

Initial Application Date: 5/22/17

Application # 17-50041446

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: Robert O'Shea Mailing Address: 267 Oak Leaf Dr

City: Lillington State: NC Zip: 27546 Contact No: \_\_\_\_\_ Email: robertoshea@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: Summerhill Lot #: 11 Lot Size: 81

State Road # 267 State Road Name: Oak Leaf Dr Map Book & Page: 2007, 431

Parcel: 13-0539- -0200 18 PIN: 0539-99-1633.000

Zoning: PA-30 Flood Zone: X Watershed: G15 Deed Book & Page: 3423, 58 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 28) Use: shed Closets in addition? ( ) yes ( ) no

Water Supply: X 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) X 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 (X) no

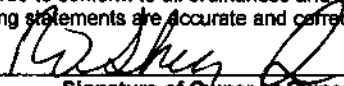
Does the property contain any easements whether underground or overhead ( ) yes (X) no

Structures (existing or proposed): Single family dwellings: 1 existing Manufactured Homes: \_\_\_\_\_ Other (specify): 1 shed

Required Residential Property Line Setbacks:	Comments:
Front Minimum <u>35</u> Actual _____	_____
Rear <u>5</u> _____	_____
Closest Side <u>5</u> _____	_____
Sidestreet/corner lot _____	_____
