•	M-	. 0		
Initial Application Date:_	0-1	18	-1	3

Application #	1350031540
	CU#

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

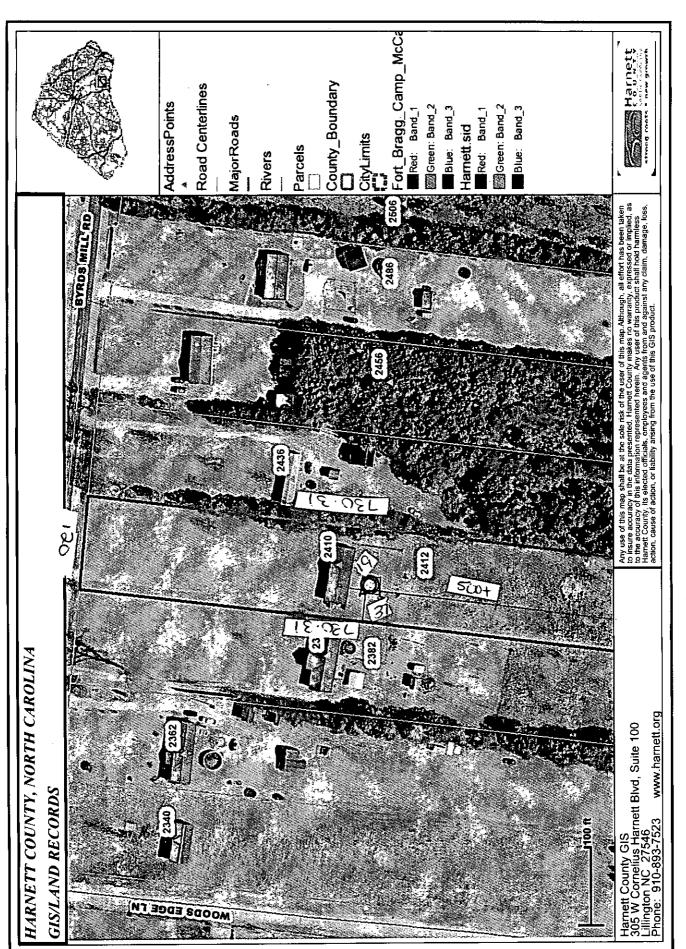
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: LOCICINE moneill Mailing Address: 2412 Byrds mill Address: 2412
City: Cruin State C Zip 2635 Contact No: 910-303-5328 Email: Varaire more in 1303 3 yellow Ca
APPLICANT: LOTTEIR Mailing Address: 2412 Byods mill Ad
City: City: State C Zip 339 Contact No: QN-303-538 Email: Content information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: Lot #: 4 Lot Size: 2AC
State Road # 2 State Road Name: 15 Yrds 7 11 Rd Map Book & Page 2000 330
Parcel: 12 05/10-003-000
Zoning Flood Zone: Watershed Deed Book & Page: 2907 708 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic □ SFD: (Sizex) # Bedrooms: # Baths: 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: (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 27 Cuse: Charles 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: \(\frac{1}{2}\times\) Other (specify): \(\frac{1}{2}\times\)
Required Residential Property Line Setbacks: Comments:
ront Minimur. 35 Actual
lear 25. Suot
Closest Side 10, 3,7
idestreet/corner lot 20
learest Building 10 10 10 10 10 10 10 10 10 10 10 10 10
Residential Land Use Application Page 1 of 2 03/11

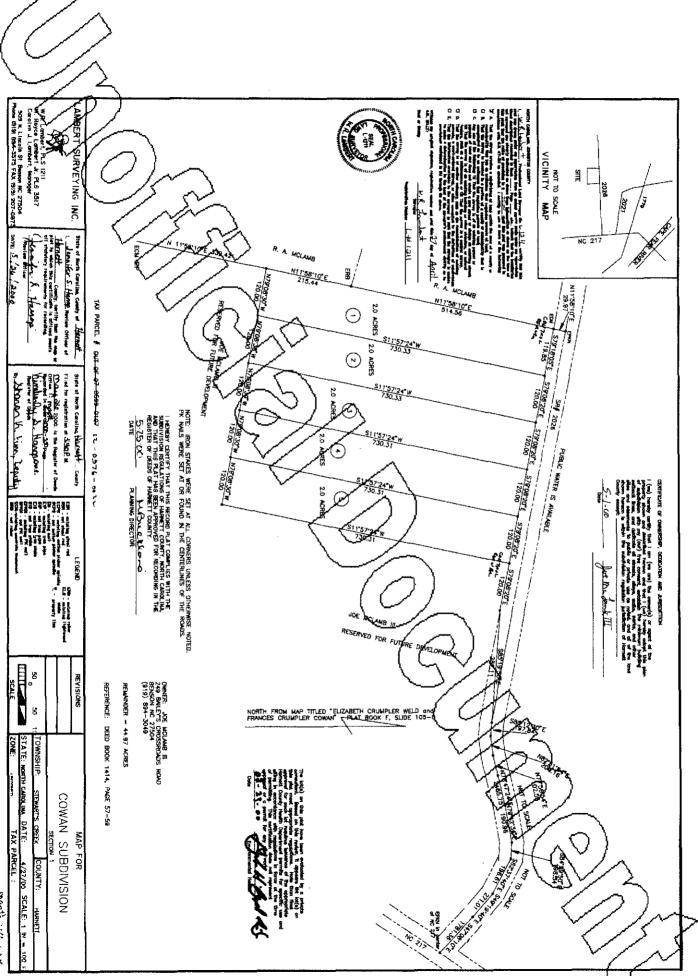
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: LOAD OFFICE GO to light make a
est treep straight Pass by Burgarting theep straight on 401 go 2 through Burnelevel, no take lest and Byrds mill pol go 2
go through Bronzewell no take lest and Byods mill and go 2
miles and 2412 is on Right sick.
If 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 to revocation if false information is provided.
The subject to revocation if raise information is provided.
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



Not To Scall



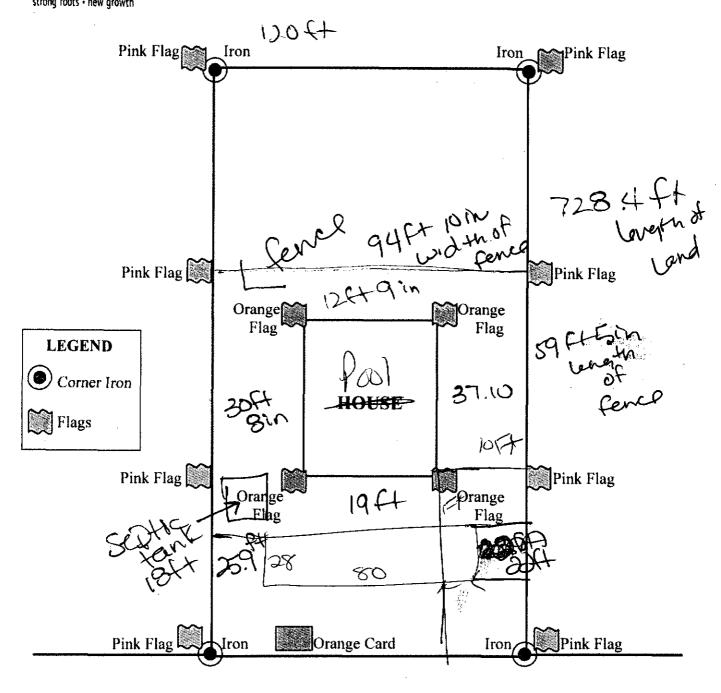
sec. with those



HARNETT COUNTY ENVIROMENTAL HEALTH

SITE PREPARATION

HOW TO PROPERLY MARK PROPERTY FOR SOIL EVALUATION



ROAD

NAME:			APPLICATION #:	
•	*This application to	be filled out when applying for	r a septic system inspection	n.*
County Health	Department Applie	cation for Improvement P	ermit and/or Authori:	zation to Construct
IF THE INFORMATION PERMIT OR AUTHORIZ depending upon document	IN THIS APPLICATION ZATION TO CONSTRUCT tation submitted. (comple	I IS FALSIFIED, CHANGED, OR T TT SHALL BECOME INVALID. TI te site plan = 60 months; complete p	HE SITE IS ALTERED, THE he permit is valid for either 60 plat = without expiration)	N THE IMPROVEMENT
910-893-7525	•		CONFIRMATION #	
	ealth New Septic Syst	<u>tem</u> Code 8 00 <mark>le v isible,</mark> Place "pink p roper	du flace" a n acab coma-	iron of lot All manually
lines must be	clearly flagged appro	eximately every 50 feet between the corner of the propose	en corners.	. , .
		. Place flags per site plan dev		
		th card in location that is easily		
 If property is evaluation to 	thickly wooded, Envir be performed. Inspe-	ronmental Health requires that actors should be able to walk fr	it you clean out the <u>unde</u> reely around site. <i>Do not</i>	rgrowth to allow the soil grade property.
• All lots to be	addressed Within 1	10 business days after confi	rmation. \$25.00 return t	rip fee may be incurred
 After preparir 	ng proposed site call t	mark house corners and pro the voice permitting system at rmit if multiple permits exist) for	910-893-7525 option 1 to	o schedule and use code
<u>confirmation</u>	<u>ı number given at er</u>	nd of recording for proof of i	request.	
		ults. Once approved, proceed	to Central Permitting for	permits.
V	ealth Existing Tank In			
		ng flags and card on property. g soil over over outlet end a		lift lid atraight (if
		n. (Unless inspection is for a s		
		voice permitting system at 91		
		800 for Environmental Health	ins pection. Please not	e confirmation number
	of recording for pro			
Use Click2Gc	or IVR to near resu	ilts. Once approved, proceed t	to Central Permitting for r	emaining permits.
SEPTIC		C. Pharack C. P. C. L. Communication	1 1 1 1 2 2 2	
1	-	indicate desired system type(s): car		rence, must choose one.
{_}} Accepted	{}} Innovative	{}} Conventional	{}} Any	
{} Alternative	{}} Other			•
		rtment upon submittal of this app at attach supporting documentation		ing apply to the property in
{_}}YHS {}NO	Does the site contain	n any Jurisdictional Wetlands?		
{_}}YE\$ {} NO	Do you plan to have	an irrigation system now or in the	he future?	
{_}}YES\	Does or will the buil	lding contain any drains? Please	explain	<u>; </u>
(}YES \ () NO	Are there any existing	ng wells, springs, waterlines or W	Vastewater Systems on this	property?
{_}}YES \{} NO	Is any wastewater go	oing to be generated on the site o	ther than domestic sewage?	/
{_}}YES \} NO	Is the site subject to	approval by any other Public Ag	ency?\	
{_}}YES {\}NO	Are there any Easem	nents or Right of Ways on this pr	operty?	
$\{_\}$ YES $\{_\}$ NO	/	n any existing water, cable, phone		
	<i>J</i> .	o Cuts at 800-632-4949 to locate		
	•	The Information Provided Herein	•	•
		onduct Necessary Inspections To D	·	• •
	` <u>-</u>	The Proper Identification And Lab	eling Of All Property Lines A	And Corners And Making
i no Site Accessible So T	nat A Complete Site Eval	luation Can Be Performed.	•	<i>I</i> -
X001	240 C	Mellen		(6-18-13
PROPERTY OWNER	S OR OWNERS LEG	GAL REPRESENTATIVE SIG	NATURE (REQUIRED)	DATE
E-Health Checkli	st	1 of 3		10/10

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) Bldg Insp scheduled before 2pm available next bu	893-2793 siness day	
Application Number 13-50031540 Property Address 2412 BYRDS MILL RD PARCEL NUMBER	Page Date	26/28/13
Required Inspections		
Phone Insp Seq Insp# Code Description	Initials	Date
Permit type LAND USE PERMIT		/ /
999 818 Z818 PZ*ZONING INSPECTION 999 820 Z820 PZ*ZONING/FINAL INSPECTION		
Permit type RESIDENTIAL ELECTRICAL PERMIT		
999 211 E211 R*ELEC ABOVE CEILING 999 217 E217 R*ELEC RECONNECT 999 205 E205 R*ELEC UNDER SLAB 999 215 E215 R*ELEC. UND. POOL 999 213 E213 R*ELECTRICAL UNDERGROUND 999 131 R131 ONE TRADE FINAL 999 125 R125 ONE TRADE ROUGH IN		

