

Initial Application Date: 8-19-16

Application # 1650039532

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: Nathan B. Hirtz Mailing Address: 117 Maple leaf ct
City: Lillington State: NC Zip: 27546 Contact No: 402 590 7247 Email: nate2331@gmail.com

APPLICANT*: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Summer Hill Lot #: 18 Lot Size: 1.68
State Road # _____ State Road Name: 117 Maple leaf CT Map Book & Page: 2007, 433
Parcel: 130539 0200 25 PIN: 0539-98-5783.000
Zoning: RA-30 Flood Zone: X Watershed: - Deed Book & Page: 3069, 1350 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 12 x 16) 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: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

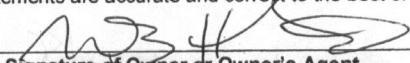
Front	Minimum	Actual
Rear	_____	<u>30</u>
Closest Side	_____	<u>15</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

102003222

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: McDowald toward
Sanford - go about 2 miles Summer Hill
on Right

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 of Owner or Owner's Agent

19 Aug 16
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 #: _____

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 # 017449-UB

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.


 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

19 Aug 16
 DATE

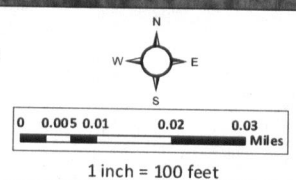
Harnett County GIS

NOT FOR LEGAL USE




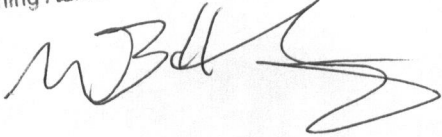
 **Harnett COUNTY**
NORTH CAROLINA
strong roots • new growth
GIS/E-911 Addressing
August 19, 2016

- LEGEND**
- Surrounding County Major Roads
 - Surrounding County Boundaries
 - USA Property
 - City Limits
 - Address Numbers
 - Hamett County Major Roads
 - Hamett County Roads
 - Tax Parcel



16x12 Storage Already there. He
wants to get permitted so he can
sell house.

SITE PLAN APPROVAL
DISTRICT RA-30 USE Storage
#BEDROOMS 1
8-19-16
Date


Zoning Administrator




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 _____ Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

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

General Contractor Information

Work done by owner
Building Contractor s Company Name _____ Telephone _____

Address _____ Email Address _____

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 # _____

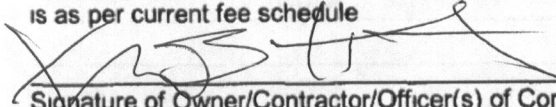
Insulation Contractor Information

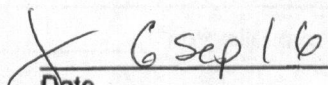
Insulation Contractor s Company Name & Address _____ Telephone _____

***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


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

 6 Sep 16
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

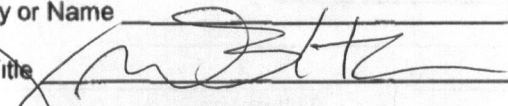
Has three (3) or more employees and has obtained workers compensation insurance to cover them

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 _____
Sign w/Title  Date 6 Sep 16

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 16-50039532 Date 9/06/16
Property Address 117 MAPLE LEAF CT
PARCEL NUMBER 13-0539- - -0200- -25-
Application type description CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name SUMMERHILL
Property Zoning PENDING

Owner Contractor

HINTZ NATHAN B OWNER
117 MAPLE LEAF COURT
LILLINGTON NC 27546

Applicant

HINTZ NATHAN
117 MAPLE LEAF CT
LILLINGTON NC 27546

--- Structure Information 000 000 12X16 STORAGE BUILT W/O PERMITS
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE STORAGE
SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . . .
Phone Access Code . 1157460
Issue Date 9/06/16 Valuation 0
Expiration Date . . 9/06/17

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1157478
Issue Date 9/06/16 Valuation 0
Expiration Date . . 3/05/17

Special Notes and Comments
T/S: 08/19/2016 12:59 PM LBENNETT --
117 MAPLE LEAF CT
GET ON MCDUGALD RD - GO ABOUT 2 MILES
SUMMER HILL IS ON THE RIGHT.

Application Number 16-50039532 Page 2
Property Address 117 MAPLE LEAF CT Date 9/06/16
PARCEL NUMBER 13-0539- - -0200- -25-
Application description . . . CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name SUMMERHILL
Property Zoning PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE		/ /
999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		/ /
999	113	B113	R*BLDG WATER/DAMP PROOFING		/ /
999	217	E217	R*ELEC RECONNECT		/ /
999	209	E209	R*ELEC TEMP POWER CERT		/ /
999	207	E207	R*ELEC TEMP SERVICE POLE		/ /
999	205	E205	R*ELEC UNDER SLAB		/ /
999	213	E213	R*ELECTRICAL UNDERGROUND		/ /
999	409	M409	R*GAS PIPING		/ /
999	405	M405	R*MECHANICAL UNDERGROUND		/ /
999	105	B105	R*OPEN FLOOR		/ /
999	305	M305	R*PLUMB SEWER CONNECTION		/ /
999	309	P309	R*PLUMB UNDER SLAB		/ /
999	307	P307	R*PLUMB WATER CONNECTION		/ /
999	115	B115	R*OVERHEAD ELEC, MECH, PLB		/ /
999	820	Z820	PZ*ZONING/FINAL INSPECTION		/ /
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE		/ /
999	814	A814	ADDRESS CONFIRMATION		/ /
999	429	R429	FOUR TRADE FINAL		/ /
999	425	R425	FOUR TRADE ROUGH IN		/ /
999	131	R131	ONE TRADE FINAL		/ /
999	125	R125	ONE TRADE ROUGH IN		/ /
999	329	R329	THREE TRADE FINAL		/ /
999	325	R325	THREE TRADE ROUGH IN		/ /
999	229	R229	TWO TRADE FINAL		/ /
999	225	R225	TWO TRADE ROUGH IN		/ /
999		H828	ENVIRO. WELL PERMIT		/ /
999	104	B104	R*FOUND & SETBACK VERIF SURVEY		/ /

Permit type LAND USE PERMIT

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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Page 3

Date 9/06/16

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PARCEL NUMBER 13-0539- - -0200- -25-
Application description CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name SUMMERHILL
Property Zoning PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
			Permit type LAND USE PERMIT		
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__