

Initial Application Date: 10/16/17

Application # 17-50042560

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: Peter G. Stephen Mailing Address: 24 Sweet Samantha Ct.
City: Lillington State: N.C. Zip: 27526 Contact No: 757-818-3532 Email: mommom3@cox.net

APPLICANT: Peter G. Stephen Mailing Address: 24 Sweet Samantha Ct.
City: FUGAWAY VARINA State: N.C. Zip: 27526 Contact No: 757-818-3532 Email: mommom3@cox.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Dexterfield Lot #: 42 Lot Size: .51
State Road # 2280 State Road Name: (24) Sweet Samantha Ct. Map Book & Page: 2000 144
Parcel: 080053 0030 42 PIN: 0053-38-2269.000
Zoning: RA-30 Flood Zone: X Watershed: IV Deed Book & Page: 3400, 592 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 10 x 20) Use: Storage 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) X 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 (X) no

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

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): proposed 1 SHED

Required Residential Property Line Setbacks:

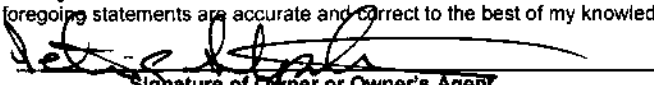
Front	Minimum	<u>35</u>	Actual	<u>35+</u>
Rear	<u>accessory structure</u>	<u>5</u>		<u>45'</u>
Closest Side		<u>5</u>		<u>5'</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 towards Fugway Marina
to Chalybeate Spring Rd. turn left follow to Detterfield
Sub. Div. turn left go to Stop sign turn Right then a
left on Sweet Samantha Ct. ~~second~~ second House on
~~Right~~ Right 24 Sweet Samantha

