



Initial Application Date: 3/22/18

Application # 1850043022

CU# _____

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: JOSHUA SEHULSTER Mailing Address: 380 CROSS LINK DRIVE
City: ANGIER State: NC Zip: 27501 Contact No: 919 649 0119 Email: JTREB169@gmail.com

APPLICANT*: JOSHUA SEHULSTER Mailing Address: 380 CROSS LINK DRIVE
City: ANGIER State: NC Zip: 27501 Contact No: 919 649 0119 Email: JTREB169@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kim Schulster Phone # 919-795-8706

PROPERTY LOCATION: Subdivision: Cross Link Lot #: 4 Lot Size: 1.08
State Road # 380 State Road Name: Cross Link Map Book & Page: PCAF/499
Parcel: 04 0664 6092 04 PIN: 0664-61-8138-000
Zoning: RAPDM Flood Zone: X Watershed: IV Deed Book & Page: 3453 1399 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) Monolithic
- 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 18 x 20) Use: SHED Closets in addition? () yes (x) 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 (x) no

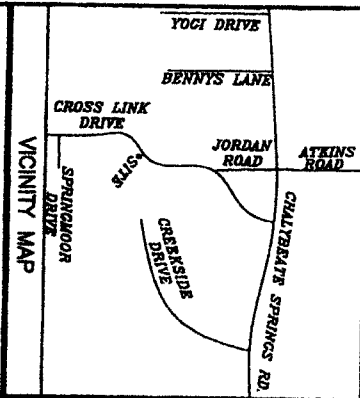
Does the property contain any easements whether underground or overhead () yes (x) no

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

Required Residential Property Line Setbacks:

Front	Minimum	<u>25</u>	Actual	<u>—</u>
Rear		<u>28</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>15</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		<u>603</u>

Comments: _____



APPROVED PLOT CABINET C SLIDE 446

SITE PLAN APPROVAL

DISTRICT RA2M USE Shed

#BEDROOMS _____

Date 3/22/14 Zoning Administrator [Signature]

NOTE: BEING LOT 4 OF CROSS LINK PLACE AS RECORDED IN PLAT CABINET F SLIDES 448A-448C.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCOS MONUMENT WITHIN 2000'.

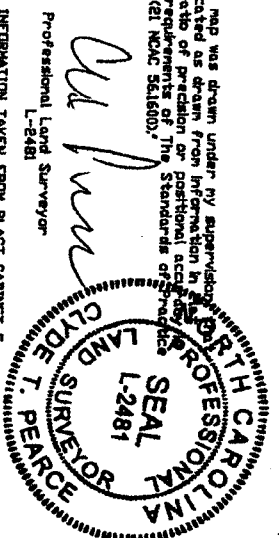
NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

NOTE: A 15' CONSTRUCTION EASEMENT IS RESERVED ON BOTH SIDES OF ALL PROPOSED STREETS.

PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCES, OR SALES.

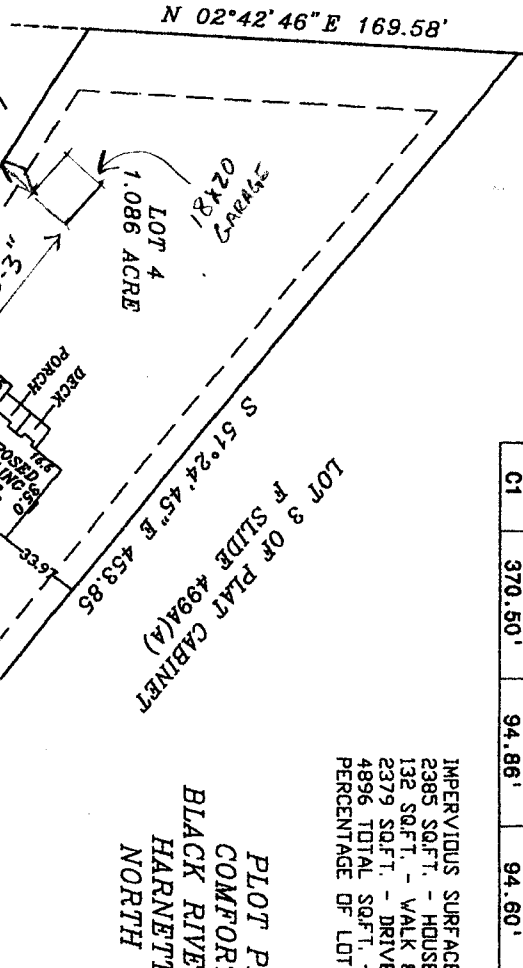
1. CLYDE T. PEARCE, certify that this map was drawn under my supervision, the boundaries not surveyed are indicated as drawn from information in Cabinet F Slide 499A-499C that the ratio of precision of positional accuracy is 1:100,000 and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (EL NCAC 56.1600).