Nearest Building on same lot <u>5</u> _____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Site address is 267 Oak Leaf Dr. Lillington  
Summerhill Lot # 11

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

5/22/2017  
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\*\*

09/09/11

Application #

17-50041446

Harnett County Central Permitting

PO Box 85 Lillington NC 27548

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 ROBERT O'SHEA Date 5-22-2017  
Site Address 267 OAK LEAF DR Phone 615 473-3975  
Directions to job site from Lillington \_\_\_\_\_

Subdivision SUMMER HILL Lot 11  
Description of Proposed Work ADDING A SHED # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

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

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

5-22-2017  
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 PO Sheehy Date 5-22-2017

NAME: Robert O'Shea

APPLICATION #: 17-50041446

**\*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 # \_\_\_\_\_

- 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?

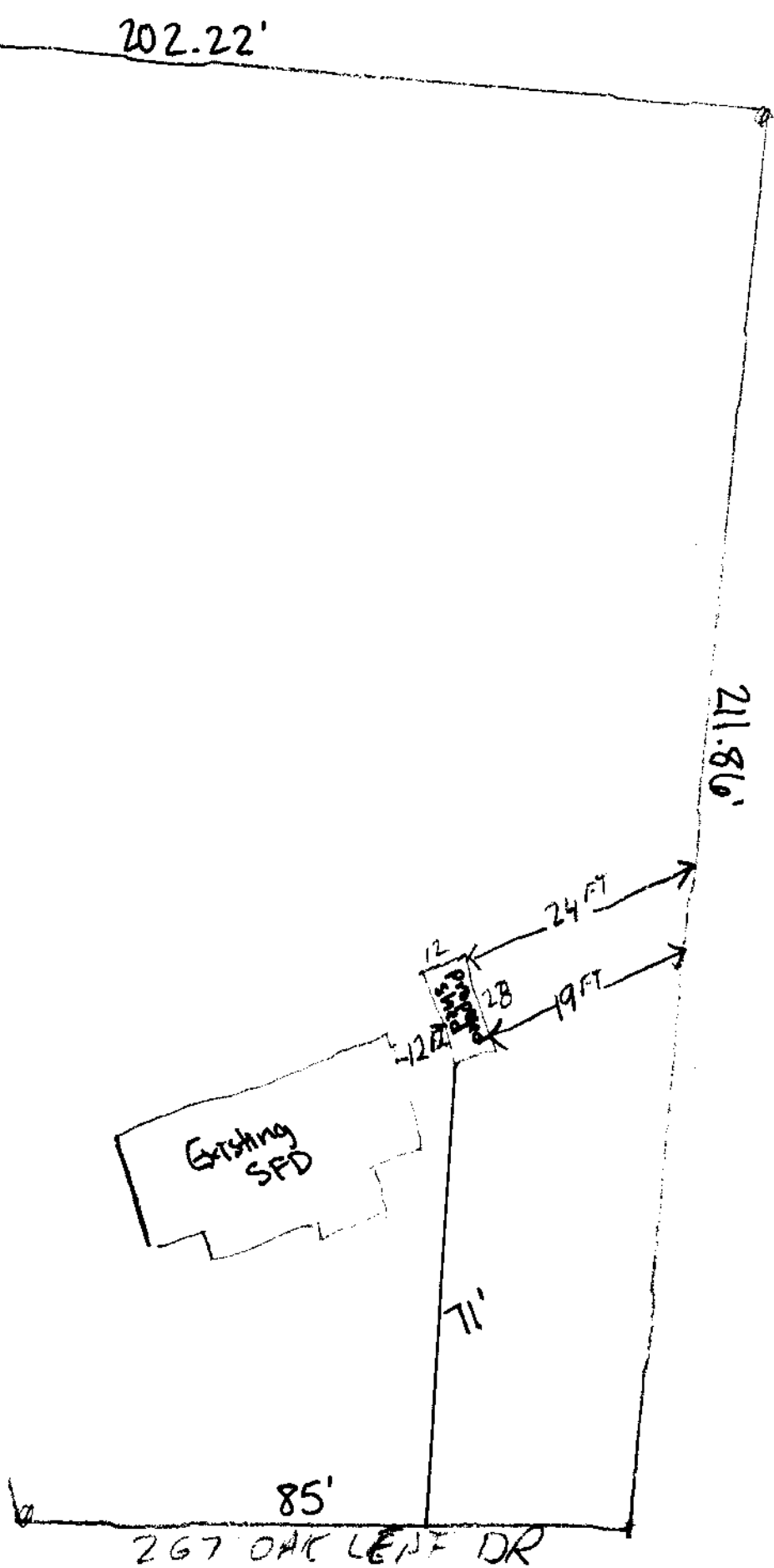
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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.**

