



Initial Application Date: 10/18/18

Application # SFD1810-0035

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: Frank and Debbie Dalesio Mailing Address: 612 Hollymont Dr.
City: Holly Springs State: NC Zip: 27540 Contact No: 703-403-2344 Email: frankdalesio@gmail.com

APPLICANT*: J.M. Davis Custom Homes I Mailing Address: 135 Josees Ridge Trail
City: Pittsboro State: NC Zip: 27312 Contact No: 919-422-9800 Email: jmdavishomes@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

ADDRESS: _____ PIN: 0682-39-0248.000

DEED OR OTP: 3604:42

PROPOSED USE:

SFD: (Size 73 x 58) # Bedrooms: 4 # Baths: 4.5 Basement(w/w 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/w 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 ingress/egress

Structures (existing or proposed): Single family dwellings: 1 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.

[Signature]
Signature of Owner or Owner's Agent

10/18/2018
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

****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.

strong roots • new growth

D'Alesio
 Lot #3 (~3.55 acres) Chesterfield Estates
 Mabry Road, Harnett County

Mother in-law suite/Garage

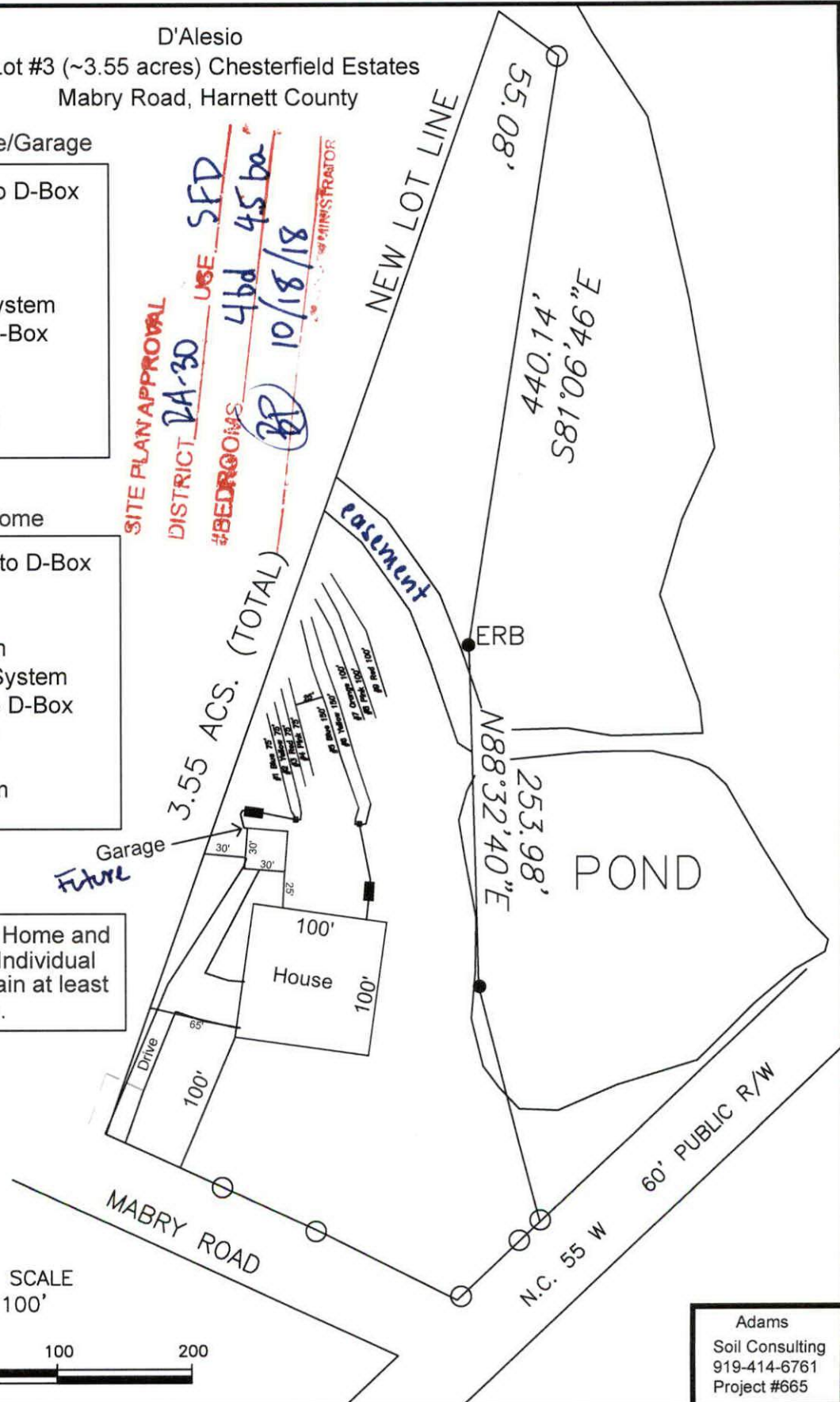
System: *Gravity to D-Box
 Lines: 1-2, (150')
 0.4 LTAR
 24" Trench Bottom
 Accepted Status System
 Repair: Pump to D-Box
 Lines: 3-4, (150')
 0.4 LTAR
 24" Trench Bottom

