

Initial Application Date: 5/17/18

Application # 1850044046

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: Carra Avery Mailing Address: 2150 Crawford Rd
City: Coats State: NC Zip: 27521 Contact No: (919) 669-8060 Email: JONATHAN WALL HOMES e
GMAIL.COM

APPLICANT*: JONATHAN WALL Mailing Address: 1269 TURNER MEADOW DRIVE
City: RALEIGH State: NC Zip: 27603 Contact No: (919) 669-8060 Email: JONATHAN WALL HOMES e
GMAIL.COM

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: JONATHAN WALL Phone # (919) 669-8060

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: _____
State Road # 1006 State Road Name: Old Stage Rd N Map Book & Page: G15, G15
Parcel: 070692 0121 PIN: 0692-10-2364-000
Zoning: RA-30 Flood Zone: X Watershed: WSLV Deed Book & Page: 97E, 179 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 69 x 37) # Bedrooms: 2 # Baths: 2 Basement(w/wo 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/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 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:

	Minimum	Actual
Front	<u>35'</u>	<u>314.8'</u>
Rear	<u>25'</u>	<u>305.9'</u>
Closest Side	<u>10'</u>	<u>30.1'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

HWY 210 TO 55 T/R. T/R AT
OLD STAGE RD. PROPERTY APPROX 1/2 mile on left.

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

5/17/18
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: JONATHAN WALL

APPLICATION #: _____

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 # 027754-44
5/17/18

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. FOOTING DRAIN / POSITIVE DRAIN
 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)

5/17/18
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

JONATHAN WALL (919) 669-8060
Applicant/Owner Phone Number
3070 OLD STAGE ROAD 1269 TURNER MEADOW DRIVE, RALEIGH NC
Street Address, City, State, Zip Code 27603

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 3070 Old Stage Rd. Subdivision/Lot # _____
Parcel # _____ PIN # _____

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 given 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 it will be properly constructed according to the permit.

Property Owner's or Owner's Legal Representative Signature Required

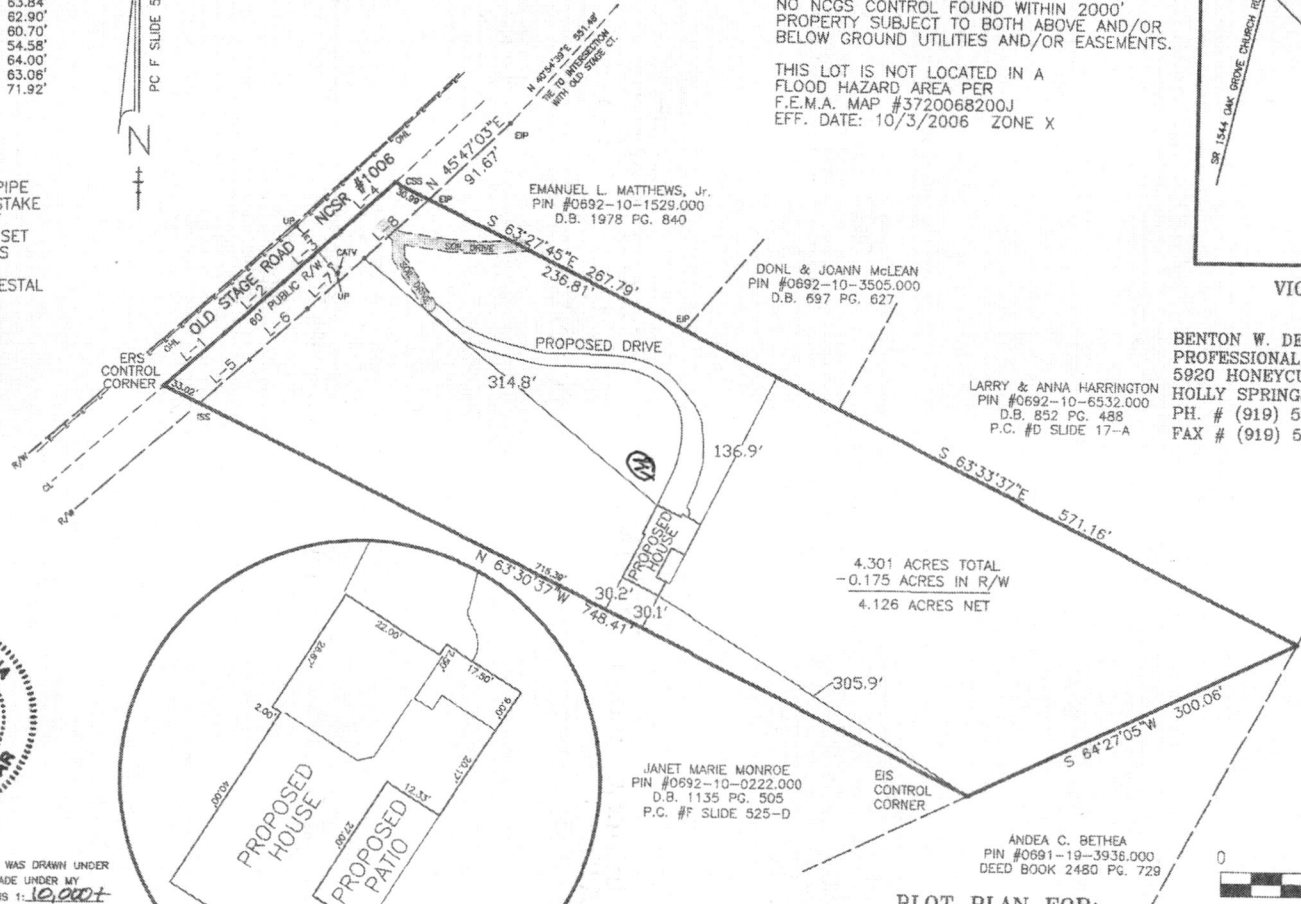
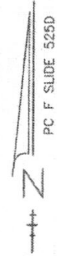
Date

5/17/12

COURSE	BEARING	DISTANCE
L-1	N 49°00'51"E	66.89'
L-2	N 48°09'57"E	63.84'
L-3	N 47°56'27"E	62.90'
L-4	N 47°33'35"E	60.70'
L-5	N 48°29'05"E	54.58'
L-6	N 48°09'57"E	64.00'
L-7	N 47°56'27"E	63.06'
L-8	N 46°42'10"E	71.92'

LEGEND

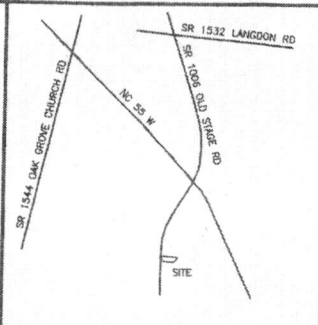
- EIP - EXISTING IRON PIPE
- EIS - EXISTING IRON STAKE
- ISS - IRON STAKE SET
- CSS - COTTON SPIKE SET
- OHL - OVERHEAD LINES
- UP - UTILITY POLE
- CATV - CABLE TV PEDESTAL
- CL - CENTERLINE
- R/W - RIGHT OF WAY
- D.B. - DEED BOOK
- P.C. - PLAT CABINET



NOTES

AREA BY COORDINATES
 NO NCGS CONTROL FOUND WITHIN 2000'
 PROPERTY SUBJECT TO BOTH ABOVE AND/OR
 BELOW GROUND UTILITIES AND/OR EASEMENTS.

THIS LOT IS NOT LOCATED IN A
 FLOOD HAZARD AREA PER
 F.E.M.A. MAP #3720068200J
 EFF. DATE: 10/3/2006 ZONE X



VICINITY MAP NTS

BENTON W. DEWAR AND ASSOCIATES
 PROFESSIONAL LAND SURVEYOR
 5920 HONEYCUTT ROAD
 HOLLY SPRINGS, NC 27540
 PH. # (919) 552-9813
 FAX # (919) 557-2255

LARRY & ANNA HARRINGTON
 PIN #0692-10-6532.000
 D.B. 852 PG. 488
 P.C. #D SLIDE 17-A

4.301 ACRES TOTAL
 -0.175 ACRES IN R/W
 4.126 ACRES NET

JANET MARIE MONROE
 PIN #0692-10-0222.000
 D.B. 1135 PG. 505
 P.C. #F SLIDE 525-D

ANDEA C. BETHEA
 PIN #0691-10-3936.000
 DEED BOOK 2480 PG. 729



I, BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____; THAT THIS PLAT DOES NOT MEET SIZE REQUIREMENTS FOR RECORDING IN THE REGISTER OF DEEDS, PER G.S. 47-30 AS AMENDED. LICENCE NUMBER AND SEAL THIS 10th DAY OF MAY 2018.

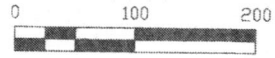
Benton W. Dewar
 PROFESSIONAL LAND SURVEYOR L-3040

THIS PLAT IS OF A BOUNDARY SURVEY OF AN EXISTING PARCEL OF LAND THAT IS REGULATED BY A COUNTY OR MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.

PLOT PLAN FOR:

LINDA M. & DALE F. QUIGLEY
 DEED BOOK 754 PAGE 221
 LOT 3 ASSIGNED TO LUCY LONG
 IN DEED BOOK 313 PAGE 225
 GROVE TOWNSHIP
 HARNETT COUNTY - NORTH CAROLINA

PIN #0692-10-2364.000 PID #070692 0121
DATE: 5/9/2018 SCALE: 1" = 100'
ZONED RA-30 HARNETT COUNTY
17-985 QUIGLEY/17/650



HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington NC 27546-0400

Phone (910) 893-8743 / Fax (910) 893-3594

www.halowensoil.com

27 December 2017

Mrs. Linda M. Quigley
Keller Williams
201 Shannon Oaks Circle, Ste 101
Cary, NC 27511

Reference: Preliminary Soil Investigation
Avery Carra Frances Property (4.5 Acres); NC PIN 0692-10-2364

Dear Mrs. Quigley,

A site investigation has been conducted for the above referenced property, located on the southeastern side of Old Stage Road (SR 1006) in Harnett County, North Carolina. The purpose of this investigation was to determine the site's ability to support subsurface sewage waste disposal systems. All sewage disposal ratings and determinations were made in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900". This report represents my professional opinion as a Licensed Soil Scientist but does not guarantee or represent permit approval for any lot by the local Health Department. An improvement permit for all residences will need to be obtained from the Health Department that specifies the proposed home size and location, and the design and location of the septic system to be installed.

A portion of this lot was investigated and observed to be underlain by soils rated as suitable soils for subsurface sewage waste disposal (see attached map). These suitable soils were observed to be friable loamy sands to greater than 42 inches and will support long term acceptance rates of 0.8 gal/day/sqft. It appears that the soils on this lot are adequate to support a conventional septic system and repair area for at least one residence.

I appreciate the opportunity to provide this service and trust that you will feel free to call on me again in the future. If you have any questions or need additional information, please contact me at your convenience.



Sincerely,

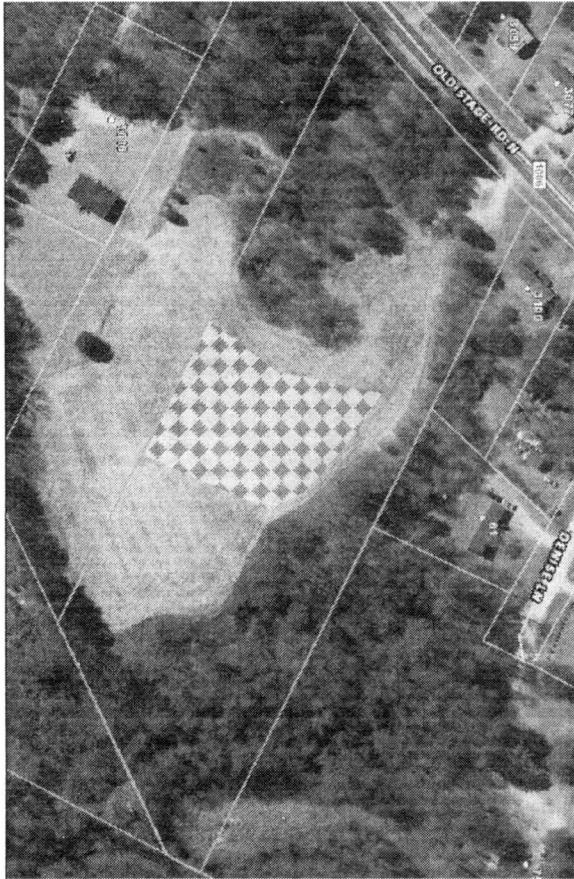
Hal Owen
Licensed Soil Scientist

Preliminary Soil Investigation


Avery Carra Frances Property (4.5 Acres); NC PIN 0692-10-2364

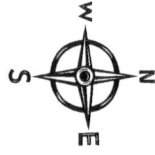
27 December 2017

Soil Map




Soil Map Legend

 Suitable Soils



Scale 1 in = 200 ft



Distances are paced and approximate

09/09/11

Application #

440160

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 DALE & LINDA QUINLEY Date 5/17/18

Site Address 3070 OLD STAGE ROAD Phone

Directions to job site from Lillington Hwy 210 to 55 1/2 - GO TO OLD STAGE ROAD 1/2, Property will be 1/2 mile on left.

Subdivision PRIVATE LOT Lot

Description of Proposed Work NEW CONSTRUCTION # of Bedrooms 2

Heated SF 1462 Unheated SF Finished Bonus Room? NO Crawl Space Slab

General Contractor Information

JONATHAN WALL Building Contractor's Company Name 1269 TURNER MEADOW DRIVE, RALEIGH NC Address 35492/BUILDING License #

(919) 669-8060 Telephone JONATHANWALLHOMES@GMAIL.COM Email Address

Electrical Contractor Information

Description of Work NEW HOME Service Size 200 Amps T-Pole HOUSE'S ELECTRICAL Electrical Contractor's Company Name 2766 COVERED BRIDGE ROAD CLAYTON Address 10336-L License #

Yes No 919-669-3205 Telephone SHOUSEZIB@gmail.com Email Address

Mechanical/HVAC Contractor Information

Description of Work New Home BEASLEY'S HEATING & AIR Mechanical Contractor's Company Name 57 WC BEASLEY LAKE, COATS Address 9497 License #

919-868-5821 Telephone BEASLEYSHVAC@aol.com Email Address

Plumbing Contractor Information

Description of Work New Home CJP PLUMBING Plumbing Contractor's Company Name 10 OLIVERS GROVE RD, FOUR OAKS Address 30006 License #

Baths 2 (919) 730-7965 Telephone CJPLUMSON0382@gmail.com Email Address

Insulation Contractor Information

FRIENDS INSULATION Insulation Contractor's Company Name & Address

(919) 291-2438 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

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

Date

5/17/18

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

JONATHAN WALKER CUSTOM HOMES & INTERIORS, LLC

Sign w/Title

President

Date

5/17/18

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 5/17/18 53 Receipt no: 361116

Year	Number	Amount
2018	50044046	
91750	TECH 3	
LILLINGTON, NC	27546	
B4	BP - ENV HEALTH FEES	
		\$1000.00
NEW SEPTIC & NEW WELL		

JONATHAN WALL

Tender detail		
CK CHECK PAYMEN	12792	\$1000.00
Total tendered		\$1000.00
Total payment		\$1000.00

Trans date: 5/17/18 Time: 12:10:53

** THANK YOU FOR YOUR PAYMENT **