Robert O'Shea  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-22-17  
DATE



SITE PLAN APPROVAL  
 DISTRICT: RA-30 USE: Single  
 BEDROOMS: 0  
 5/22/17  
 ADMINISTRATOR

HTE# 11-527985002

# Harnett County Department of Public Health

23993

PERMIT # 26872

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: McDouglas Rd

Name: (owner) Moss Home Builders SUBDIVISION Summerhill LOT # 11

System Installer: Alex Moss Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 3

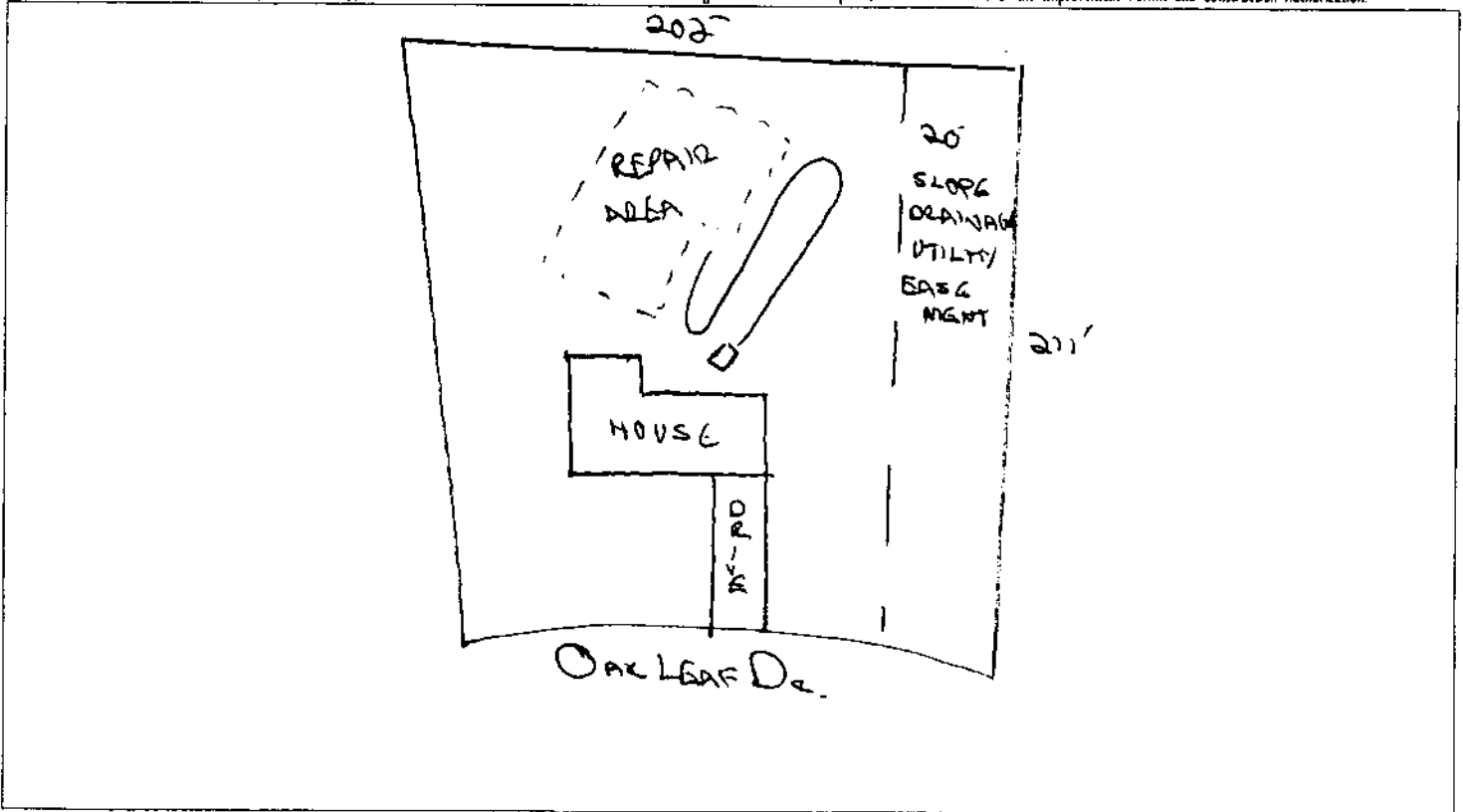
Type of Water Supply:  Community  Public  Well Distance from well 100 feet

System Type: IIIc Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



### PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_  
Subsurface system operator required? Yes  No   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_

