REC#18500 114073- Detach Initial Application Date: 5/21/18 COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 108 E. Front Street, Lillington, NC 27546 **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** Mailing Address: PO CONTACT NAME APPLYING IN OFFICE: James O. Tisale Jr. vision: <u>Briggs Farms</u> State Road Name: <u>Renut Lane</u> PROPERTY LOCATION: Subdivision: Flood Zone: Watershed: Watershed: Deed Book & Page: 2947 (614 Power Company*: ___ *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: 1 Note: Not (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) (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:____

Water Supply: X 96unty ____ Existing Well ____ New Well (# of dwellings using well _____) *Must have operable water before final 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 (X) no

Does the property contain any easements whether underground or overhead (yes (__) no

Structures (existing or proposed): Single family dwellings:

Required Residential Property Line Setbacks: Comments:

Manufactured Homes: Other (specify):

Front Rear Closest Side

Sidestreet/corner lot_ Nearest Building on same lot

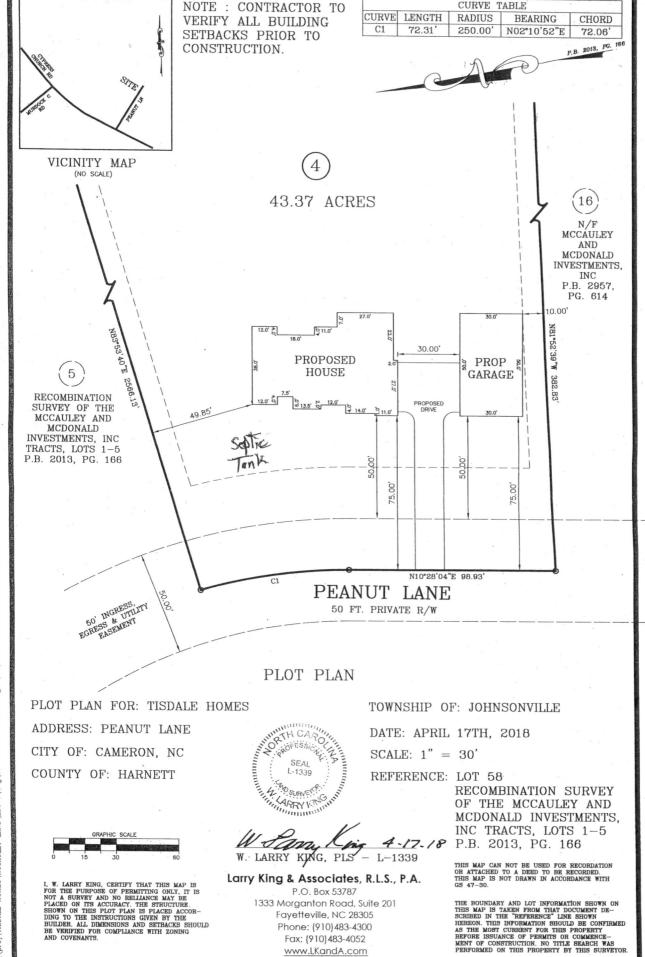
Residential Land Use Application

Closets in addition? (___) yes (___) no

SPECIFIC DIRECTION	S TO THE PRO	PERTY FROM LILL	ington: Cyp	ress k	left	hun ti	m on
	•					•	•
If permits are granted I I hereby state that fore	going statements	n to all ordinances as are accurate and ordinances are accurate accurate and ordinances are accurate accurate and ordinances are accurate	errect to the best of my	f North Carolina y knowledge. P	regulating such we ermit subject to rev	ork and the specify cation if false inf	ications of plans submitted formation is provided.