This 197th day of April, 2016.



NOTE: NOT AN ACTUAL FIELD SURVEY. INFORMATION TAKEN FROM PLAT CABINET F SLIDE 499A-499C.

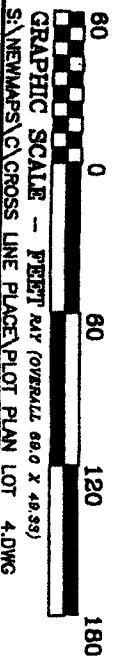
WILLIAMS - PEARCE and ASSOC., P.A.
PROFESSIONAL LAND SURVEYORS, P.A.
 1000 N. ARENDELL AVE.
 P.O. BOX 892, ZEBULON, N.C. 27597
 PHONE: 919-269-9605 LIC. # C-0243



Curve	Radius	Length	Chord	Chord Bear.
C1	370.50'	94.86'	94.60'	S 42°21'47" W

IMPERVIOUS SURFACE COVERAGE
 2385 SQ.FT. - HOUSE & GARAGE
 132 SQ.FT. - WALK & STEPS
 2379 SQ.FT. - DRIVEWAY
 4896 TOTAL SQ.FT. - PROPOSED COVERAGE
 PERCENTAGE OF LOT COVERED - 103%

**PLOT PLAN FOR
 COMFORT HOMES
 BLACK RIVER TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA**



DRAWN BY: CTP & BBT
 CHECKED BY: [Signature]
 DATE: 04-19-2016
 SCALE: 1" = 80'
 JOB: BCW2622 OF

$$\frac{27}{35} \times 81 = 62.57$$

$$\frac{27}{35} \times 50 = 38.57$$

$$\frac{27}{35} \times 72 = 55.71$$

$$\frac{27}{35} \times 48 = 36.57$$

HTE# 16-5-38799

Harnett County Department of Public Health

24241

PERMIT # 28897

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 521441 Oakleaf Lane

Name: (owner) Comfort Home Inc

SUBDIVISION Crosslink LOT # 4

System Installer: Russell Phillips

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

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

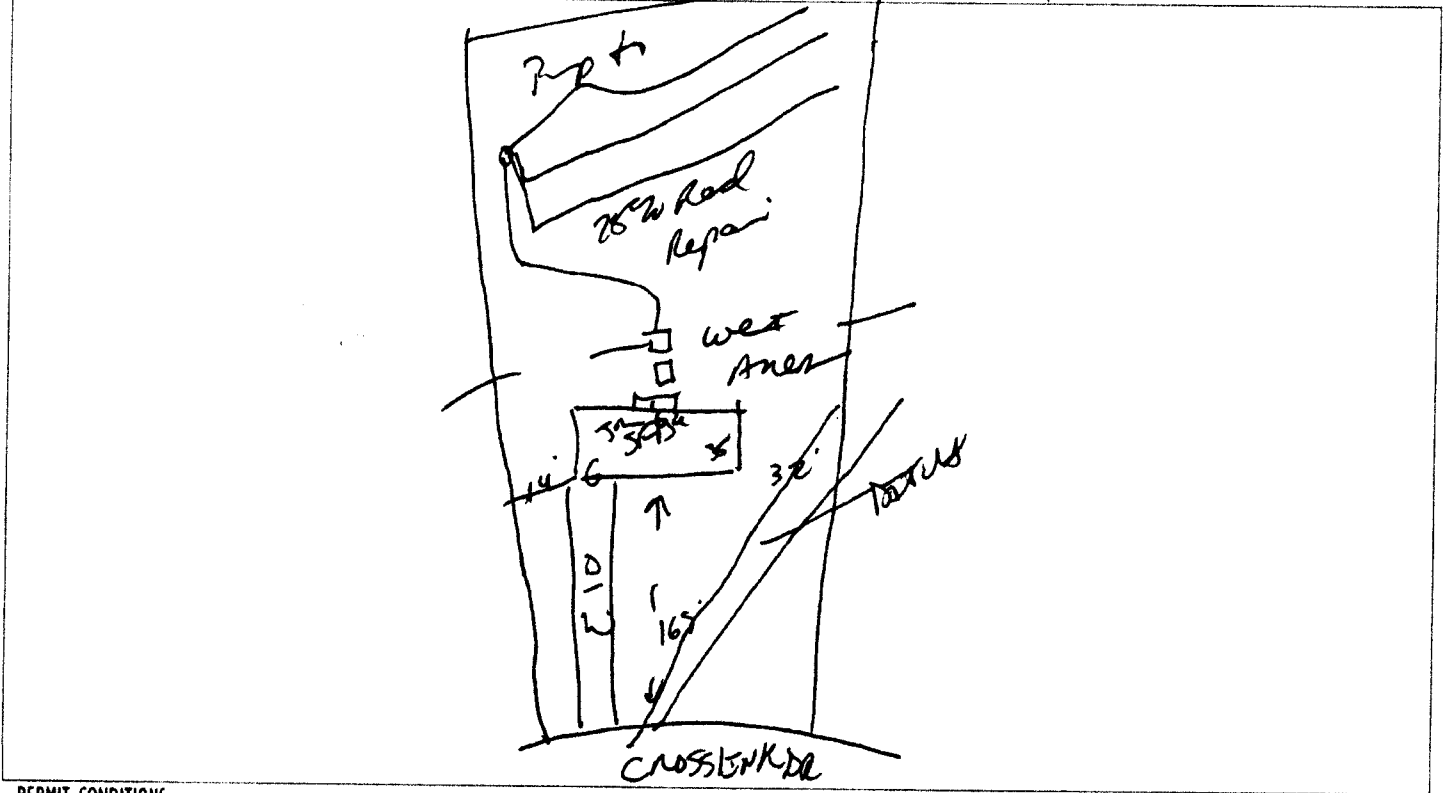
System Type: 25% Reducer Septic Type III G.P. 100 Type V and VI Systems expire in 5 years.

