

Initial Application Date: 5/9/17

Application # 17-50041332
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: James Andrew Mixon II Mailing Address: 1910 Tingen Rd
~~James Andrew Mixon II~~
City: Broadway State: NC Zip: 27505 Contact No: 910 988 6973 Email: Jamesmixon19@yahoo.com
910 977 6533

APPLICANT*: JAMES Andrew Mixon II Mailing Address: 1910 Tingen Rd
City: Broadway State: NC Zip: 27505 Contact No: 910 988 6973 Email: Jamesmixon19@yahoo.com
910 977 6533
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Sunset Ridge Lot #: 18 Lot Size: .39
State Road # _____ State Road Name: _____ Map Book & Page: G15/
Parcel: 03958701 0020 18 PIN: 90910 9596-06-8800.000
Zoning: RA-DR Flood Zone: X Watershed: G15 Deed Book & Page: 2648, 796 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 21 x 21) Use: above ground swimming pool 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: _____ Other (specify): pool

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>126</u>
Rear	<u>25</u>	<u>28</u>
Closest Side	<u>10</u>	<u>15</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<u>10</u>	<u>54</u>

Comments: 21 ft round above ground pool

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE NC 27 W towards Highway 87
Turn left on Tingen Rd. Go straight through four way stop.
House will be on your right. (1910 Tingen Rd)

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]
Signature of Owner or Owner's Agent

8 MAY 2017
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: James Andrew Nixon II

APPLICATION #: 17-50041332

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 # (PA) 022040 5/9/17

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.

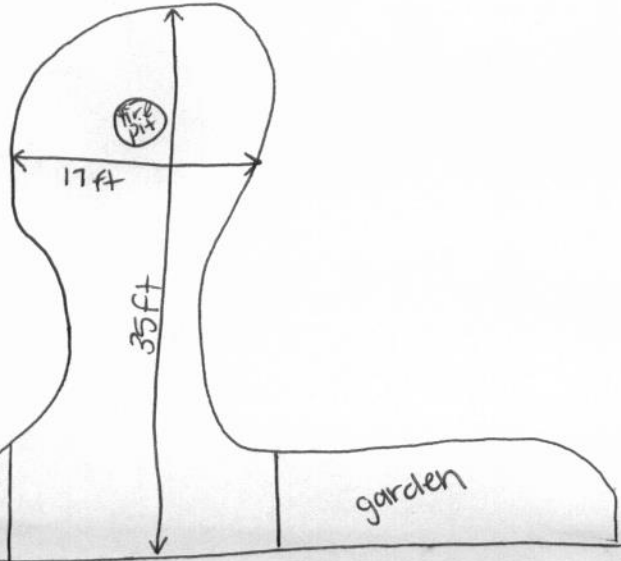
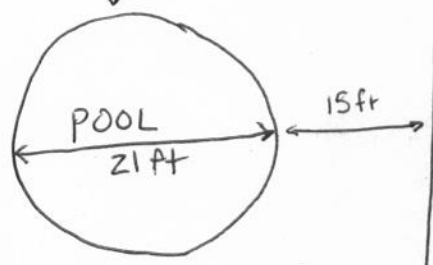
James Nixon II
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8 MAY 2017
DATE

103 ft

5.5 ft
Dog pen
15 ft

28 ft



garden

garden

House 1910 Tingen Road

62 ft

31 ft

Driveway

36 ft

SITE PLAN APPROVAL
DISTRICT PA-202 USE above ground pool
#BEDROOMS 3
BP 5/9/17
ADMINISTRATOR

103 ft

175 ft

103 ft

Tingen Road

09/09/11

Application #

17-50041332

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 James Andrew Mixon II Date 8 MAY 2017
 Site Address 1910 Tingen Rd Broadway NC 27505 Phone 910 988 6973 / 910 977 6573
 Directions to job site from Lillington NC 27W towards Highway 87. Turn left on Tingen Rd. Go through 4 way stop. House on ~~Left~~ Right of street. (1910 Tingen Rd)
 Subdivision Sunset Ridge Lot _____
 Description of Proposed Work above ground swimming Pool # of Bedrooms 3
 Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Doing Work as Owner
 Building Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No
Doing Work as Owner
 Electrical Contractor's Company Name _____ Telephone _____
 Address _____ 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

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

8 MAY 2017
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 Christine Mixon

Sign w/Title Christine Date 08 May 2017

HTE# 09-500-21473

Harnett County Department of Public Health

25235

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Weaver Dev. PROPERTY LOCATION: 1139
NEW REPAIR EXPANSION SUBDIVISION Sunset Ridge LOT # 18

Type of Structure: SFD-35x60-3BR Site Improvements required prior to Construction Authorization Issuance:
Proposed Wastewater System Type: Pump to 25% Reduction sys.

Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 6 max

Basement Yes No
Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well 100 feet Permit valid for: Five years No expiration

Permit conditions: Meet on site for final layout stub out plumbing shallow at ground level or higher where shown and if 18 to 24" ditch depths can be maintained then pump may not be required maintain all set backs keep drain lines 10' from top of

Authorized State Agent: Ju W. Ari Date: 01-30-09 SEE ATTACHED SITE SKETCH Ditch Bm

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Weaver Dev. PROPERTY LOCATION: 1139
Facility Type: SFD-35x60-3BR New Expansion Repair SUBDIVISION Sunset Ridge LOT # 18

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** Pump to 25% Reduction system (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable Pump to 25% Reduction sys (Repair))

Installation Requirements/Conditions
Septic Tank Size 1000 gallons
Pump Tank Size 1000 gallons Not needed
Number of trenches 1
Exact length of each trench 180 feet
Trench Spacing: 9 Feet on Center
Trenches shall be installed on contour at a
Soil Cover: 6 inches
Maximum Trench Depth of: 18.24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
(Trench bottoms shall be level to +/- 1/4" in all directions)

Pump Requirements: _____ ft. TDH vs. _____ GPM
Aggregate Depth: _____ inches below pipe
Conditions: _____ inches above pipe
_____ inches total

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: Ju W. Ari Date: 01-30-09
Construction Authorization Expiration Date: 01-30-2014

