Initial Application Date: 7/12/16	Application # 1450039193
COUNTY OF HARNETT RESIDE Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone	NTIAL LAND USE APPLICATION
	e: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: FUAN Thomber: Kristin	& SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
Mode	ng Address: 75 Cullagh CovE
State. 700 Zip: Z/) Contact	No: 111-172-0240 Email: EVAN ThoInton 646) and
APPLICANT*: EJAN Welnier Mailing Address:	75 ch (Cash CovE
City: Figure VARINE State: IVC Zip: 27536 Contact No. 1916 Please fill out applicant information if different than landowner	No: 1999 55) - OVER Email: EVANThol, hon 696 grant.
CONTACT NAME APPLYING IN OFFICE: FURN Thornton	Phone # 919-552 -0240
PROPERTY LOCATION: Subdivision: Magnilia Crist	Lot #: 3 Lot Size # (0 (0
State Road #State Road Name: 75 CUYCAGN	
Parcel: 08005 0067 00	0(055-5) - UININ (57)()
Zoning: A 30 Flood Zone: Watershed: Deed Book & Pa	ge: 2644, 927 Power Company
New structures with Progress Energy as service provider need to supply premise	number from Progress Energy.
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bate	n): Garage: Deck: Crawl Space: Slab: Slab:
	a closet? () yes () no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bat	h) Garage: Site Built Deck: On Frame
(Is the second floor finished? () yes () no Ar	ny other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedr	ooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms F	Per Unit:
Home Occurred: 44 B	
	lours of Operation:#Employees:
Addition/Accessory/Other: (Size 22,20) Use: 5+000	Closets in addition? () yes () no
ater Supply: County Existing Well New Well (# of dwelling	
ewage Supply: New Septic Tank (Complete Checklist) Existing Sep	s using well) "Must have operable water before final
pes owner of this tract of land, own land that contains a manufactured home within	County Sewer
es the property contain any easements whether underground or overhead () y	es (1) no
Tictures (existing or proposed), O. 1. 6	
500	actured Homes:Other (specify):Oposed
quired Residential Property Line Setbacks: Comments:	Sturceje
ont Minimum Actual	
ar	
sest Side	
estreet/corner lot	
arest Buildingsame lot	
Residential Land Use Application Page 1 of	<u> </u>

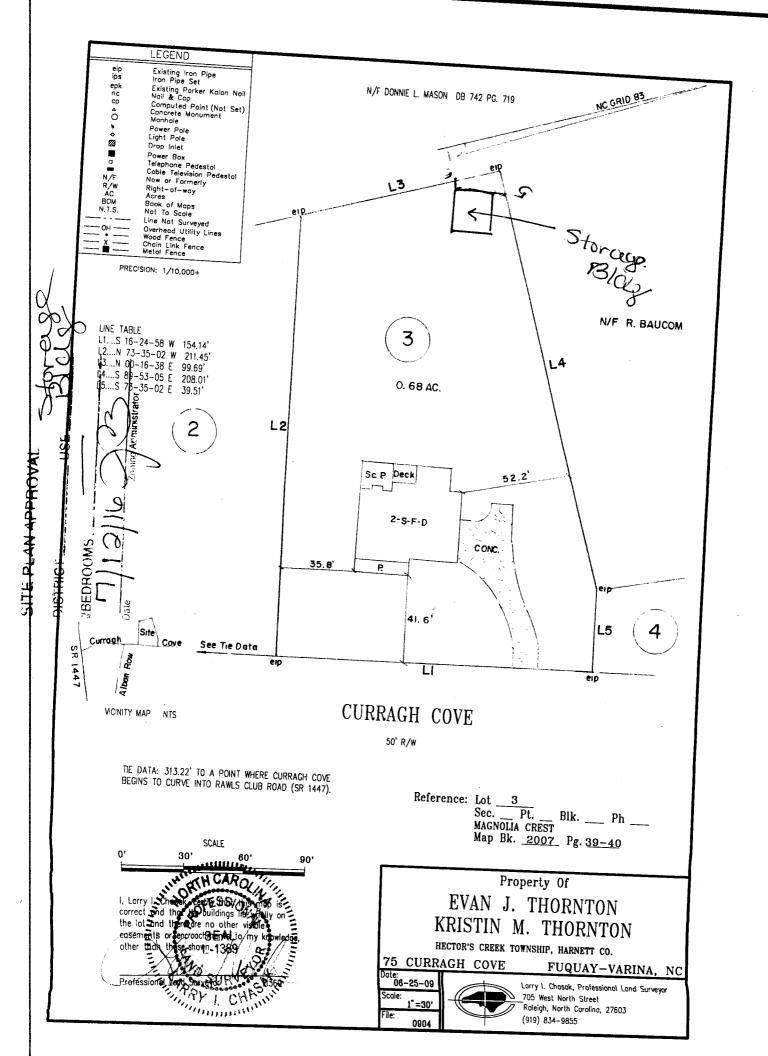
Yy mile Black S	o the property from LILL gub division is hufters.	ington: <u>401</u> <u> </u>	North y	le Rawls se on lef	club road on le	44
If permits are granted I ag I hereby state that foregoi	ree to conform to all ordinances and statements are accurate and Signature of Owner or 0		North Carolina regu knowledge. Permit	Date	the specifications of plans submit false information is provided.	