(In accordance with Table V a)

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

Quick

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 25% Red Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 20-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Jane E. Manhardt Date 10-19-16

HTE# 16-5-38799

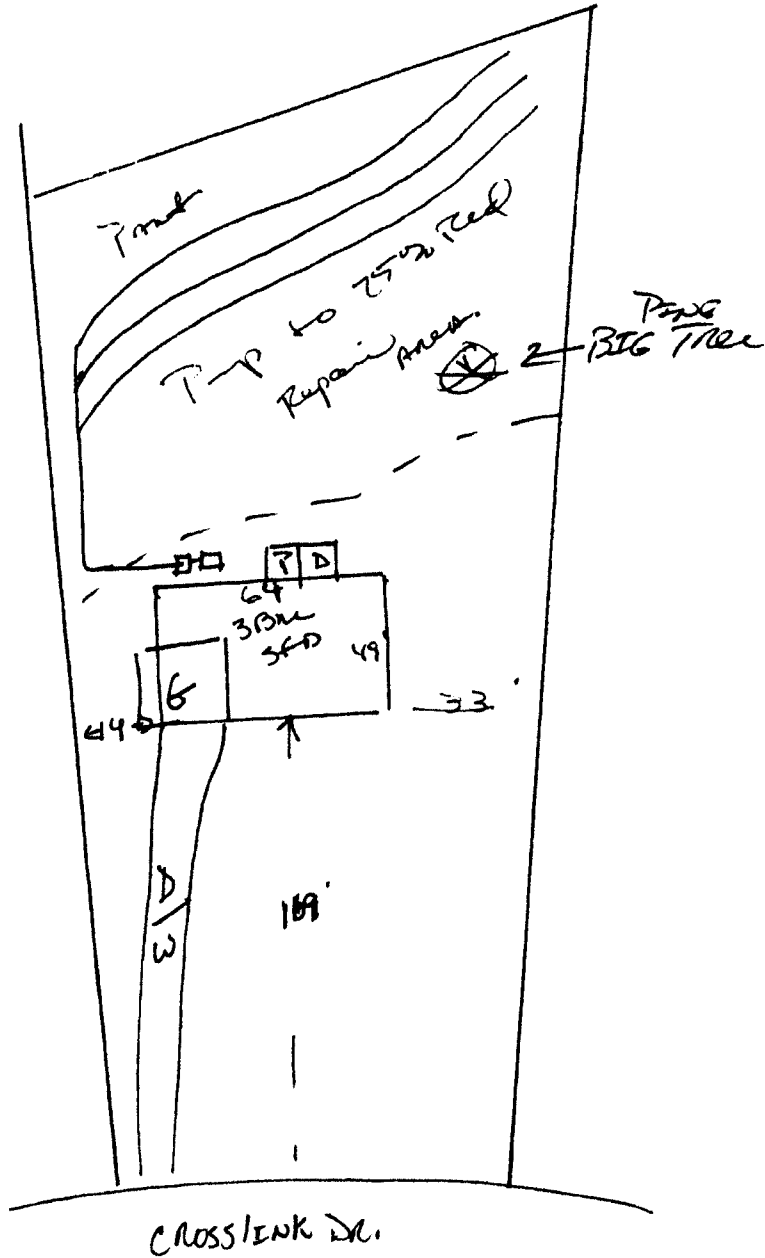
Permit # 28299

Harnett County Department of Public Health Site Sketch

ISSUED TO: Comfort Home Care PROPERTY LOCATOR: 321441 Chalybeate Springs RD
SUBDIVISION Crosslink LOT # 4

Authorized State Agent: James E. Mandant Date: 7-7-16

Contractor to meet on site prior to install.



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 # _____

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.

Joshua Sekkals Ter
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/21/18
DATE

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 JOSHUA SENUKSTER Date 3/21/18

Site Address 380 CROSS LINK DRIVE ANGLER NC 27501 Phone 919 649-0119

Directions to job site from Lillington TAKE 401 TOWARDS FURWAY MAKE A RIGHT ON
CMLYBEATE SPRINGS RD TURN RIGHT ON CROSS LINK DRIVE HOUSE IS
ON THE RIGHT

Subdivision CROSS LINK Lot 4

Description of Proposed Work 18X20 SHED # of Bedrooms _____

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

General Contractor Information

BUILT BY/AS OWNER JOSHUA SENUKSTER 919 649 0119

Building Contractor's Company Name _____ Telephone _____

380 CROSS LINK DR ANGLER NC 27501 STREB169026MAIL.COM

Address _____ Email Address _____

N/A

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 401 TOWARDS FLOWAY MAKE
A RIGHT ON CHICKEN BEATS SPRINGS RD THEN RIGHT ON CROSS CREEK DRIVE
HOUSE IS ON THE 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.

Joshua Schuster JOSHUA SCHUSTER
Signature of Owner or Owner's Agent

3/21/18
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

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

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

3/21/18
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