D-Box  Pump  Alarm  H2O Line  PWR Line

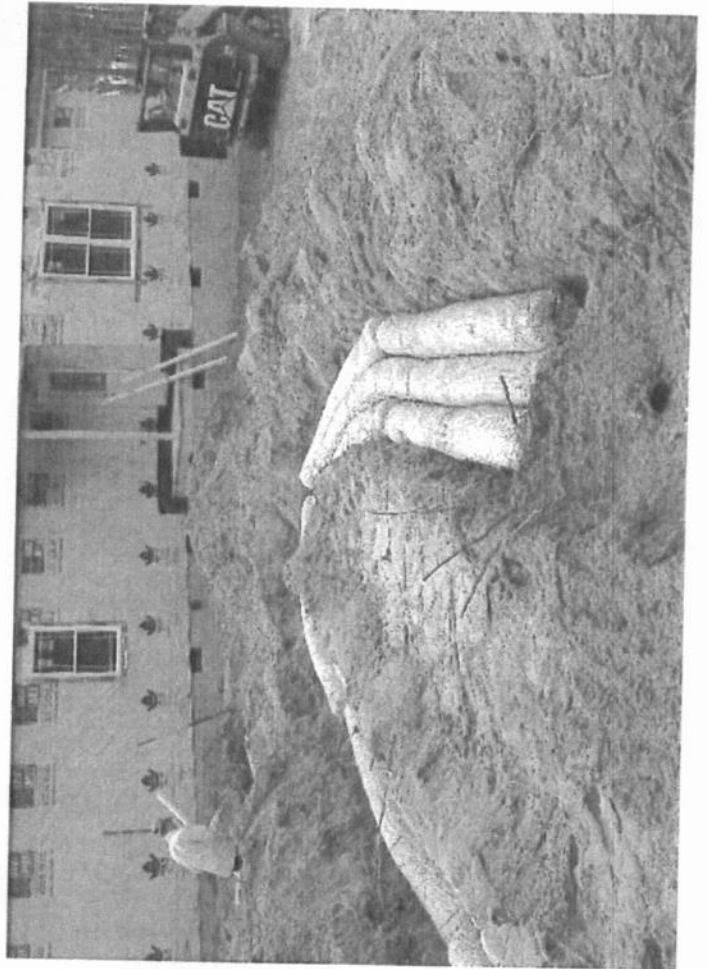
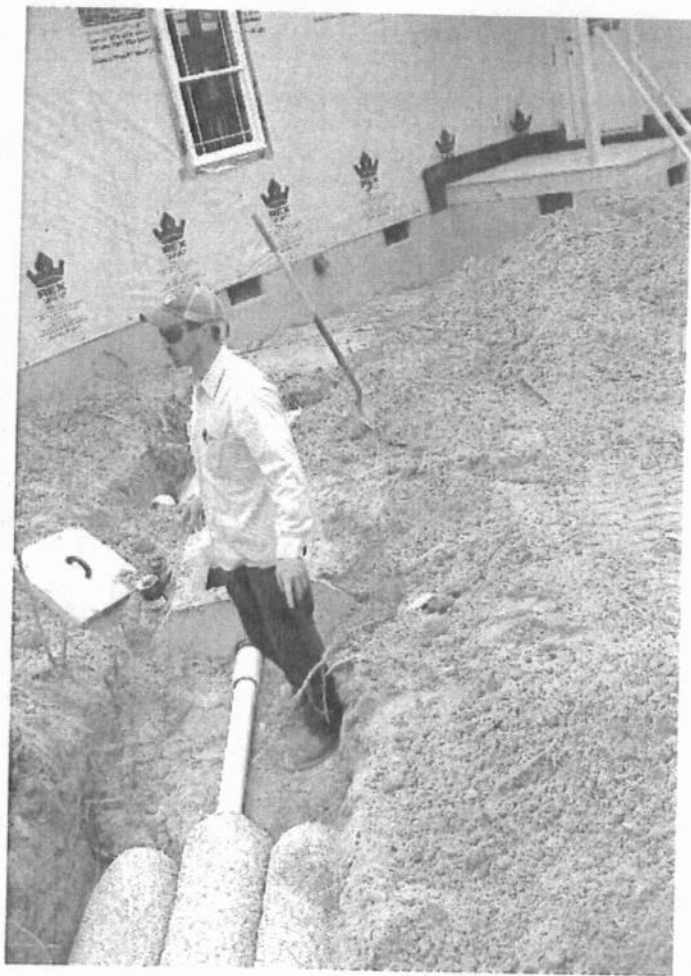
Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other F2 Flow Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