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:	
	*This application 4.1. and
County Heel	Late The application to be filled out when applying for
IF THE INFORMAT	Ith Department Application for Improvement Permit and/or Authorization to Construct ONIN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or minentation submitted. (Complete site plan = 60 months of the construct of the cons
PERMIT OR AUTHO	ORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration 1 (Complete site plan = 60 months; Complete plat = without expiration)
depending upon docur	Imentation submitted (Complete six and STEP INVALID. The permit is valid for six and the IMPROVEMENT
910-893-7	7525 option 1 (Complete site plan = 60 months; Complete plat = without expiration)
<i>□ <u>⊆</u>iivironment</i>	ial Health Name of the CONFIDMATION OF THE TOTAL OF THE T
 All prope 	t be clearly flagged approximately every 50 feet between corners.
lines must	t be clearly flagged approximately and seems of pink property flags" on each corner iron of the
 Place "ora 	t be clearly flagged approximately every 50 feet between corners. ange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, ange Environmental Health card in location to
out building	ing swimming as a such confer of the proposed structure.
Place oran If property	logs, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. is thickly wooded, Environmental Health requires that you clean out the underground. Inspectors should be a controlled to be performed.
if property	is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil be addressed within 10 business days.
• All lots to	to be performed. Inspectors should be able to the undergrowth to allow the
for falls	to be performed. Inspectors should be able to walk freely around site. Do not grade property. to be addressed within 10 business days after confirmation, \$25.00 return to the property.
• After pre-	be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred aring proposed site call the voice permitting system at 910-893-7525 ontion 1 to allow the soil be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred aring proposed site call the voice permitting system at 910-893-7525 ontion 1 to allow the soil
800 (after a	ring proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code in number given at end of recording for provided in Environmental Health inspection.
Confirmation	selecting notification permit if multiple permitts exist) for Environmental Health inspection. Please note Gov or IVR to verify results. Once appropriate the property lines, etc. once lot confirmed ready.
• Lise Clicked	n number given at end of recording for proof of request
Environmental	30V or IVR to verify results. Once approved proceed to Control of the control of
• Follow abov	Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. I Health Existing Tank Inspections Code 800
Prepare for	re instructions for placing flags and card on property. inspection by removing soil every state of the state
DOSSIble) an	inspections for placing flags and card on property. Inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if the content of
• DO NOT LEA	and then put lid back in place . (Unless inspection is for a septic tank in a mobile home park)
 After uncove 	Pring outlet and I will be the park)
if multiple pe	ering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit of recording for proof of request.
given at end	of recording for proof of request. Sever IVP to the Proof of the Invironmental Health inspection. Please note confirmation number
 Use Click2Ge 	ov or IVB to bear read to a confirmation number
SEPTIC	Total results. Office approved inroceed to Control B
If applying for authoriza	ation to construct please indicate the indic
{}} Accepted	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
(A) At	
Alternative	Other
he applicant shall notif	fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
uestion. If the answer	is "yes" applicant MALIGN A The submittal of this application if any of the following
	is "yes", applicant MUST ATVACH SUPPORTING DOCUMENTATION:
\YES {} NO	Does the site contain any Jurisdictional Wetlands?
_)YES {} NO	Do found any jurisdictional Wetlands?
(==,	Do you plan to have an <u>irrigation system</u> now or in the future?
_}YES {} NO	Does or will the building contain any drains? Please explain
}YES {} NO	Are there any existing wells.
_}YHS {}NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
1_110	Is any wastewater going to be generated on the site other than domestic service?

