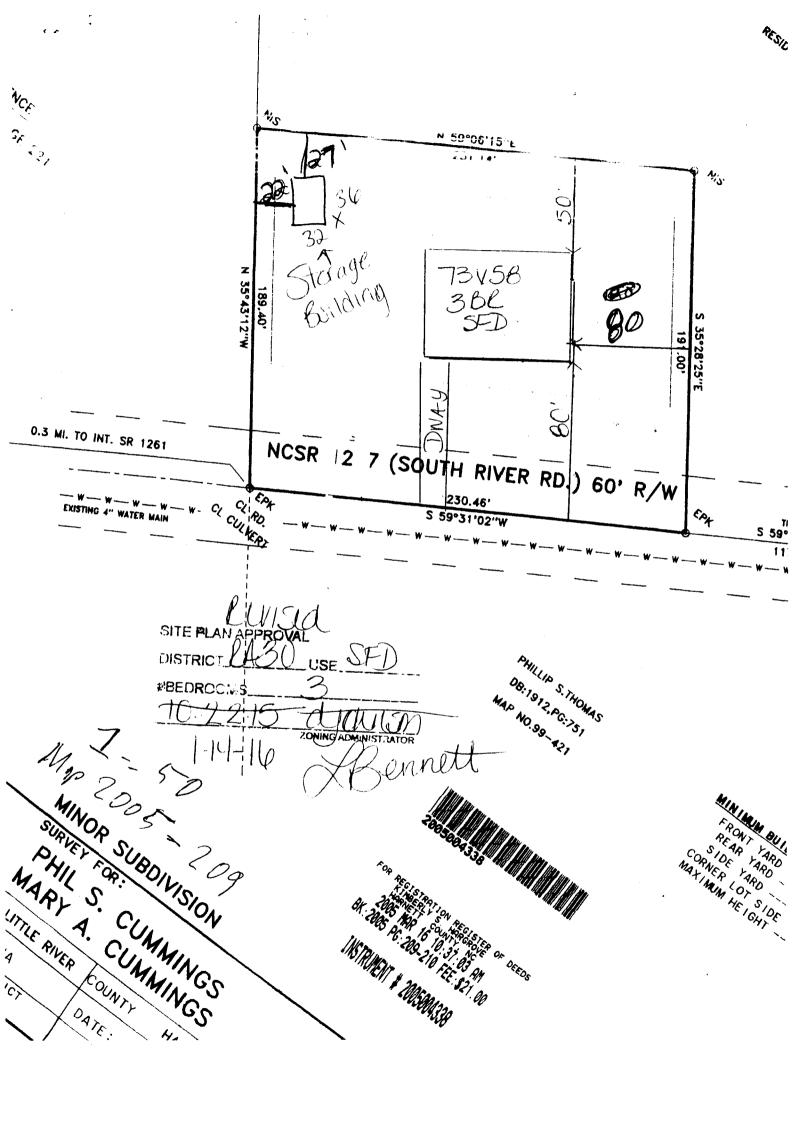
Initial Application Date:	1-19214	_	T	Applicatio	n#	W1184
Control Dormitting	100 5 5	COUNTY OF H	IARNETT LAND USE			
Central Permitting	_		Phone: (910) 893-7) 893-2793	9
LANDOWNER:	Adort & Susar	- Shumaker	Mailing Address:	1366 Rave	n Rock Ri	
city: Lilinster	Sta	ate: MC Zip: 275	Home #:		_Contact #:_Ka	un 910-984-704
PPLICANT*: Same			Mailing Address:		50	
ity: Please fill out applicant info	Sta	ate: Zip:				A Property of the Park of the
		75 (bSouthRiv	MRZ Cillingto	n n2/		011
arcel: 13 · 04	071.008	7.06	PIN:	71-55.	178 Lot Size	:_1040
oning: A30 FI	ood Plain: V Pa	nel: Watersho	PIN: Dood Roo	100 DEFA	479	2005/200
RECIEIC DIRECTIONS	TO THE PROPERTY	FROM LILLINGTON:	30: / V Deed Boo	K&Page: 2001	/Map Book	&Page: 2000/20
ECIFIC DIRECTIONS	TO THE PROPERTY	FROM LILLINGTON:	JOWTH KING	10 (66		
					- 19 TT	
OPOSED USE:					Fig.	Circle:
SFD (Siz _x_) # Bedrooms	# Baths Basem	ent (w/wo bath)	Garage	Deck	Crawl Spac
Modular:On fran	neOff frame (Size	x) # Bedroom	is# Baths	Garage(site	built?) Deck	(site built?)
Multi-Family Dwelling	g No. Units	No. Bedroo	ms/Unit			
Manufactured Home	::SWDW	TW (Sizex_) # Bedrooms	Garage(site	e built?) Decl	((site built?)
		Type				
Industry Sq. F	t	Type		# Employees:	Hours of Ope	ration:
Church Seati	ng Capacity	# Bathrooms	Kitchen			
Home Occupation	(Sizex)	# Rooms	Use		Hours of Oper	ation:
Accessory/Other	(Size 32 x 36)	Use Storag	P. BOST N			
Addition to Existing E	Building (Sizex	() Use			Closets in ac	dition()ves ()no
ter Supply: (火) Count	ty () Well (N	o. dwellings)	MUST have operab	le water before final		
rage Supply: (Ne	w Septic Tank (Comple	ete New Tank Checkl	ist) () Existing Sep	tic Tank () Cour	ntv Sewer	() Other
		t contains a manufactur				(_)YES (\)NO
	land: Single family dwe		factured Homes _		r (specify)	
	operty Line Setbacks:		1	Otho	(opcony)	
t Minimum 35		r - 1000			7	
	27					
r <u>25</u>	- 34	-1-	4111			164
10	20	<u>L'</u>		1		
street/corner lot 20			11.01		~ (1	-CMMO
rest Building 6		-0-	, co			J
ame lot			-			
ermits are granted I ag	gree to conform to all	ordinances and the la	ws of the State of No	orth Carolina regulati	ny such work an	d the specifications of pla
nitted. I hereby state	that the foregoing sta	atements are accurate	and correct to the be	est of my knowledge	. This permit is	subject to revocation if fall
mation is provided on	this form.					
