

Initial Application Date: 0-17-15

Application # 1550030434

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: Joseph Suboff Mailing Address: 25 MARSHAL LAKE
City: Cameron State: NC Zip: 28326 Contact No: 919 499 1329 Email: _____

APPLICANT*: John Williams Mailing Address: 4241 Williamson Road
City: Wilson State: NC Zip: 27893 Contact No: 252 291 8023 Email: carolinastruct@aol.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Williams Phone # 252 291 8023

PROPERTY LOCATION: Subdivision: Sherwood Lot #: 1 Lot Size: _____
State Road # _____ State Road Name: Marshall LAKE Map Book & Page: 99 1427
Parcel: 099555 0003 01 PIN: 9555-96-6623.00
Zoning: RA-20F Flood Zone: - Watershed: WS-III HAW Deed Book & Page: _____ 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) Monolithic
- 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 24 x 30) Use: Storage 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): _____

Required Residential Property Line Setbacks:
Front Minimum 35 Actual _____
Rear 25 _____
Closest Side 10 _____
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

09/09/11

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 Joseph Suloff Date _____

Site Address 25 Marshall Lane Phone _____

Directions to job site from Lillington 27 West toward Cameron 1/2 to 2 1/2 miles turn left on McCoy toward road go 200 yards turn right on Marshall Lane 1st house on left

Subdivision _____ Lot _____

Description of Proposed Work 24x30x9 Detached Accessory # of Bedrooms _____

Heated SF _____ Unheated SF 720 Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Carolina Structural LLC

252 291 8023

Building Contractor's Company Name

Telephone

4241 Williamson Road

carolinastuct@aol.com

Address

Email Address

53023

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No

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

J. Will
Signature of Owner/Contractor/Officer(s) of Corporation

6/17/2015
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 Carolina Structural
Sign w/Title J. Will Managing Member Date 6/17/2015

NAME: Joseph Suloff

APPLICATION #: 1550030434

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 # 010455

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?

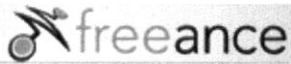
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

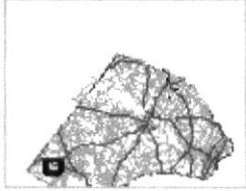
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Joseph Suloff
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/17/2015
 DATE



[Applicant]	Joseph Suloff
[Show AHS]	
[Locations]	
[Selected Features]	
[Parcel Information]	
[Parcel Number]	25000001
[Parcel Area]	360.10
[Parcel Description]	
[Account Number]	8070
[Name1]	SULLOFF JOSEPH W
[Name2]	SULLOFF ELIZABETH
[Address1]	
[Address2]	25 MARSHALL LANE
[Address3]	
[City]	CAMERON
[State]	NC
[Zip Code]	28326-0000
[Parcel Assessment Data]	
[Parcel Assessed Value]	102790
[Parcel Area]	
[Parcel Assessed Value]	25000
[Total Assessed Value]	127790
[Property Information]	
[Street Name]	
[Unit Number]	
[House Number]	000025
[Street Name]	MARSHAL
[Street Type]	LN
[Street Suffix]	
[Legal Description]	
[Legal Description]	LT#1 SHERWOOD



50 Eng. Scale

Joseph Suloff
 25 Marshall Lane
 Cameron N.C. 28326
 24 x 30 x 9

SITE PLAN APPROVAL
 DISTRICT RA-20R USE Storage Building
 #BEDROOMS _____
 6-17-15 _____
 Date _____

 Zoning Administrator

Map Tool Options
 The current cursor mode is set to 'Pan / Recenter'. Clicking on the map directly will adjust the center of the map will shift the extent of the entire map.

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	15-50036434	Date	7/10/15
Property Address	25 MARSHALL LN		
PARCEL NUMBER	09-9555- - -0003- -01-		
Application type description	CP NEW STORAGE BLDG RESIDENTIAL		
Subdivision Name	W H PARRISH; D H & J A SENTER		
Property Zoning	PENDING		

Owner

SULOFF JOSEPH W &
 SULOFF ELIZABETH C
 25 MARSHALL LANE
 CAMERON NC 28326

Contractor

CAROLINA STRUCTURAL LLC
 4241 WILLIAMSON RD
 WILSON NC 27893
 (252) 291-8023

Applicant

CAROLINA STRUCTURAL, LLC
 4241 WILLIAMSON RD
 WILSON NC 27893
 (252) 291-8023

--- Structure Information 000 000 24X30 STORAGE BUILDING

Flood Zone	FLOOD ZONE X	
Other struct info	PROPOSED USE	STORAGE
	SEPTIC - EXISTING?	EXIST. SEPTIC
	WATER SUPPLY	COUNTY

Permit RESIDENTIAL BUILDING PERMIT

Additional desc		
Phone Access Code	1095595	
Issue Date	7/10/15	Valuation 26640
Expiration Date	7/09/16	

Special Notes and Comments

T/S: 06/17/2015 01:29 PM LBENNETT --
 27 WEST TOWARD CAMERON 20 TO 21 MILES -
 TURN LEFT ON MCCOY TOWN ROAD GO 20
 YARDS TURN RIGHT ON MARSHALL LANE -
 1RST HOUSE ON LEFT

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
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Property Zoning	PENDING			
Permit	RESIDENTIAL BUILDING PERMIT			
Additional desc . . .				
Phone Access Code .	1095595			

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___