1_ / Accepted	[_] Innovative [_] Conventional [_] Any
Alternative	{_}} Other
The applicant shall not	ify the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
question. If the answer	is "yes", applicant MUST ATVACH SUPPORTING DOCUMENTATION:
	yes, applicant MUST ATVACH SUPPORTING DOCUMENTATION.
{\YES {}} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}} YES {} NO	Does or will the building agent
	Does or will the building contain any drains? Please explain.
1,1	Are there any existing wells, springs, waterlines or Wastewater Systems on the
_\\Y\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YE\$ {}NO	Is the site outlines are subject to the site other than domestic sewage?
1	s the site subject to approval by any other Public Agency?
(,,	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 Cyte at 200 (22) As a
Have Read This Annies	If yes please call No Cuts at 800-632-4949 to locate the lines This is a free service.
Ct to Committee Applica	and Certify I hat The Information Provided VI
	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So Tha	at A Complete Site Evaluation Can Be Performed.
	and be refformed.
PROPERTY OWNERS	OR OWNERS I FC TO DEPOSITE TO THE POSITION OF
	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
1 //	



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. Page Date 9/02/16 Application Number 16-50039193 Subdivision Name MAGNOLIA CREST 29LOTS Property Zoning RES/AGRI DIST - RA-30 Required Inspections Phone Insp Insp# Code Description Initials Date Permit type . . . RESIDENTIAL BUILDING PERMIT 999 103 B103 R*BLDG FOUND & TEMP SVC POLE 111 B111 R*BLDG SLAB INSP/TEMP SVC POLE 999 999 113 B113 R*BLDG WATER/DAMP PROOFING 999 217 E217 R*ELEC RECONNECT 209 E209 R*ELEC TEMP POWER CERT 207 E207 R*ELEC TEMP SERVICE POLE 999 999 999 205 E205 R*ELEC UNDER SLAB 999 213 E213 R*ELECTRICAL UNDERGROUND 409 M409 R*GAS PIPING 405 M405 R*MECHANICAL UNDERGROUND 999 999 105 B105 R*OPEN FLOOR 999 305 M305 R*PLUMB SEWER CONNECTION 309 P309 R*PLUMB UNDER SLAB 307 P307 R*PLUMB WATER CONNECTION 999 999 999 999 115 B115 R*OVERHEAD ELEC, MECH, PLB 820 Z820 PZ*ZONING/FINAL INSPECTION 101 B101 R*BLDG FOOTING / TEMP SVC POLE 999 999 814 A814 ADDRESS CONFIRMATION 999 429 R429 FOUR TRADE FINAL 425 R425 FOUR TRADE ROUGH IN 131 R131 ONE TRADE FINAL 125 R125 ONE TRADE ROUGH IN 999 999 999 999 999 329 R329 THREE TRADE FINAL 325 R325 THREE TRADE ROUGH IN 229 R229 TWO TRADE FINAL 225 R225 TWO TRADE ROUGH IN 999 999

