

Initial Application Date: 12/19

Application #	301	901-0002

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
city: Ridgeland State: SC zip2936contact No: 919 730 7802 Email:
ony. The state of
APPLICANT*: Drew Steplenson Steplenson Buildors Floor N Reley St Paymer MC
City: August State: No. 21p: 27501 Contact No. 919 7307602 Email: drew a stephnism *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Drew Stephenson Phone # 919 730 7802
ADDRESS: 856 Nation Matthews Rd. PIN: 0672.06.8905.000 RA-30
DEED OR OTP: 3054/21 (4
PROPOSED USE: SFD: (Size 62 x 65) # Bedrooms: 4 # Baths 2 Basement(w/wo bath): Deck: Crawl Space: Slab: Sla
☐ Mod: (Sizex) # 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: (Sizex) No. Buildings: No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size _x _) Use:
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 () yes ()
Does the property contain any easements whether underground or overhead (yes (no whith easement a fresh structures (existing or proposed): Single family dwellings: Yes, Ho Manufactured Homes: Other (specify): Octached Gorge
Structures (existing or proposed): Single family dwellings: Yes, Homanufactured Homes: Other (specify): 1 Detached Garge
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's Agent Date
Signature of Owner's Agent ***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

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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

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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

Accessible So That A Complete Site Evaluation Can Be Performed.

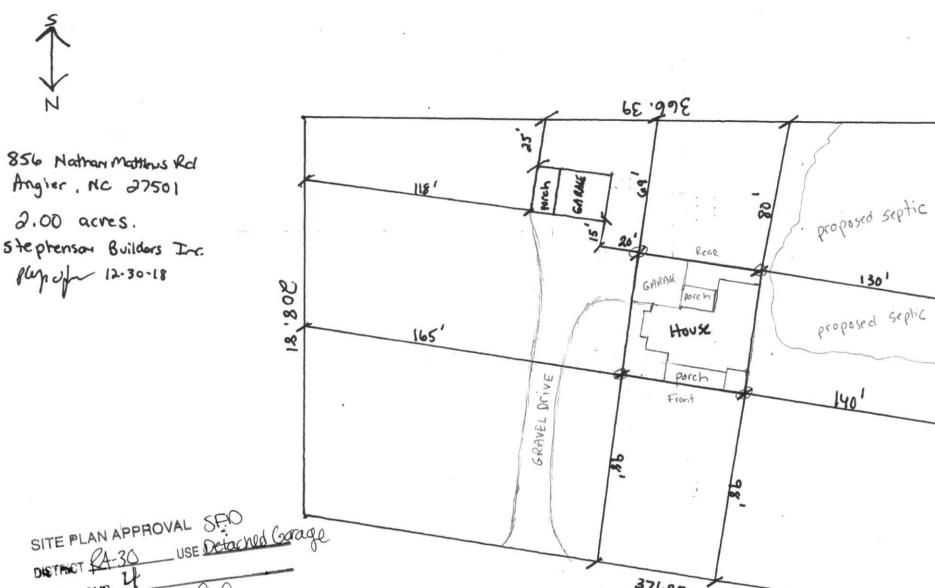
SEPTIC

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If applying fo	or authorizatio	in to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accept	ted	{} Innovative { Conventional { Any
{}} Alterna	ative	Dother 4 Bed Room Grandy
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES {	LINO	Does the site contain any Jurisdictional Wetlands?
{}}YES {	NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	_9-NO	Does or will the building contain any <u>drains</u> ? Please explain
{}} YES	110	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 NO	Is the site subject to approval by any other Public Agency?
LYYES !	{}} NO	Are there any Easements or Right of Ways on this property?
YYES	{_}} NO	Does the site contain any existing water, cable, phone or underground electric lines? So Rocci.
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read T	This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are	Granted Righ	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I

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Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site



*BEDROOMS 1

Zoning Administrator

Nathan Matthews Rd. 60' R/W

371,95

1"=50' Soule





Application # _____

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

Application for Residential Building and Trades Permit

on on license.	
Owner's Name: Charles Whigh	Date: 1) -) 4~18
Site Address: 856 Nathan Matthews Rd.	Phone: <u>919 730 780</u> 2
Subdivision:	Lot: prisale.
Description of Proposed Work: Single Farming Home	
General Contractor Information	
Building Contradior's Company Name	9(9-7)0 7802 Telephone
Building Contractor's Company Name	Telephone
Address N Raleigh St Anjier MC 27501	drow a steplenson huilders. or
53604	
License # Electrical Contractor Informat	ion
Description of Work Service Size	e: 100 Amps T-Pole: Yes No
Dean Electric UC Electrical Contractor's Company Name	919 669 0063 Telephone
2793 Baptist Grac Rol.	
Address	Cidean 4330 Dycho.cm
License #	
Mechanical/HVAC Contractor Info	<u>rmation</u>
Description of Work New	
T- 1/2 1/2	919 552 3053
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 1539 Wacle Steplenson Rel Holly Address Sprny NC	Email Address
Address Spnn, NC	Email Address
License # 275 W	
Plumbing Contractor Informat	~ -
Description of Work New	# Baths 2.5
Plumbing Contractor's Company Name	Telephone
7229 Oak Willer Way Franz 2254	
Address / / /	Email Address
License #	
Insulation Contractor Information	
Stephens Buildy Products	919 630 8365
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

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:Date: