

Initial Application Date: 3-10-16

Application # 11050038209

CU# \_\_\_\_\_

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: GARY G. ABBUHL JR Mailing Address: 196 TILDEN HOWINGTON DR  
City: Lillington State: NC Zip: 27546 Contact No: 9192736531 Email: abbuhl@hotmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: GARY ABBUHL JR Phone # 9192736531

PROPERTY LOCATION: Subdivision: MAMIE BELL RIDGE Lot #: 87 Lot Size: .61  
State Road # 196 State Road Name: Tilden Howington Dr Map Book & Page: 2007, 256  
Parcel: 13 0630 01 0029 27 PIN: 0630-45-7280-000  
Zoning: R130 Flood Zone: X Watershed: NA Deed Book & Page: 3333, 94 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # 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: (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 14 x 28) Use: Swimming Pool Closets in addition? ( ) yes (  ) no  
Inground

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: 1 ext Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed


**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
Front	_____	<u>1</u>
Rear	_____	<u>8</u>
Closest Side	_____	<u>20</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: OLD 421 West turn Left into  
Part 2 of MAMIC BELL RIDGE 8th house on RIGHT

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

10 MAR 16  
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\*\***

**LEGEND**

- AC=AIR CONDITIONING UNIT
- BCC=BACK OF CURB
- DW=CONC DRIVEWAY
- EB=ELECTRIC BOX
- LOP=EDGE OF PAVEMENT
- P=PATIO
- PO=PORCH
- SCO=CLEANOUT
- SW=SIDEWALK
- TP=TELEPHONE PEDESTAL
- WM=WATER METER
- IRON PIPE FOUND
- IRON PIPE SET
- NAIL SET

**SETBACKS**

- FRONT 35'
- SIDE 10'
- REAR 25'
- SIDE STREET 20'
- MAX. HEIGHT 35'

**IMPERVIOUS AREA**

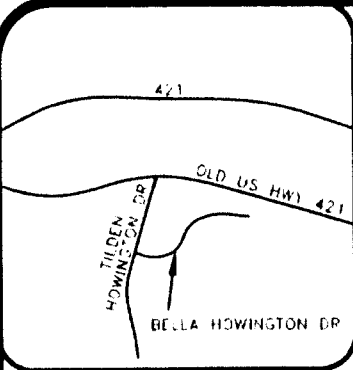
- HOUSE 1,892 SQ.FT.
- DRIVE 671 SQ.FT.
- WALK 73 SQ.FT.
- PATIO 120 SQ. FT.
- TOTAL 2,756 SQ.FT.

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

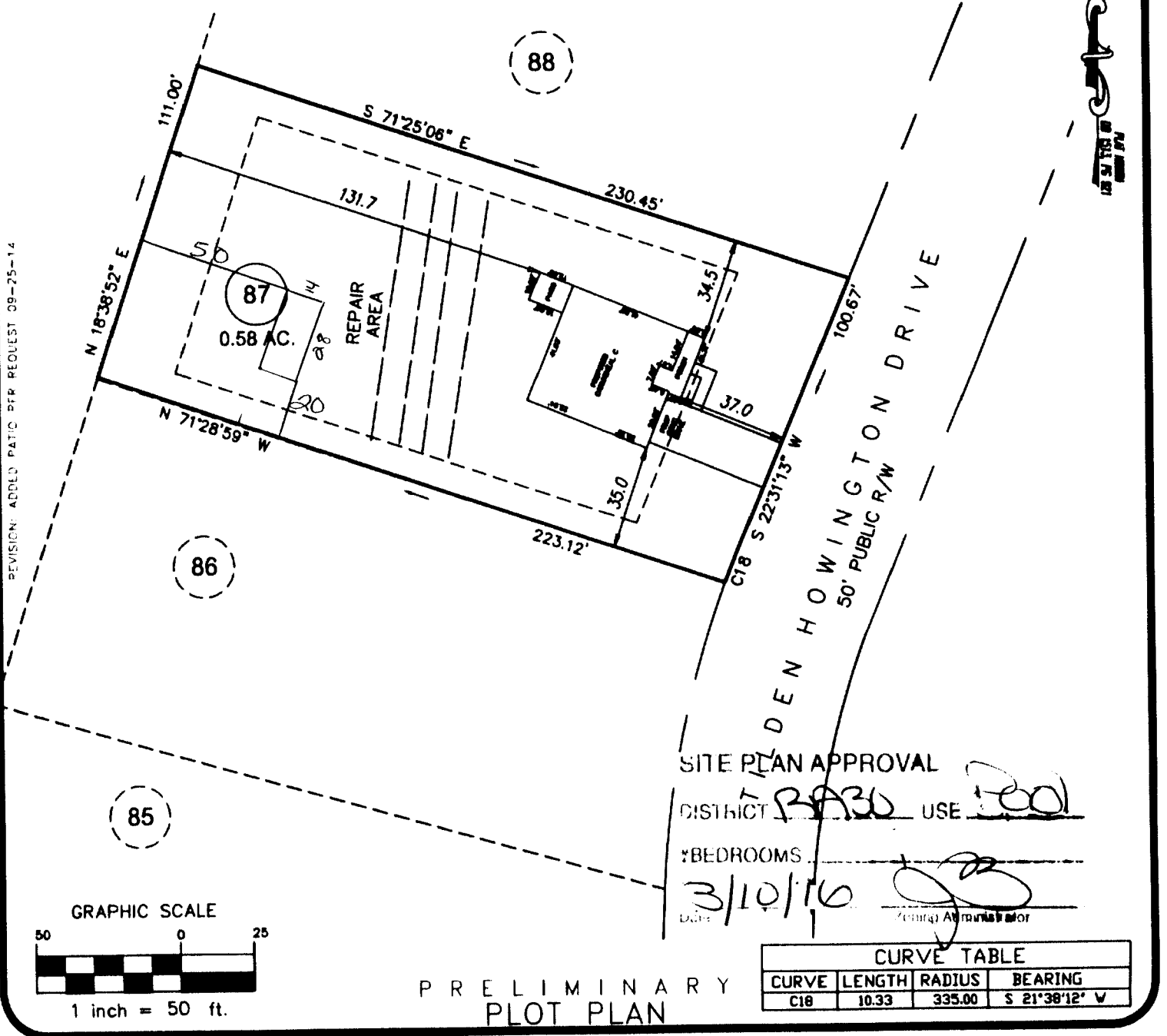
SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

NOTE: REPAIR AREA SHOWN HEREON SCALED FROM DRAWING PROVIDED BY BUILDER. NOT FOR STAKING PURPOSES.

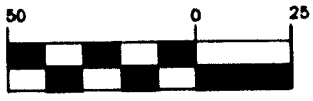


VICINITY MAP (NTS)



REVISION: ADDED PATIO PER REQUEST 09-25-14

**GRAPHIC SCALE**



**PRELIMINARY PLOT PLAN**

CURVE TABLE			
CURVE	LENGTH	RADIUS	BEARING
C18	10.33	335.00	S 21°38'12" W

<b>PROJECT:</b>	13-002
<b>DRAWN BY:</b>	AMW
<b>SCALE:</b>	1"=50'
<b>DATE:</b>	09-19-14

FOR  
**SAVVY HOMES**  
 --- TILDEN HOWINGTON DRIVE  
 LOT 87 MAMIE BELL RIDGE SUBDIVISION  
 UPPER LITTLE RIVER TWP., HARNETT CO., NC  
 D.B. 1513 PG. 921

**ECLS**  
 SURVEYING THE EAST COAST  
 337 FISH DRIVE  
 ANDER, NC 27501  
 910.897.3257  
 910.897.2329 (FAX)  
 ECLSINC.COM

HTE# 14-5-34717

# Harnett County Department of Public Health

23622

PERMIT # 28154

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: TILDEN HONINGTON DR

Name: (owner) SAVVY HOMES LLC SUBDIVISION MAMIE BELL RIDGE LOT # 87

System Installer: HARVIN SEPTIC Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 4

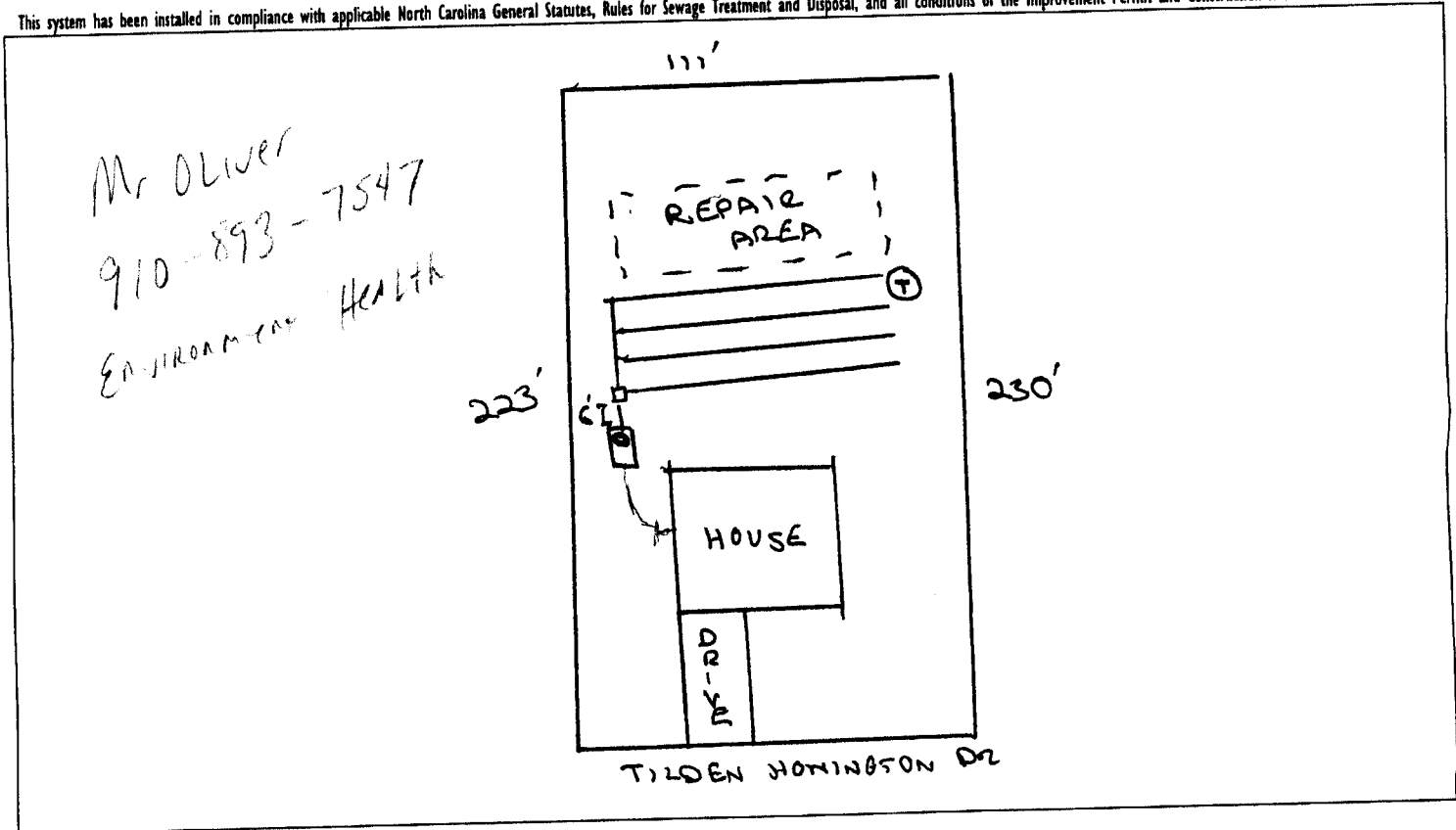
Type of Water Supply:  Community  Public  Well Distance from well 100 feet