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Date 6/28/13 Subdivision Name Property Zoning PENDING Contractor Owner ______ ______ OWNER MCNEILL LORRAINE 2412 BYRDS MILL RD NC 28339 ERWIN Applicant MCNEILL LORRAINE 2412 BYRDS MILL RD NC 28339 (910) 303-5328 Structure Information 000 000 27 FT ABOVE GROUND POOL Flood Zone FLOOD ZONE X Other struct info PROPOSED USE POOL SEPTIC - EXISTING? EXT ______ Permit LAND USE PERMIT Additional desc . . 27 FT ABOVE GRD POOL Phone Access Code . 990192
Issue Date . . . 6/28/13
Expiration Date . . 12/25/13 Valuation ____ Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . EL FOR POOL
Phone Access Code . 990184
Issue Date . . . 6/28/13
Expiration Date . . 6/28/14 Valuation _____ Special Notes and Comments T/S: 06/18/2013 11:17 AM JBROCK ----2412 BYRDS MILL RD



Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure:	Phone:
Owner (s) Mailing Address:	
Owner (s) Mailing Address:	
	Phone:
Land Owner Name (s):	
Construction or Site Address:Parcel# PIN #Parcel #	
	•
Job Cost:Description of Work to be done	
The state of the s	work Gas Piping Other
Mechanical: New Unit With Ductwork New Unit Without Duct	Work Gas i ping
Electrical*: 200 Amp <200 Amp Service Change S	ervice Reconnect Other se number
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:	
Specific Directions to sobject Emission	
	t #:
Subdivision:Lo	t #:
(Contractors Name) will provide the (T)	labor on this structure. rade) WBCA, which entitles me to
am the building owner or my NC state license number is	aply with the State Building Code and
oform such work on the above structure regard.	
ther applicable State and local laws, ordinances and regulations.	
	Telephone
ontractor's Company Name	
	Email Address
ddress	
cense #	
X = = = = = =	OCA 810 Date:
tructure Owner / Contractor Signature:	Date.
y signing this application you affirm that you have obtained permiss	ion from the above listed license holde
y signing this application you affirm that you have obtained permission under the permits on their behalf. If doing the work as owner you under the listed work.	erstand that you cannot rent, lease or

*Company name, address, & phone must match information on license

the listed property for 12 months after completion of the listed work.

PREPARED 7/24/13, 14:32:51 INSPECTION TICKET PAGE 30 INSPECTOR: IVR DATE 7/25/13 Harnett County ADDRESS . : 2412 BYRDS MILL RD SUBDIV: CONTRACTOR : PHONE : PHONE : OWNER . . : MCNEILL LORRAINE PARCEL . . : 12-0576- - -0022- -05-APPL NUMBER: 13-50031540 CP SWIMMING POOL DIRECTIONS: T/S: 06/18/2013 11:17 AM JBROCK ----2412 BYRDS MILL RD LAND NOTES: LXMN 11/07/00 TAN R 2WD BPMN 6/04/13 CUSTOMER CAME IN TO OFFICE TO GET SOME PERMITS BUT THEY HAVE AND EXISTING POOL THAT DOES NOT HAVE PERMITS. THEY WERE TOLD THEY WOULD HAVE TO CORRECT POOL ISSUES BEFORE THEY COULD CONTINUE ON WITH OTHER PERMITS. STRUCTURE: 000 000 27 FT ABOVE GROUND POOL FLOOD ZONE . . . : FLOOD ZONE X SEPTIC - EXISTING? . . . : EXT PROPOSED USE : POOL REQUESTED INSP DESCRIPTION

------ COMMENTS AND NOTES ----------