^{***}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**



Phone: (910)483-4300 Fax: (910)483-4052 www.LKandA.com NC Firm License C-0887

PM. 12:50:17 4/17/2018 4\dwg\LOT LAND\LOT HOMES\McCAULEY K:\sdsk\proj\TISDALE

NAM	Έ:	Chuck	Lowe				APPLICA	TION #:	4407	2
			This applicati	ion to be fil	lled out wher	n applying f	for a septic sys	stem inspec	tion.	
C	ou	ntv Health	Department A							to Construct
			IN THIS APPLICA							
PERM	IIT	OR AUTHORIZ	CATION TO CONS	TRUCT SH	ALL BECOM	E INVALID.	The permit is va	alid for either	60 months or	without expiration
depend	ding	g upon document	tation submitted. (Coption 1	Complete site	e plan = 60 mos	nths; Comple	te plat = without	expiration)	0278	11-0705
/	_	910-893-752	option I				CONFIRM	IATION #_	OKIC	500000
E E			Health New Sep							2/2/1
•									ner iron of	lot. All property
_			clearly flagged						d.:	
•			swimming pool							, garages, decks,
•			Environmental							eating property
•		If property is	thickly wooded	Fnvironm	ental Health	requires t	hat vou clean	out the ur	nderarowth	to allow the soil
			be performed.							
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			uncover outle							
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								mental Hea	alth inspect	ion. <u>Please note</u>
			number given at							
_ •			ov or IVR to verif				ed to Central	Permitting	for permits	i .
□ <u>E</u>			lealth Existing							
•		Follow above	instructions for	placing fla	ags and card	on proper	ty.		1.116	
•										lid straight up (if
		DO NOT I FAL	then put lid ba	SEPTIC TA	NK	rispection is	s for a septic	tank in a m	oblie nome	park)
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•			ov or IVR to hea			ed, procee	d to Central P	Permitting fo	or remainin	a permits.
SEPT	IC									
If app	olyi	ng for authoriza	ation to construct p	lease indica	ite desired syst	tem type(s):	can be ranked in	n order of pr	eference, mu	st choose one.
{}}	A	ccepted	{ 2 } Innovati	ive	{ ∠ } Conve	entional	{}} 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: { YYES { } NO Does the site contain any Jurisdictional Wetlands? {**X**} NO {__}}YES Do you plan to have an irrigation system now or in the future? {__}}YES { X } NO Does or will the building contain any drains? Please explain._ { * } NO {___}}YES 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? {**X**} NO {__}}YES Is the site subject to approval by any other Public Agency? {X}}YES {__}} NO Are there any Easements or Right of Ways on this property? {X}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)

Application #

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: Chuck Lowe & Ashley Parter	Date:
Site Address: 299 Ranut Lane, Cameron, M.C.	Phone: 9/0 - 624-4060
Directions to job site from Lillington:	
,	
Subdivision: Briggs Farm	Lot: 4
Description of Proposed Work: House a Detached Garage	# of Bedrooms:
Heated SF: 205 Unheated SF: C48 Finished Bonus Room? 4	
General Contractor Information	
Tisdale Homes, Inc.	910-624-4060
Building Contractor's Company Name	Telephone
238 Courtyard Lane, Fayetterille, N.C. 28303	Email Address
54825	
License #	
Description of Work Electric Wiring Service Size:	1 300 Amns T-Pole: Ves No
First Call Electric	90-488-3099
Electrical Contractor's Company Name	Telephone
1534 Londonderry Place, Fayetteville, NC	a porter 316@ adjacom
Address	Email Address
14935 UL	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work HVAC for House	<u></u>
Mark A: Heating AA:	910-484-675
Mechanical Contractor's Company Name	Telephone
P.Q.Box 49104, Fayetteville, NC 28309	Csi kes@mark-air. Com
Address	Email Address
15874 12 113 · Cl	
Plumbing Contractor Information	1 ,.
Description of Work Nun bing for House	# Baths 3 1/2
Larry Loe Plumbine	910-424-1766
Plumping Contractor's Company Name	Telephone
2051 Crest Street, Fayetteville, NC 28306	Meepinc @ aol. com
Address	Emafl Address
Insulation Contractor Informatio	<u>n</u>
Cumberland Insulation Co. Inc	910-484-7118
Insulation Contractor's Company Name & Address	Telephone
Tabs circle my my etterille NC 283/2	

*NOTE: General Contractor / owner 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.

Janus O. Testal. br	5/19/2018
Ignature of Owner/Contractor/Officer(s) of Corporation	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.					
$\frac{\chi}{\text{them.}}$ 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: Tisdale Homes Tac					
Sign w/Title: Joney O. Tisdaleft. Toesident Date: 5/19/2018					

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***
Oper: LLUCAS Type: CP Drawer: 1
Date: 5/21/18 53 Receipt no: 364495

Year Number Amount 2018 50044072 91750 TECH 3 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES \$750.00

NEW SEPTIC

TISDALE HOMES INC

Tender detail
CP CREDIT CARD \$750.00
Total tendered \$750.00
Total payment \$750.00

Trans date: 5/21/18 Time: 16:26:53

** THANK YOU FOR YOUR PAYMENT **