proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
800 (after selec	cting notification permit if multiple permits exist) for Environmental Health inspection. Please note
	ımber given at end of recording for proof of request.
	or IVR to verify results. Once approved, proceed to Central Permitting for permits.
	alth Existing Tank Inspections Code 800
	nstructions for placing flags and card on property.
	pection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (i
	nen put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
	LIDS OFF OF SEPTIC TANK
	g outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permi
	nits, then use code 800 for Environmental Health inspection. Please note confirmation number recording for proof of request.
	or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC SEPTIC	of two field results. Office approved, proceed to Central Fermitting for remaining permits.
	on 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 local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {}} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {} NO	Does or will the building contain any drains? Please explain.

	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	{ <u></u> } NO	Does the site contain any Jurisdictional Wetlands?		
	{}}YES	{ ∠ } NO	Do you plan to have an <u>irrigation system</u> now or in the future?		
	{\(\sime\)}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	{ <u></u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?		
	{}}YES	{ <u></u> } NO	Is the site subject to approval by any other Public Agency?		
	{}}YES	{ <u>_</u> } 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	d This Applicat	ion 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 Understan	d That I Am So	olely 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.				
/	ROPERT	TY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) ATE		



Application #

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

43894

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

priorie must matori	1/24/18
Owner's Name <u>Jason Vuncumon</u>	Date 4/27//8
Site Address 165 Woodcanen de Fugue	
Directions to job site from Lillington 40/ North Rt	on Chalybeate
Springs Ro. Joh on Left	
Subdivision	Lot
Description of Proposed Work New House	# of Bedrooms
Heated SF 3706 Unheated SF 928 Finished Bonus Room?	Crawl Space Slab
	919 868 4923
Building Contracting LCC Building Contractor's Company Name	Telephone
125 Rove Rd. F.V.	Email Address
Address	Email Address
59937 License #	
	<u>n</u>
Description of Work New House Service Size	200 Amps T-Pole <u>✓</u> YesNo
BP Electric	919 858 9097
Electrical Contractor's Company Name	Telephone
7726 Chapel Hill Rd. Raleogh NC	For all Address
Address 22661-SP-SFD	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work New House	
Mechanical Contractor's Company Name	919 552 3053
Mechanical Contractor's Company Name	Telephone
1539 Wade Stephenson Rd. H.S.	
Address '	Email Address
17655-113	
License # Plumbing Contractor Informatio	<u>n</u>
Description of Work New House	# Baths
Plumbing Contract Plumbing Plumbing Contractor's Company Name	Telephone
304 Quail Hollow Vay Surford	
Audress	Email Address
23/60	
License # Insulation Contractor Information	n
	919 772 9000
Insulation Contractor's Company Name & Address Raleigh	Telephone
(Kaler)	

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 4/27/18 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 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

Sign w/Title

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1 Date: 4/27/18 53 Receipt no: 333589

Year Number Amount 2018 50043896 165 WOODCANNON DR FUQUAY-VARINA, NC 27526 BP - ENV HEALTH FEES

NEW SEPTIC

JASON VUNCANNON

Tender detail
CK CHECK PAYMEN 1021 \$750.00
Total tendered \$750.00
Total payment \$750.00

Trans date: 4/27/18 Time: 14:10:02

** THANK YOU FOR YOUR PAYMENT **