~~~~				10-22715		
- 0 100				- 00/13		
nature of Owner or Ov	wner's Agent		De	to		

Ref#1450034295

**This application expires 6 months from the initial date if no permits have been issued**

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on licensa.

Application #_

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org **Application for Building and Trade Permit** 

Uwner's Name: Robert , Susan Shumaker	Date: 10-22-13
	_Phone:
Directions to job site from Lillington: 421 Townes Santera	Turn It on
South River R2 and 5 milus on Rt	
Subdivision:	Lot:
Subdivision:	
Construction Type:       (Please Check)       Building Use:       (Please         X New       Moved House       Residential         Renovation       Addition       Other       Modular	Commercial Multi-Family
Total Project Cost: 190,000.00 Description of Proposed Work:	n
Heated SFCrawl Space ( ) Slab (x) Building Construction Acres Disturbed	Cost \$
Unheated SF Acres Disturbed	Stories
Sevenity Built Homes, Inc.  910-984  Building Contractor's Company Name  Telephone	-704a
Building Contractor's Company Name Telephone	
PO Box 1417 Lillington NC 27346	License #
Kin Acar	
Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back	of form & workers comp
Electrical Permit Information  Description of Work  Electrical Cos	t \$
Description of WorkElectrical Cos TS Pole: Yes (\( \) No () Underground () Overhead () Permanent Service: Underground () Overhead () Service Size:	Allips Allips
Mabry's Electrical Service 919-634	9-4837
Elastrical Contractor's Company Nation 1 disculled	
731 Maby Re Ansier NC 27501 Address	License #
Manag	
Signature of Officer(s) of Corporation	
Mechanical Permit Informatio	•
Number of Units Type SystemHeat Mecl	nanical Cost \$ 7,000.00
TEM Heatury : Dir	
Mechanical Contractor's Company Name Telep	phone \
224 Tuilington TE Dunn NC 28334	_ \
Address	License #
Signature of Officer(s) of Corporation  Plumbing Permit Information	_
Description of Work	10 / 100 00
Trumbor of Datie	st \$ 6,000.00
000011101111111111111111111111111111111	0-892-4736
	phone
5476 Timothy DZ Bunn NC 28334	License #
Address	License #
Signature of Officer(s) of Corporation  Insulation Permit Information Residential ( ) Other	er () Not Required ()
Insulating Inc 5902 Fayotherille DE Raloigh NEX	
Insulation Contractor's Company Name & Address	Telephone

	mlination	#	
۱þ	plication	n	 

## Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	applicant for Building Permit #	being the:			
	General Contractor Owner Officer/Agent of the Contractor or Owner				
Do hereby confi the work set forth	rm under penalties of perjury that the person in the permit:	on(s), firm(s) or corporation(s) performing			
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.				
<u>_</u>	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.				
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.				
	Has/have not more than two (2) employees	and no subcontractors.			
Department iss insurance prior	n the project for which this permit is sought in uing the permit may require certificates to issuance of the permit and at any time du on carrying out the work.	of coverage of Motket's combensation			
Firm Name:					
Sign/Title:	-du				
Date: 10 -	22-15				

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 . . . . 16-50037854 Date 2
Property Address . . . . . 6756 SOUTH RIVER RD
PARCEL NUMBER . . . . . . . . 13-0621- - -0087--06Application type description CP NEW STORAGE BLDG RESIDENTIAL Date 2/04/16 Subdivision Name . . . . . Property Zoning . . . . . PENDING Contractor Owner ______ SCHUMAKER ROBERT D & SUSAN K SERENITY BUILT HOMES INC PO BOX 1417 1366 RAVEN ROCK RD LILLINGTON (910) 893-2462 NC 27546 LILLINGTON Applicant SHUMAKER ROBERT & SUSAN 1366 RAVEN ROCK RD NC 27546 LILLINGTON (910) 984-7042 Structure Information 000 000 32X36 STORAGE BUILDING Flood Zone . . . . . . . . FLOOD ZONE X Other struct info . . . . . PROPOSED USE SEPTIC - EXISTING? NEW SEPTIC
WATER SUPPLY COUNTY ______ Permit . . . . . RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1124312
Issue Date . . . 2/04/16 Valuation . . . 42624
Expiration Date . . 2/03/17 Permit . . . . . RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1125269
Issue Date . . . . 2/04/16
Expiration Date . . . 2/03/17 Valuation . . . . _____ Permit . . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1125392
Issue Date . . . . 2/04/16 Valuation . . . . Expiration Date . . . 8/02/16 Special Notes and Comments T/S: 01/14/2016 03:34 PM LBENNETT --6756 SOUTH RIVER RD

HARNETT COUNTY CENTRAL PERMITTING

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.						
Proper PARCEI Applic Subdiv	ty Addr NUMBER ation d vision N	ess .  escrip ame .		6756 SOUTH RIVER RD 13-06210087- CP NEW STORAGE BLDG		
	<b></b>		Required :	Inspections		
Seq	Phone Insp#	Insp Code	Description		Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT						
999 999 999 999 999	111 101 131 125 229	B111 B101 R131	R*BLDG SLAB	OUGH IN INAL		