



Received - 12104118

Initial Application Date: 11/19/18

Application # SFD1807-0034

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: Ben Perry Mailing Address: 39 Wolf Creek Lane
City: Lillington State: NC Zip: 27546 Contact No: 919-888-0457 Email: benandkim1001@gmail.com

APPLICANT: Natalie Quintal Mailing Address: 182 W Hamlin Road
City: Benson State: NC Zip: 27504 Contact No: 919-324-1552 Email: nquintal@schumacherhomes.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Natalie Quintal Phone # 919-324-1552
ADDRESS: 248 Mabry Road, Angier NC 27501 PIN: 0682-37-3768,000
DEED OR OTP: Parcel-090682 0134 12

PROPOSED USE:

SFD: (Size 59 x 75) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic 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 _____ x _____) Use: _____ Closets in addition? yes no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) ***Must have operable water before final**
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer _____
(Complete Environmental Health Checklist on other side of application if Septic)

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: Manufactured Homes: _____ Other (specify): _____

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.

Natalie Quintal
Signature of Owner or Owner's Agent

12-3-18
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*

APPLICATION CONTINUES ON BACK

strong roots • new growth

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HTE# 1801-0034

Harnett County Department of Public Health

30156

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Ben Perry PROPERTY LOCATION: 248 Mabry Road (SR 1538)
 NEW REPAIR EXPANSION SUBDIVISION: Chesterfield Prop. Grp. LOT # 9
 Type of Structure: 30R 60'x70' SFD Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 26% reduction Sys.
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 08/16/2018 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Ben Perry PROPERTY LOCATION: 248 Mabry Road (SR 1538)
 Facility Type: 30R 60'x70' SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 26% reduction system (Initial) Wastewater Flow: 366 GPD
 (See note below, if applicable
Pump to 26% reduction (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 4
 Pump Tank Size _____ gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Maximum Trench Depth of: 22 inches Soil Cover: 10 inches
 (Trench bottoms shall be level to +/- 1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
 Conditions: _____ NA inches above pipe
NA inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____
 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 08/16/2018
Andrew Curran Construction Authorization Expiration Date: 08/16/2022