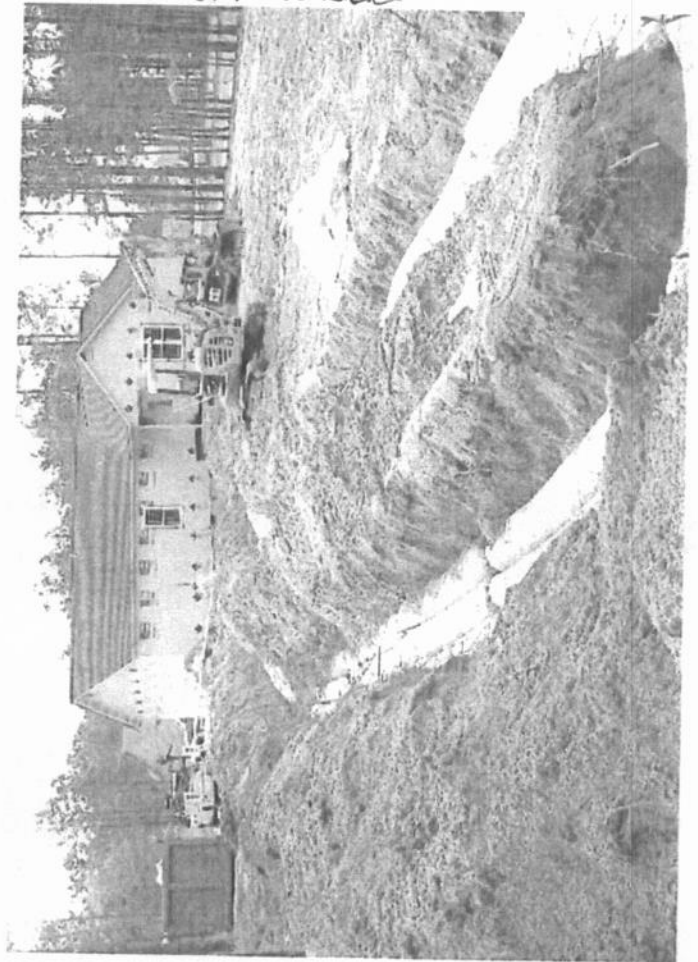
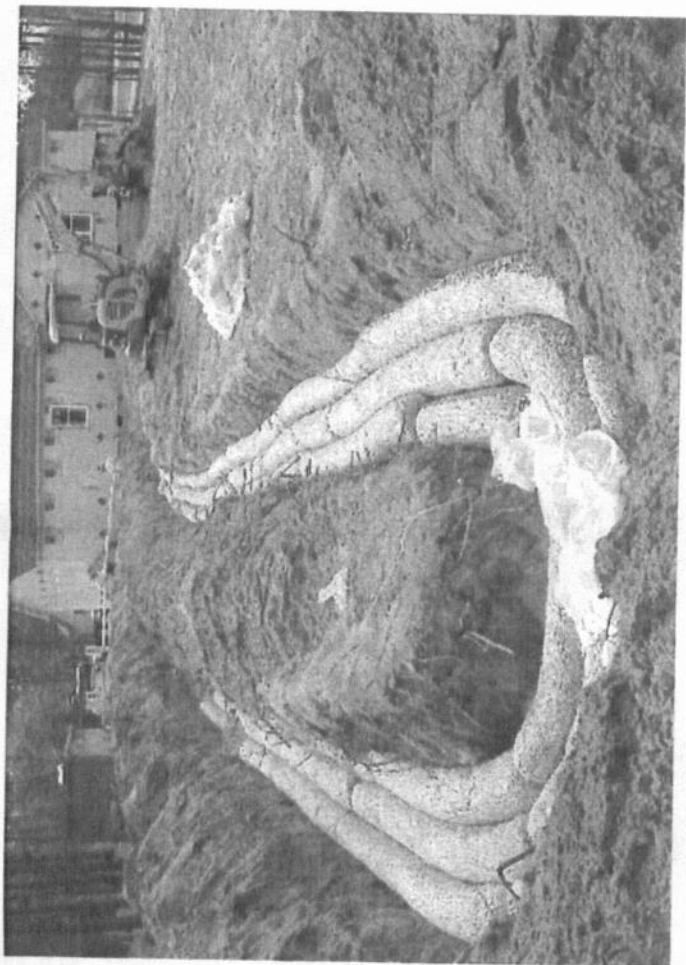
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 210 feet width of ditches 3 feet depth of ditches 24-30 inches