4-Bedroom Home

System: *Gravity to D-Box
 Lines: 1-2, (300')
 0.4 LTAR
 24" Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 3-5, (300')
 0.4 LTAR
 24" Trench Bottom

*Separate system for Home and Mother in-law suite. Individual systems must maintain at least 20 feet of separation.

SITE PLAN APPROVAL
 DISTRICT *DA-30* *USE SFD*
#BEDROOMS 4bd 4.5ba
BP 10/18/18
ADMINISTRATOR



GRAPHIC SCALE
 1" = 100'



Adams
 Soil Consulting
 919-414-6761
 Project #665

D'Alesio
Lot #3 - Chesterfield Estates

2-Bedroom Mother in-law suite (240 gal./day)

<u>LINE #</u>	<u>COLOR</u>	<u>BS</u>	<u>HI</u>	<u>FS</u>	<u>ELEVATION</u>	<u>LINE LENGTH</u>	<u>Design Length</u>
TBM		1.0		100.0		<u>in field</u>	<u>installation</u>
INST. 1			101.0				
1	Blue			3.2	97.8	75	75
2	Yellow			3.6	97.4	75	75
3	Red			4	97	75	75
4	Pink			4.5	96.5	75	75

	<u>System</u>	<u>Repair</u>
	Lines 1-2	Lines 3-4
System Type	Accepted Status System	Accepted Status System
	EZ-FLOW	EZ-FLOW
Suggested Soil LTAR	0.40	0.40
Total Line Length	150	150
Square Footage	450	450
Proposed Trench Bottom	24"	24"
Distribution Method	Gravity to D-Box	Gravity to D-Box

D'Alesio
Lot #3 - Chesterfield Estates
 4-Bedroom Home (480 gal./day)

<u>LINE #</u>	<u>COLOR</u>	<u>BS</u>	<u>HI</u>	<u>FS</u>	<u>ELEVATION</u>	<u>LINE LENGTH</u>	<u>Design Length</u>
TBM		1.0		100.0		<u>in field</u>	<u>installation</u>
INST. 1			101.0				
5	Blue			6.2	94.8	200	150
6	Yellow			6.9	94.1	200	150
7	Orange			7.5	93.5	175	100
8	Pink			8.2	92.8	140	100
9	Red			9	92	115	100

	<u>System</u>	<u>Repair</u>
	Lines 5-6	Lines 7-9
System Type	Accepted Status System EZ-FLOW	Accepted Status System EZ-FLOW
Suggested Soil LTAR	0.40	0.40
Total Line Length	300	300
Square Footage	900	900
Proposed Trench Bottom	24"	24"
Distribution Method	Gravity to D-Box	Gravity to D-Box

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: Frank & Debbie Date: 10/18/18
Site Address: 50 Mabry Rd. Angier Phone: ~~910-222-2222~~
Directions to job site from Lillington: SS Hwy & Mabry Rd. 703-403-2344

Subdivision: #1 Chesterfield Estates Lot: #1
Description of Proposed Work: Residential Home # of Bedrooms: 1
Heated SF: 3455 Unheated SF: 744 Finished Bonus Room? Crawl Space: Slab: N/A

General Contractor Information

J. M Davis Custom Homes 919-422-9800
Building Contractor's Company Name Telephone
135 Josees Ridge Trail jmdavisshomes@gmail.com
Address Email Address
35433 Unlnted

Electrical Contractor Information
Description of Work New Home Service Size: _____ Amps T-Pole: Yes No
Top Notch 919 369-1997
Electrical Contractor's Company Name Telephone
8409 Neuse Timber Ct topnotchelectrical@gmail.com
Address Email Address
260-71

Mechanical/HVAC Contractor Information

Description of Work Quality Air Service 919 427 8934
Mechanical Contractor's Company Name Telephone
5208 Spring Fawn Rd Ral
Address
13367
License #

Plumbing Contractor Information

Description of Work NEW HOME # Baths _____
5090 Trademark Dr Ral 919-821-2300
Plumbing Contractor's Company Name Telephone
Raleigh Plumbing
Address
17542
License #

Insulation Contractor Information

Evergreen 919-931-8277
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.

[Handwritten Signature]

10/18/18

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

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:

J.M. Davis Homes Inc ^{Custom}

Sign w/Title:

President

Date:

10/18/18