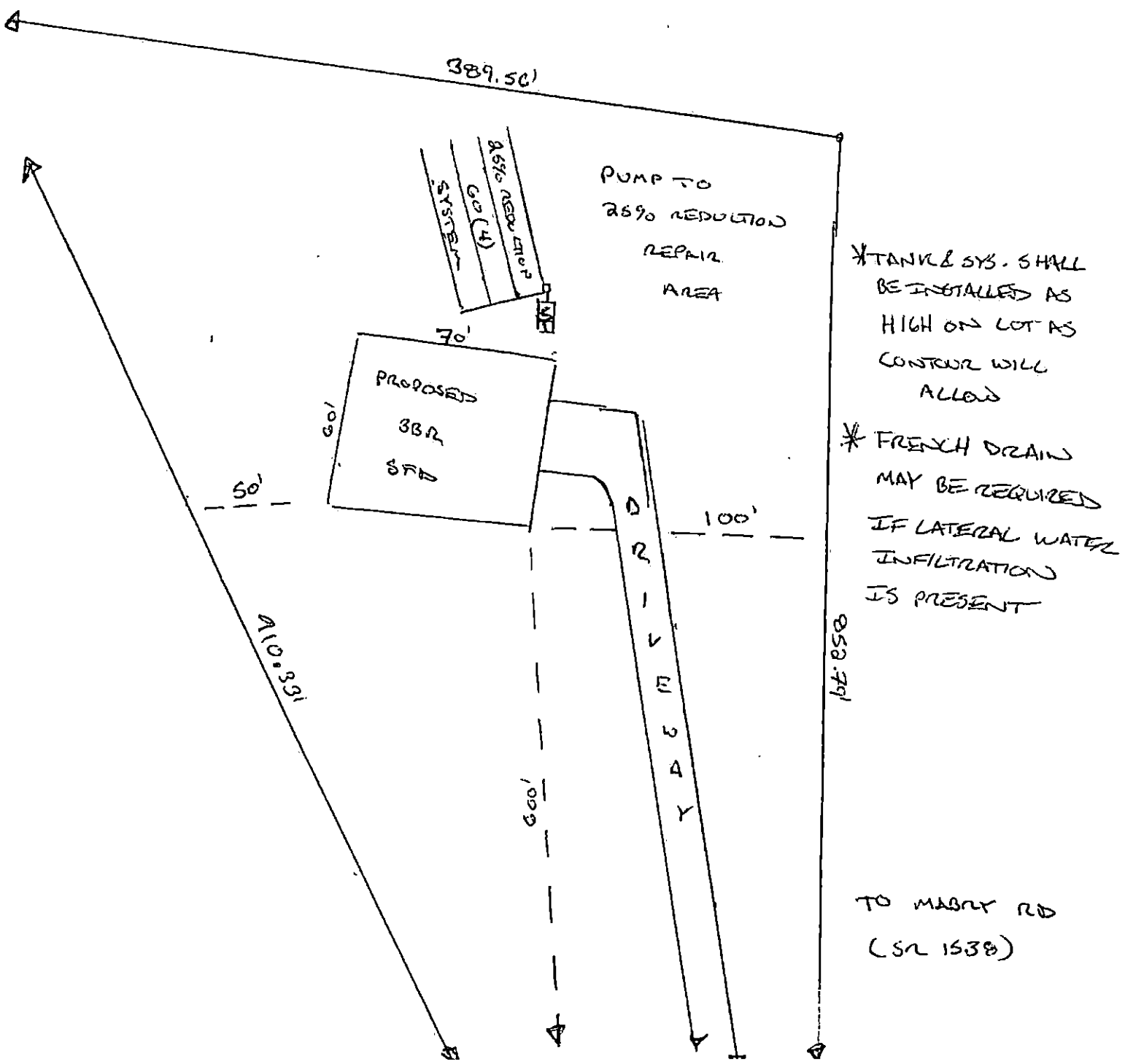
HTE# 1801-0034

Permit # 30156

Harnett County Department of Public Health Site Sketch

ISSUED TO: Ben Perry PROPERTY LOCATOR: 248 Mabry Road (sr 1538)
SUBDIVISION Chesterfield Prop. Grp. LOT # 9

Authorized State Agent: ~~Andrew Curran~~ Date: 08/16/2018
ANDREW CURRAN



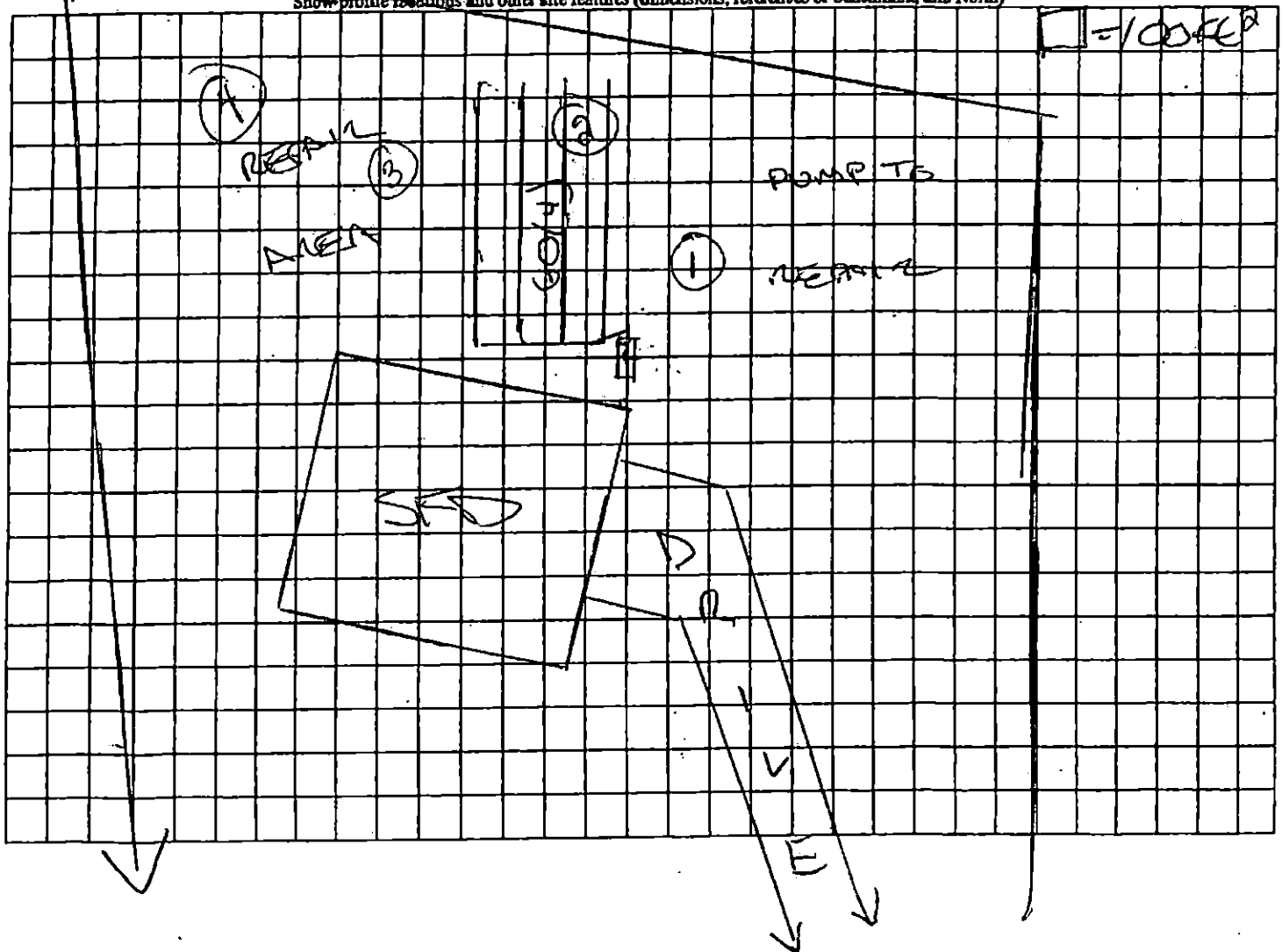
COMMENTS: _____

| LANDSCAPE POSITIONS | GROUP | TEXTURES | .1955 LTAR | CONSISTENCE MOIST | WET |
|---------------------|-------|---------------------|------------|--------------------|--------------------|
| R-RIDGE | I | S-SAND | 1.2 - 0.8 | VFR-VERY FRIABLE | NS-NON-STICKY |
| S-SHOULDER SLOPE | | LS-LOAMY SAND | | FR-FRIABLE | SS-SLIGHTY STICKY |
| L-LINEAR SLOPE | | | | | S-STICKY |
| FS-FOOT SLOPE | II | SL-SANDY LOAM | 0.8 - 0.6 | FI-FIRM | VS-VERY STICKY |
| N-NOSE SLOPE | | L-LOAM | | VFI-VERY FIRM | NP-NON-PLASTIC |
| H-HEAD SLOPE | III | SI-SILT | 0.6 - 0.3 | EFI-EXTREMELY FIRM | SP-SLIGHTLY STICKY |
| CC-CONCLAVE SLOPE | | SIL-SILT LOAM | | | P-PLASTIC |
| CV-CONVEX SLOPE | | CL-CLAY LOAM | | | VP-VERY PLASTIC |
| T-TERRACE | | SCL-SANDY CLAY LOAM | | | |
| FP-FLOOD PLAN | IV | SIC-SILTY CLAY | 0.4 - 0.1 | | |
| | | C-CLAY | | | |
| | | SC-SANDY CLAY | | | |

STRUCTURE
 SG-SINGLE GRAIN
 M-MASSIVE
 CR-CRUMB
 GR-GRANULAR
 SBK-SUBANGULAR BLOCKY
 ABK-ANGULAR BLOCKY
 PL-PLASTY
 PR-PRISMATIC

MINERALOGY
 SLIGHTLY EXPANSIVE
 EXPANSIVE

Show profile locations and other site features (dimensions, references or benchmark, and North)





****This application expires 6 months from the initial date if permits have not been issued****

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)

□ Environmental Health New Septic System

- **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.**

□ Environmental Health Existing Tank Inspections

- 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**

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

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.

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DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 953074

Filed on: 11/19/2018

Initially filed by: schumacherhomes

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com (mailto:support@liensnc.com)

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)**Project Property**Chesterfield Prop
248 Mabry Road
Angier, NC 27501
Harnett County**Property Type**

1-2 Family Dwelling

Owner InformationBen Perry
39 Wolf Creek Lane
Lillington, NC 27546
United States
Email: benandkim1001@gmail.com
Phone: 919-888-0457**Date of First Furnishing**

12/05/2018

Print & Post**Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384



Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # SFD1807-0034
Received-12104118

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Ben Perry Date: 11/19/18
Site Address: 248 Mabry Rd, Angler, NC 27501 Phone: (919) 888-0457
Subdivision: Chesterfield Prop Group Lot: 9
Description of Proposed Work: Single Family Dwelling

General Contractor Information

Schumacher Homes of NC 919-324-1552
Building Contractor's Company Name Telephone
182 W Hamlin Road, Benson NC 27504 nquintal@schumacherhomes.co
Address Email Address
58362 Natalie Quintal
License #

Electrical Contractor Information

Description of Work New electrical Service Size: 200 Amps T-Pole: Yes No
Arguijo Electric 919-264-8287
Electrical Contractor's Company Name Telephone
4424 River Edge Dr, Raleigh NC 27604 arguijo.electric@gmail.com
Address Email Address
29-138-U Roberto Arguijo
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC Install
Ultimate Comfort & Air 919-803-3544
Mechanical Contractor's Company Name Telephone
1508 S Sanders St, Raleigh NC ultimatecomforthvac@gmail.com
Address Email Address
30531 [Signature]
License #

Plumbing Contractor Information

Description of Work New plumbing # Baths 2
Pete Wall Plumbing 336-373-8365
Plumbing Contractor's Company Name Telephone
835 Winston Street, Greensboro NC 27405 petewallplumbing@gmail.com
Address Email Address
1714 James O Wall III petewallplumbing8354@gmail.com
License #

Insulation Contractor Information

Insulating Inc 1212 Home Ct., Raleigh NC 27803 919-772-9000
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.

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

11/19/18
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.

Sign w/Title: Natalie Quintal - permits Coordinator Date: 12-3-18