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

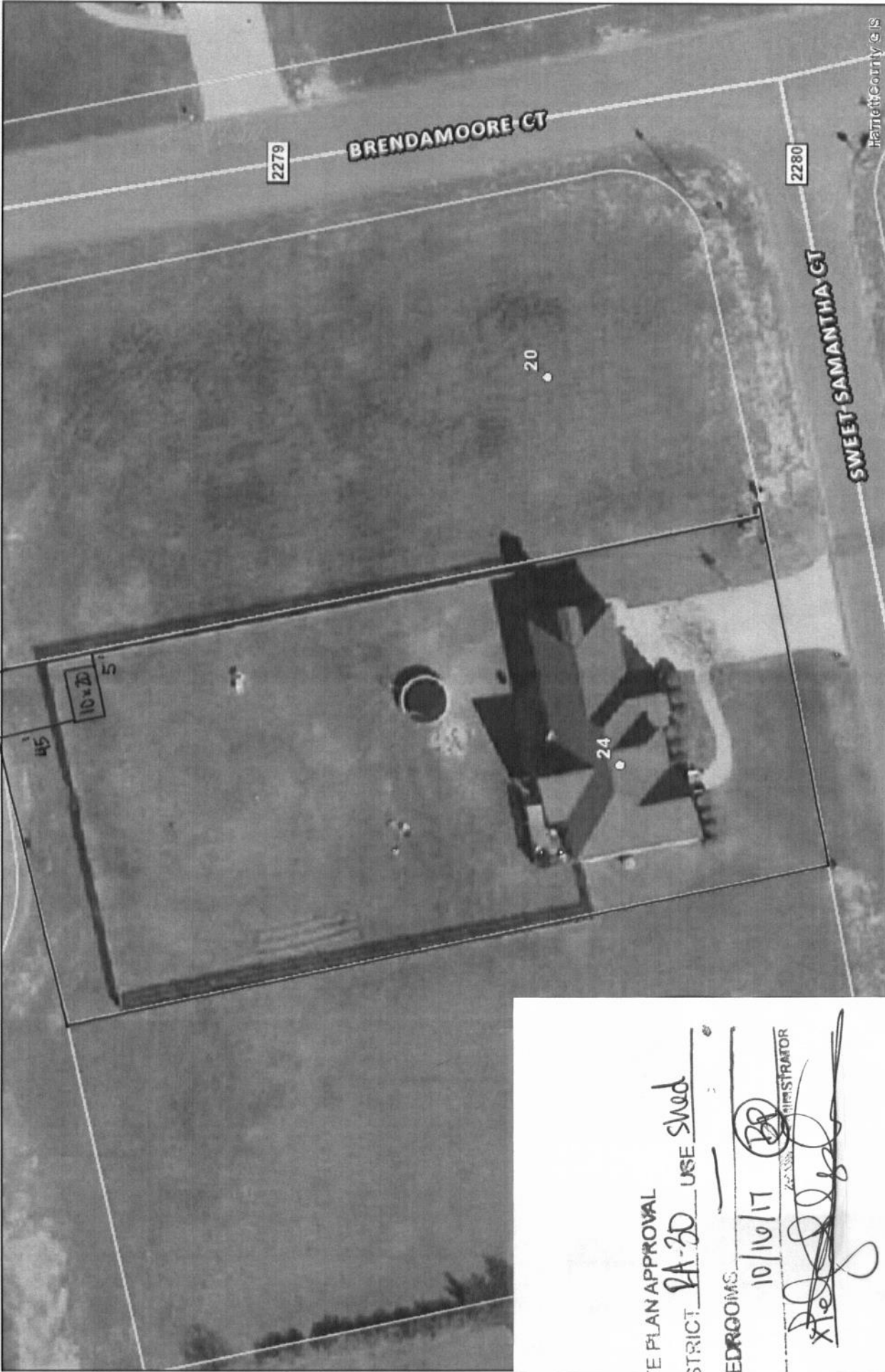
10-16-2017
Date

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

Harnett GIS

NOT FOR LEGAL USE



SITE PLAN APPROVAL

DISTRICT PA-3D USE SNOD

#BEDROOMS 3

10/16/17

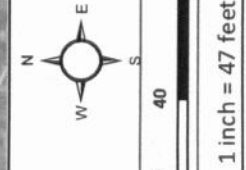
[Signature] SUPERVISOR



Harnett COUNTY
NORTH CAROLINA

GIS/E-911 Addressing
October 16, 2017

- City Limits
- Address Numbers
- Airport
- Major Roads
- Interstate
- Parcels
- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property
- NC
- US
- Roads
- Railroad



NAME: Stephen

APPLICATION #: 17-80042560

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 # 28 10/16/17 024395

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)

10-16-2017
DATE

DEPARTMENT OF TRANSPORTATION
Division of Transportation
Planning and Design Section
100 North Salisbury Street
Raleigh, NC 27601-1000

Project No. **2-14-08**
Sheet No. **25**
Date: **2/14/08**

SUBDIVISION NAME AND STREET NAMES HAVE BEEN REVIEWED AND APPROVED BY M.V.S. DEPARTMENT OF TRANSPORTATION
Alfred

Charmaine

THE LOTS/5 ON THIS PLAN HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT BASED ON THIS REVIEW, IT APPEARS THAT THIS PLAN MEETS APPROPRIATE REGULATIONS. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE PERMITS BY THE COUNTY ENGINEER. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OR PERMIT FOR ANY STATE AGENCY.

DATE: **2/14/08**

ENVIRONMENTAL HEALTH

DO NOT SIGNATURE TO BE MADE THE FIRST TRACT

STATEMENT OF COMPLETION, DECISION AND ADMINISTRATION
I, the undersigned, being duly qualified, have examined the above described plan and find that the same conform to the provisions of the laws of the State of North Carolina relating to the subdivision of land and to the regulations of the Department of Transportation. I have also examined the subdivision map and find that the same conform to the provisions of the laws of the State of North Carolina relating to the subdivision of land and to the regulations of the Department of Transportation. I have also examined the subdivision map and find that the same conform to the provisions of the laws of the State of North Carolina relating to the subdivision of land and to the regulations of the Department of Transportation.

DATE: **2/14/08**
M. R. Bennett
COUNTY ENGINEER

DEED REFERENCE
DEED BOOK 2044
PAGE 384
MAP REFERENCE
MAP NO. 2005-101

NORTH CAROLINA, HARRIS COUNTY
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M. R. Bennett
COUNTY ENGINEER



