	11/</th <th>10</th>	10
Initial Application Date:_	0117	0

Application #	185004	3993	_
	CU#		

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

Mailing Address: State: NZ Zip: 27526 Contact No: 512-689-7283 APPLICANT*: __ Mailing Address:___ City: State: Contact No: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: \(\) PROPERTY LOCATION: Subdivision: State Road Name: Deed Book & Page: 3516 090_Power Company*: *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: Monolithic) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: SFD: (Size (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)) # 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: Addition/Accessory/Other: (Size 16 x 32) Use: Above grand peol (242'x 26' oldeck) Closets in addition? (_) yes (L) 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 (1/2) yes (__) no Manufactured Homes:_____ Other (specify):___ Structures (existing or proposed): Single family dwellings:____ **Required Residential Property Line Setbacks:** Comments: Front Minimum Rear Closest Side Sidestreet/corner lot **Nearest Building** on same lot

Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 401 towards Wake Harrett county line
About 1/4 mile AFTER line, Grave and 1/2 mile BEFORE
the county line, torn left on Therman Pines Orise.
Our howe is the first on the left.
f 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 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 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:	APPLICATION #: 1850043 99

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) CONFIRMATION # 🔾 🔾 7(07 910-893-7525 option 1

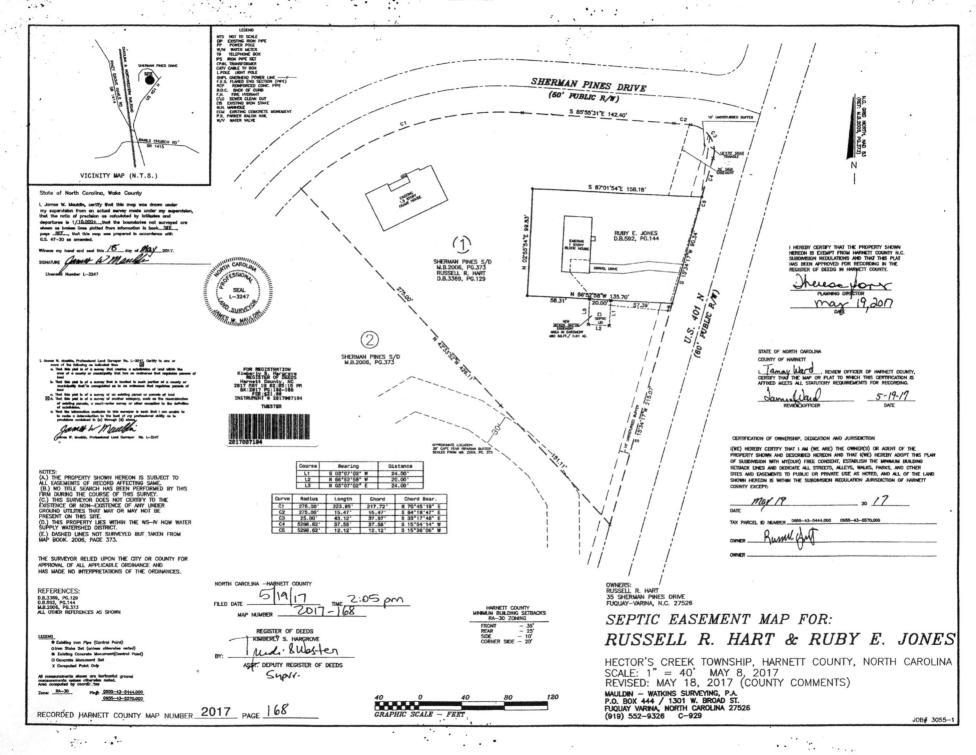
Environmental Health New Septic SystemCode 800

- 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

if multiple pern	nits, then use code 800 for Environmental Health inspection. Please note		
-	recording for proof of request.		
• Use Click2Gov SEPTIC	or IVR to hear results. Once approved, proceed to Central Permitting for remaining	aining permits.	
	on to construct please indicate desired system type(s): can be ranked in order of preference	e, must choose one.	
{}} Accepted	{} Innovative {} Conventional {} Any		
{}} Alternative	{}} Other		
	the local health department upon submittal of this application if any of the following "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	apply to the property in	
{}}YES	Does the site contain any Jurisdictional Wetlands?		
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	Does or will the building contain any drains? Please explain		
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	Is the site subject to approval by any other Public Agency?		
{}}YES	Are there any Easements or Right of Ways on this property?		
{}}YES	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 Applicati	ion 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 App	licable Laws And Rules.	
I Understand That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making	
1-9	t A Complete Site Evaluation Can Be Performed. OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	5-11-18 DATE	
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Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owner's Name David Taylor	Date
Owner's Name David Toylor Site Address 35 Stremen Pines Drive, Fugura, Waring, W.C. Directions to job site from Lillington	Phone
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work	
Heated SF Unheated SF Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Building Contractor's Company Name	Telephone Kayakintallational grant com Email Address
Building Contractor's Company Name	Telephone
1661 Tarpon Boy Dr. S, Nagles, FL 34119 Address	Kayakinstallational promail com
Address	Email Address
License # Electrical Contractor Informatio	_
Description of Work Service Size	™ Amps T-Pole Yes√ No
RIMLY	
Electrical Contractor s Company Name	Telephone
Electrical Contractor & Company Hamo	
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work	
•	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work	_# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	<u>on</u>
Insulation Contractor's Company Name & Address	Telephone

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

Darlot	5-11-18
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comper The undersigned applicant being the	
General Contractor Owner Off	icer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit	(s) firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained w	orkers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtain them	ed workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves	own policy of workers compensation insurance
Has no more than two (2) employees and no subcontr	ractors
While working on the project for which this permit is sought it Department issuing the permit may require certificates of covid to issuance of the permit and at any time during the permitted carrying out the work	erage of worker's compensation insurance prior
Company or Name	
Sign w/Title	Date 5/18

HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1 Date: 5/11/18 53 Receipt no: 353760

Year Number Amount 2018 50043993 35 SHERMAN PINES DR FUQUAY-VARINA, NC 27526 B4 BP - ENV HEALTH FEES \$100.00

DAVID TAYLOR

Tender detail
CP CREDIT CARD \$100.00
Total tendered \$100.00
Total payment \$100.00

Trans date: 5/11/18 Time: 14:28:09

** THANK YOU FOR YOUR PAYMENT **