John Steer

Date

3/21/18

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Application Number 18-50043622 Date 5/24/18
Intersection
Property Address 380 CROSS LINK DR
PARCEL NUMBER 04-0664- - -0092- -04-
Application type description CP NEW STORAGE BLDG RESIDENTIAL
Subdivision Name CROSS LINK PLACE
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

SEHULSTER JOSHUA D OWNER
380 CROSS LINK DRIVE
ANGIER NC 27501

SCANNED
MAY 24 2018

Applicant

SEHULSTER JOSHUA D
380 CROSS LINK DR ANGIER, NC
27501
ANGIER NC 27501
(919) 649-0119

--- Structure Information 000 000 18X20 SHED
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE SHED
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code . 1244243
Issue Date 5/24/18 Valuation 0
Expiration Date . . 5/24/19

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1244250
Issue Date 5/24/18 Valuation 0
Expiration Date . . 11/20/18

Special Notes and Comments
T/S: 03/22/2018 01:32 PM JBROCK ----
380 CROSSLINK

Application Number	18-50043622	Page	2
Property Address	380 CROSS LINK DR	Date	5/24/18
PARCEL NUMBER	04-0664- - -0092- -04-		
Application description	CP NEW STORAGE BLDG RESIDENTIAL		
Subdivision Name	CROSS LINK PLACE		
Property Zoning	RES/AGRI DIST - RA-20M		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

User: BPETRICH Type: CP Drawer: 1
Date: 5/24/18 51 Receipt no: 366008

Year	Number	Amount
2018	50043622	
100 CROSS LINK DR		
ANGIER, NC 27501		
01	BP - PERMIT FEES	\$125.00
MECH/ELEC		

JOSH SCHULSTER

Tender detail	
CP CREDIT CARD	\$125.00
Total tendered	\$125.00
Total payment	\$125.00

Trans date: 5/24/18 Time: 10:38:59

** THANK YOU FOR YOUR PAYMENT **

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 3/22/18 52 Receipt no: 296720

Year	Number	Amount
2018	50043622	
300 CROSS LINK DR		
ANGIER, NC 27501		
B4	BP - ENV HEALTH FEES	\$100.00

EXT TANK

SEHULSTER JOSHUA D

Tender detail	
CP CREDIT CARD	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 3/22/18 Time: 13:34:43

** THANK YOU FOR YOUR PAYMENT **