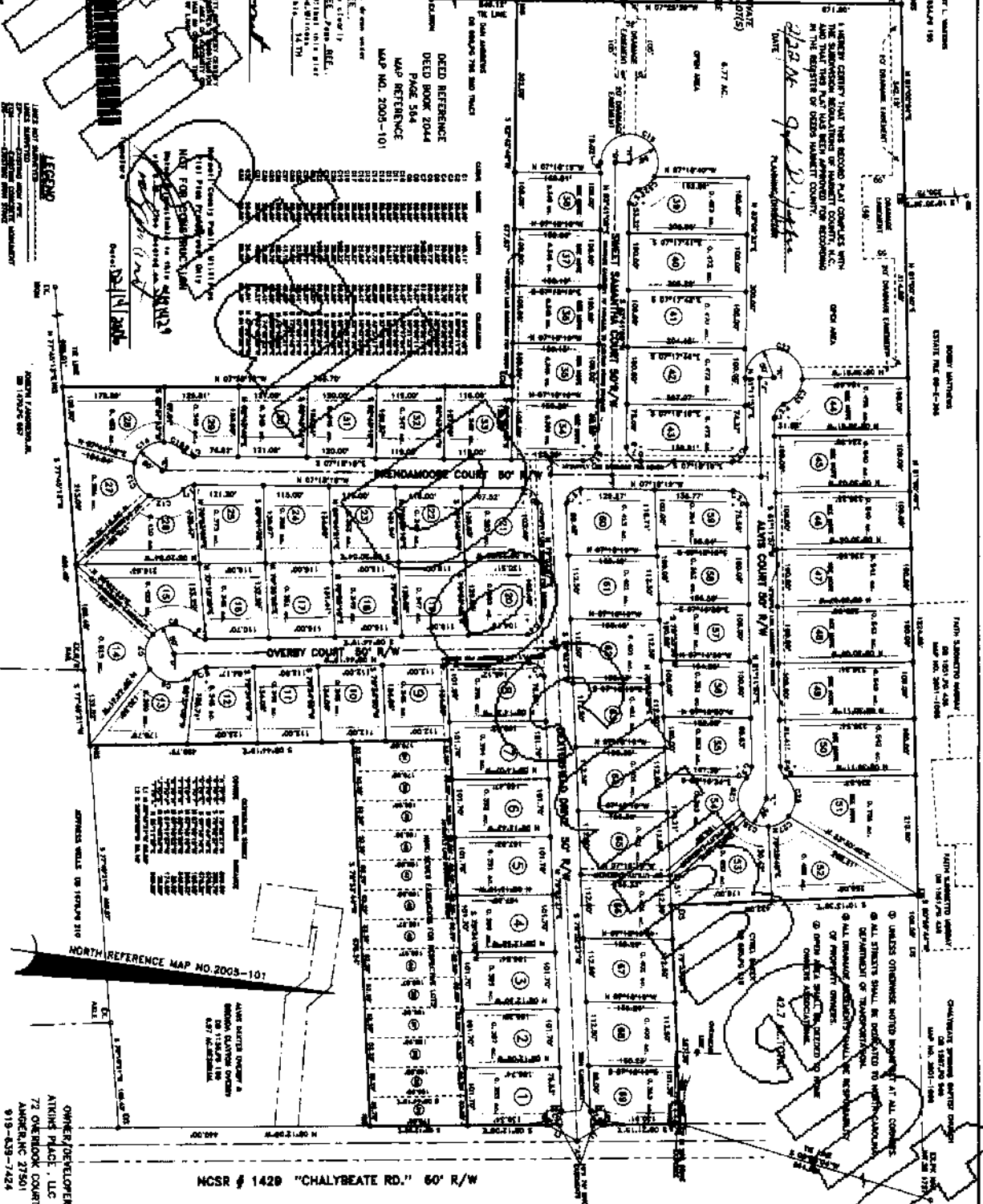
STATE OF NORTH CAROLINA
COUNTY OF HARRIS
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M. R. Bennett
COUNTY ENGINEER

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COUNTY ENGINEER



LEGEND
1. ALL STREETS SHALL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE NORTH CAROLINA HIGHWAY DESIGN MANUAL, LATEST EDITION.
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M. R. Bennett
COUNTY ENGINEER



SURVEY FOR:
DEXTERFIELD SUBDIVISION
TOWNSHIP: HECTOR'S CREEK
COUNTY: HARRIS
STATE: NORTH CAROLINA
DATE: FEBRUARY 14, 2008
TAX PARCEL: 0030 01
DRAUGHTSMAN: JMB
CHECKED & CLOSURE BY: JMB