French Drain Required: \_\_\_\_\_ linear feet

Authorized State Agent: \_\_\_\_\_ Date: 4/5/16



11-5-27985000





STATE OF NORTH CAROLINA  
 COUNTY OF HAYWOOD  
 SUPERVISOR JEFFREY  
 SUPERVISOR JEFFREY

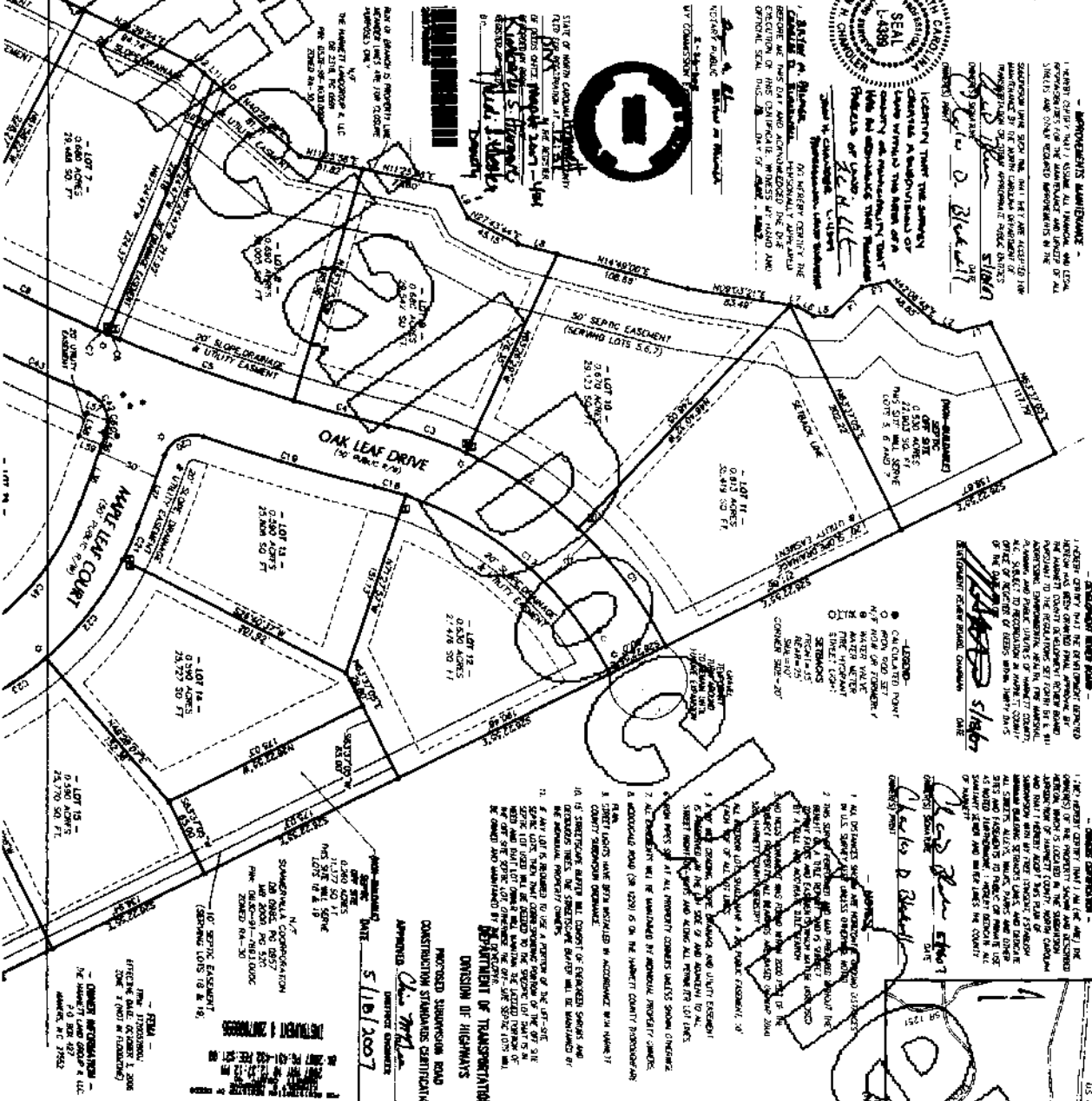


RESOLUTION NO. 2007-001  
 WHEREAS, the Board of Commissioners has received an application for a plat of land for the purpose of subdividing a portion of the land owned by the applicant, and

PLAT BOOK  
 58-01

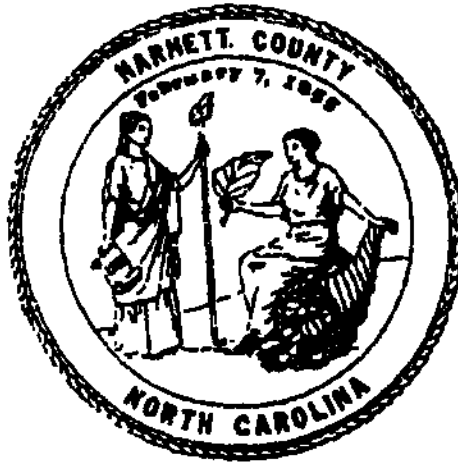
PROJECT # 0894  
 DRAWN BY JAC  
 COMP. DATE 2007-04-10  
 SHEET # 1 OF 1

LINE NO.	BEARING	LENGTH	AREA	PERCENT
1	N 89° 58' 11" W	109.13	11,511.27	27.50
2	S 12° 14' 58" E	109.13	11,511.27	27.50
3	N 89° 58' 11" W	109.13	11,511.27	27.50
4	S 12° 14' 58" E	109.13	11,511.27	27.50
5	N 89° 58' 11" W	109.13	11,511.27	27.50
6	S 12° 14' 58" E	109.13	11,511.27	27.50
7	N 89° 58' 11" W	109.13	11,511.27	27.50
8	S 12° 14' 58" E	109.13	11,511.27	27.50
9	N 89° 58' 11" W	109.13	11,511.27	27.50
10	S 12° 14' 58" E	109.13	11,511.27	27.50
11	N 89° 58' 11" W	109.13	11,511.27	27.50
12	S 12° 14' 58" E	109.13	11,511.27	27.50
13	N 89° 58' 11" W	109.13	11,511.27	27.50
14	S 12° 14' 58" E	109.13	11,511.27	27.50
15	N 89° 58' 11" W	109.13	11,511.27	27.50
16	S 12° 14' 58" E	109.13	11,511.27	27.50
17	N 89° 58' 11" W	109.13	11,511.27	27.50
18	S 12° 14' 58" E	109.13	11,511.27	27.50
19	N 89° 58' 11" W	109.13	11,511.27	27.50
20	S 12° 14' 58" E	109.13	11,511.27	27.50



SWANERHILL SUBDIVISION  
 SUPERVISOR JEFFREY  
 DATE: APRIL 13, 2007  
 HAYWOOD COUNTY  
 NORTH CAROLINA

LINE NO.	BEARING	LENGTH	AREA	PERCENT
1	N 89° 58' 11" W	109.13	11,511.27	27.50
2	S 12° 14' 58" E	109.13	11,511.27	27.50
3	N 89° 58' 11" W	109.13	11,511.27	27.50
4	S 12° 14' 58" E	109.13	11,511.27	27.50
5	N 89° 58' 11" W	109.13	11,511.27	27.50
6	S 12° 14' 58" E	109.13	11,511.27	27.50
7	N 89° 58' 11" W	109.13	11,511.27	27.50
8	S 12° 14' 58" E	109.13	11,511.27	27.50
9	N 89° 58' 11" W	109.13	11,511.27	27.50
10	S 12° 14' 58" E	109.13	11,511.27	27.50
11	N 89° 58' 11" W	109.13	11,511.27	27.50
12	S 12° 14' 58" E	109.13	11,511.27	27.50
13	N 89° 58' 11" W	109.13	11,511.27	27.50
14	S 12° 14' 58" E	109.13	11,511.27	27.50
15	N 89° 58' 11" W	109.13	11,511.27	27.50
16	S 12° 14' 58" E	109.13	11,511.27	27.50
17	N 89° 58' 11" W	109.13	11,511.27	27.50
18	S 12° 14' 58" E	109.13	11,511.27	27.50
19	N 89° 58' 11" W	109.13	11,511.27	27.50
20	S 12° 14' 58" E	109.13	11,511.27	27.50



KIMBERLY S. HARGROVE  
REGISTER OF DEEDS, HARNETT  
305 W CORNELIUS HARNETT BLVD  
SUITE 200  
LILLINGTON, NC 27546

Filed For Registration: 05/18/2007 12:37:12 PM

Book: PLAT 2007 Page: 431-432

Document No.: 2007008996

MAP 2 PGS \$21.00

Recorder: TRUDI S WESTER

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

**DO NOT DISCARD**

**\*2007008996\***

2007008996