Permit type . . . RESIDENTIAL ELECTRICAL PERMIT

H828 ENVIRO. WELL PERMIT

104 B104 R*FOUND & SETBACK VERIF SURVEY

999

999

999

Application # 29193

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 EVAW Their ton	Date <u>Sept 2</u> 2016
Site Address	Phone 919.553-024A
Directions to job site from Lillington 401 N to Re	owls club on the fish - left
Into Magnolia Crest - 3rd house	on Right
Cubdulate No. 100 1 1 Ct	의 경우, 1987년 1987년 1일 전 1988년 1일 전 1987년 1988년 1987년 1988년 1987년 1988년 1988년 1988년 1988년 1988년 1988년 1987년 1988년 1987년 1987년 1987년 1988년 1988년 1987년 1987년 1987년 1988년 1987년 1987년 1987년 1987년 1987년 1987년 1987년 1987년 1987년 1
Description of Proposed Work Out building	# of Bedrooms
Heated SF Unheated SF Finished Bonus	Room? Crawl Space Slab
General Contractor In	919-773-3177
Building Contractor's Company Name	Telephone ,
	Ehors/Ey @ backyARDproduct
Address	Email Address
License #	
Description of WorkSerSerSer	nformation
Description of WorkSer	vice SizeAmps T-PoleYesNo
Electrical Contractor's Company Name	Telephone
Electrical Contractor & Company Name	relephone
Address	Email Address
License # Mechanical/HVAC Contract	etor Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Plumbing Contractor I	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Figure 3 Company Name	relephone
Address	Email Address
License # Insulation Contractor I	Information
modulation of the desired	
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.

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

The undersigned applicant being the

Affidavit for Worker's Compens	ation N C G S 87-14
The undersigned applicant being the	
General Contractor Owner Office	er/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s set forth in the permit) firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wor	kers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obtained them	d workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their ow covering themselves	n policy of workers compensation insurance
Has no more than two (2) employees and no subcontra	ctors
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work	rage of worker's compensation insurance prior
Company or Name	2
Sign w/Title	Date

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. Page 4 Date 9/02/16 Application Number 16-50039193 Application description . . . CP NEW STORAGE BLDG RESIDENTIAL Subdivision Name MAGNOLIA CREST 29LOTS Property Zoning RES/AGRI DIST - RA-30 Required Inspections Phone Insp Initials Date Insp# Code Description 999 211 E211 R*ELEC ABOVE CEILING Permit type . . . RESIDENTIAL ELECTRICAL PERMIT 999 217 E217 R*ELEC RECONNECT 999 205 E205 R*ELEC UNDER SLAB 215 E215 R*ELEC. UND. POOL 999 213 E213 R*ELECTRICAL UNDERGROUND 131 R131 ONE TRADE FINAL 999 999 125 R125 ONE TRADE ROUGH IN 999 Permit type . . . LAND USE PERMIT 818 Z818 PZ*ZONING INSPECTION 999

820 Z820 PZ*ZONING/FINAL INSPECTION

999

HARNETT COUNTY CENTRAL PERMITTING

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 16-50039193 Date 9/02/16 Property Address 75 CURRAGH CV PARCEL NUMBER . . . 08-0655- - -0067- -04- Application type description CP NEW STORAGE BLDG RESIDENTIAL PARCEL NUMBER Subdivision Name MAGNOLIA CREST 29LOTS Property Zoning RES/AGRI DIST - RA-30 Contractor -----THORNTON EVAN J & KRISTIN M OWNER 75 CURRAGH COVE FUQUAY-VARINA NC 27526 Applicant -----THORNTON EVAN 75 CURRAGH COVE (919) 552-0240 Structure T FUQUAY-VARINA Structure Information 000 000 22X20 STORAGE SHED Flood Zone FLOOD ZONE X Other struct info PROPOSED USE SEPTIC - EXISTING? STORAGE EXIST COUNTY WATER SUPPLY Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1157106 Issue Date 9/02/16 Valuation Expiration Date . . . 9/02/17 Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1157114
Issue Date . . . 9/02/16 Valuation
Expiration Date . . 9/02/17 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1157122
Issue Date . . . 9/02/16
Expiration Date . . 3/01/17 Valuation Special Notes and Comments T/S: 07/12/2016 04:11 PM LBENNETT --75 CURRAGH COVE - MAGBOLIA CREST

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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Page 2 Date 9/02/16

Special Notes and Comments
401 NORTH TO RAWLS CLUB RD ON LEFT 1/4
MILE SUBDIVISION IS ON THE LEFT - 3RD
HOUSE ON LEFT - WHITE WITH BLACK
SHUTTERS