System Type: IIIg Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



### PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_  
 Subsurface system operator required? Yes  No   
 If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: \_\_\_\_\_
- V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other E2 Flow Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 80 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: Linear feet

Authorized State Agent: [Signature] Date 4/17/25

NAME: GARY G ABBUCCI JR

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 # \_\_\_\_\_

**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.**

[Signature]  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10 MAR 16  
DATE

09/09/11

Application #

1050038209

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 \_\_\_\_\_ Date \_\_\_\_\_

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Azure Pools Inc

919-774-5990

Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

2913 Jefferson Davis Hwy

Address Sanford, N.C. 27332

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work DA Simmons Service Size \_\_\_\_\_ Amps T-Pole 5 Yes \_\_\_\_\_ No \_\_\_\_\_

Electrical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

54 Red Cedar Ln, 27330

Address 20797

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_

Mechanical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

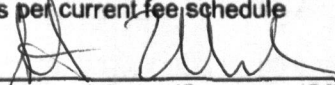
Insulation Contractor's Company Name & Address \_\_\_\_\_

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

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

3 May 2016  
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

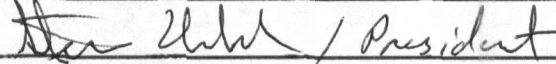
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Azure Pools Inc.

Sign w/Title  / President Date 3 May 2016

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.

Application Number . . . . .	16-50038209	Page	2
Property Address . . . . .	196 TILDEN HOWINGTON DR	Date	5/03/16
PARCEL NUMBER . . . . .	13-0630-01- -0029- -27-		
Application description . . . . .	CP SWIMMING POOL		
Subdivision Name . . . . .	MAMIE BELL PH# 1&2&5 46LOTS		
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	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.

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Application Number . . . . . 16-50038209 Date 5/03/16  
Property Address . . . . . 196 TILDEN HOWINGTON DR  
PARCEL NUMBER . . . . . 13-0630-01- -0029- -27-  
Application type description CP SWIMMING POOL  
Subdivision Name . . . . . MAMIE BELL PH# 1&2&5 46LOTS  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner Contractor  
-----  
ABBUHL GARY GLENN & LAURIE A OWNER  
196 TILDEN HOWINGTON DRIVE  
LILLINGTON NC 27546

Applicant  
-----  
ABBUHL JR GARY G  
196 TILDEN HOWINGTON DR  
LILLINGTON NC 27546  
(919) 273-6531

--- Structure Information 000 000 14X28 INGROUND POOL  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE POOL  
SEPTIC - EXISTING? EXT TANK

-----  
Permit . . . . . LAND USE PERMIT  
Additional desc . .  
Phone Access Code . 1138130  
Issue Date . . . . . 5/03/16 Valuation . . . . . 0  
Expiration Date . . 10/30/16

-----  
Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT  
Additional desc . .  
Phone Access Code . 1138148  
Issue Date . . . . . 5/03/16 Valuation . . . . . 0  
Expiration Date . . 5/03/17

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Special Notes and Comments  
T/S: 03/10/2016 02:26 PM JBROCK ----  
MAMIE BELL RIDGE 196 TILDEN HOWINGTON

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\_\_\_\_\_  
\_\_\_\_\_