BENNETT SURVEYS, INC.
1882 CLARK RD., LILLINGTON, N.C. 27546
(910) 893-5292
SURVEYED BY: JMB
DRAWING NO: 04418A

NCSR # 1428 "CHALYBEATE RD." 60' R/W

HTE# 07-5-17035

Harnett County Department of Public Health 19041

PERMIT # 23482

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SR 1429

Name: (owner) Brian Johnson Builders, Inc SUBDIVISION Dexterfield LOT # 42

System Installer: Glen Carroll Registration # _____

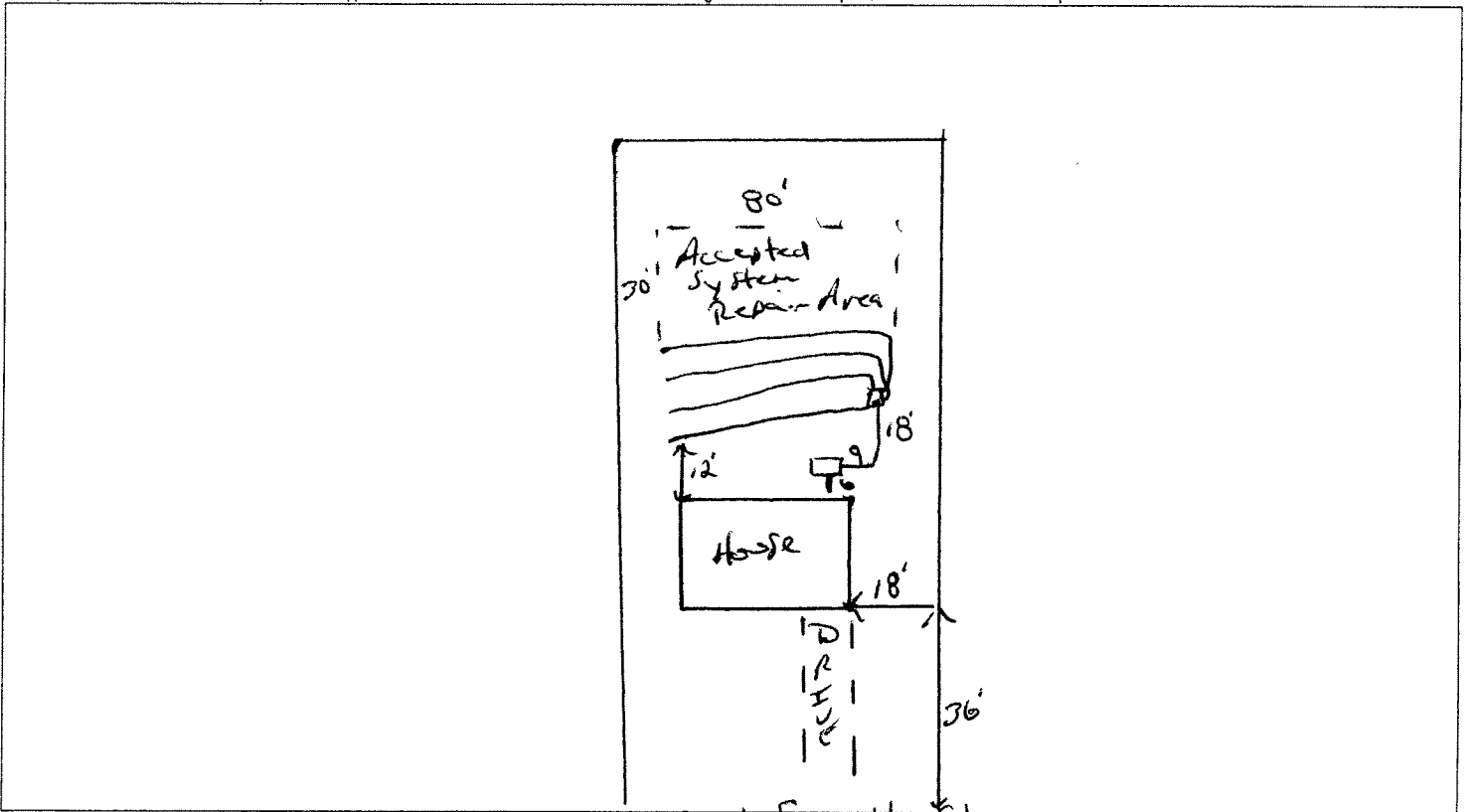
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: III G 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: _____

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

Type of system: Conventional Other E2 Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 4 of each ditch 80 feet ditches 3 feet ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Bryan McLean P.S. Date 5/22/2007

Application # 17-50042500

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

SCANNED
OCT 31 2017

* 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: Peter G. Stephen Date: _____
Site Address: 24 Sweet Samantha Ct. Phone: 757-818-3532
Directions to job site from Lillington: 401^N to Chalybente Rd turn left follow to Deterfield Sub. Dir. turn left go to stop sign turn right thru a left on Sweet Samantha Ct. second house on Right
Subdivision: Deterfield Lot: 42
Description of Proposed Work: Deliver Shed for Storage # of Bedrooms: _____
Heated SF: _____ Unheated SF: _____ Finished Bonus Room? _____ Crawl Space: _____ Slab: _____

General Contractor Information

Prime View Buildings LLC Telephone: 704-876-1501
Building Contractor's Company Name
933 Tomlin Mill Rd STATESVILLE, NC 28326 Email Address: INFO@PRIMEVIEW.613
Address
MANUFACTURER
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 # _____

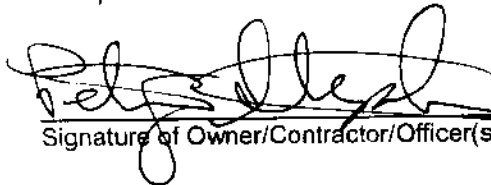
Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE: General Contractor / owner 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

10-31-2017
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: _____

Date: 10-31-2017

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: DJOHNSON Type: CP Drawer: 1
Date: 10/16/17 54 Receipt no: 119228

Year	Number	Amount
2017	50042560	
92941 TECH 4		
LILLINGTON, NC 27546		
B4	BP - ENV HEALTH FEES	\$100.00

ETANK

STEPHEN PETER

Tender detail	
CA CASH PAYMENT	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 10/16/17 Time: 11:46:26

** THANK YOU FOR YOUR PAYMENT **