plication Date:

Residential Land Use Application

Central Permitting

Application # SF0190	1-0012
0111	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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: Statemen Builders Tre Mailing Address: 1187 N Ralayh St.
City: Angiec State: NC Zip: 27501 Contact No: 919 730 7802 Email: drew & stephenson builders.
APPLICANT*: Draw Stepleword Mailing Address: Same as above.
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Drew Stephenson Phone # 919 730 7802
PROPERTY LOCATION: Subdivision: Margon Farm Subdivision: Lot #: 24 Lot Size: 161 State Road # 51 State Road Name: Simply Country Ln. Map Book & Page: 20171 202
State Road # 51 State Road Name: Simply Country Ln. Map Book & Page: 20171 202
Parcel: 080641 005137 PIN: 0651-03-6243.
Zoning: RA30 Flood Zone: MiH Watershed: Cyr fee Book & Page: 33640 (066 Power Company*: due Presy Pry
*New structures with Progress Energy as service provider need to supply premise number
PROPOSED LISE:
PROPOSED USE: SFD: (Size Size Bedrooms: 3 # Baths Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla
574 x 59 3 (Is the bonus room finished? (()) yes (()) no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off F
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Stzex) No. Buildings:No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () 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 () no
Does the property contain any easements whether underground or overhead Lyes on while a fresh of Lot
Structures (existing or proposed): Single family dwellings:
Required Residential Property Line Setbacks: Comments: CALL Drew V 7'5
Front Minimum 35 Actual 50 9(9 730 780)
Rear 25 115
Closest Side 10 0000 23'6"
Sidestreet/corner lot_20
Nearest Building /

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permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if	false information is provided.
1-14-19	
Significure of Owner or Owner's Agent Date	
7	

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

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"This apprecation or piece 6 months in the inclusional data it pannits i away of been used."

ME: Stephenson Builders Ir. 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) CONFIRMATION # 910-893-7525 option 1 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.

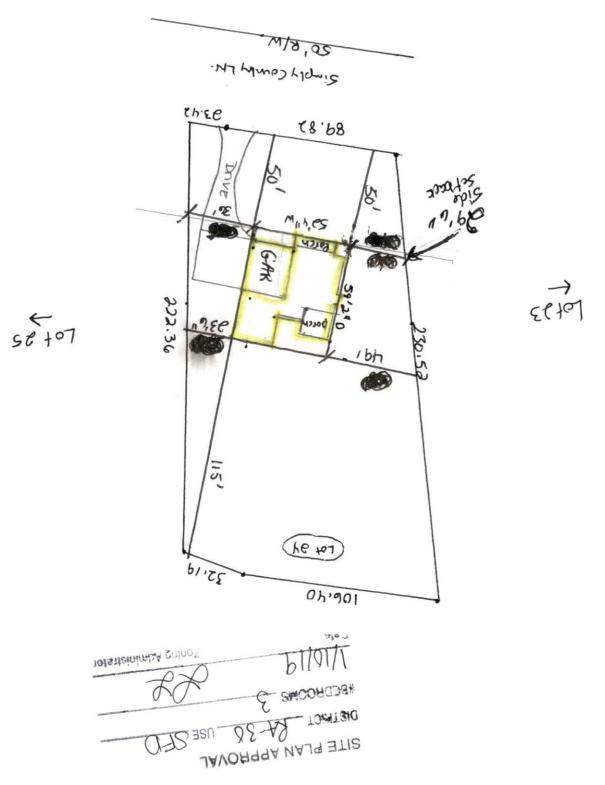
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{}} Acc	epted	{}} Innovative {} Conventional {}} Any	
{}} Alte	rnative	(NOther 3- Bed Roon Granty	
The applica	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property i "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	
{}}YES	{✓ NO	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	NO 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	{ <u>✓</u> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{_}}YES	NO 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?	
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? at fret.	
		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			
		at A Complete Site Evaluation Can Be Performed.	
DROPER'	TV OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	

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If yes pa are call No Cats at 300-511-4949 to locate the lines. This is after selected and certify That The Information Provided Berein to The Campiete And Correct Authorized Counts that state Officials are Granted Pight Of Entry To Conduct Newstary Laspertions To Determine Compliance With Applicable Laws And these along that it and Sally Responsible For The Proper the relication and andersonal Property Lines and Correct And Malayse and Correct And Malayse and Correct And Malayse and Correct And Malayse at the control of the Malayse and Correct And Malayse and Correct And Malayse and Correct And Malayse at the control of the control of the Malayse and Correct And Malayse at the control of the Correct And Malayse at the control of the Correct And Malayse and Correct And Malayse at the Correct A

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Stephenson Buildors Fren Lot ay Morgan Farm 51 Simply Country LN. Lillington, Ne ansylo 101 carres Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Owners Name Stephenson Builders Jor.	Date 1-14-19		
Site Address 51 Simply Country LN.	Phone 919 730 7802		
Directions to job site from Lillington Hay 401 H. Left and margon farm drise			
a I mile from hospital an left			
•			
	Lot24		
Description of Proposed Work New Single Family Home	# of Bedrooms 3		
Heated SF 2594 Unheated SF 682 Finished Bonus Room? your General Contractor Information	S Crawl Space Slab		
Building Contractor's Company Name	919-730-7802 Telephone		
1187 N Releigh St. Angres NC 27501 class	ew a steptensu builders, com Email Address		
5360Y License #			
Description of Work Home Service Size	<u>n</u> 200 Amps T-Pole		
Austin Ocan Electrical Contractor Electrical Contractor's Company Name	919.669-0063 Telephone		
2793 Baptist Grave Rd. Fugury 27526 Address	aidean Y 330 2 yahoo com		
L 29839	*.		
License # Mechanical/HVAC Contractor Inform	ntion		
	ation		
S.C. S Hechty and Ar Conditions Mechanical Contractor's Company Name	9/9-552· 3853		
1539 Wade Stephenson Road Holly Springs 27510 Address	Email Address		
License # Plumbing Contractor Information	_		
12	# Baths 2,5		
Description of Work Candon's Plumbing and Pepair			
Plumbing Contractor's Company Name	919 - 557 - 158 Y Telephone		
7229 Oak Village Way Figury 27526 Address	Email Address		
18903 License #	_		
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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 Owner/Contractor/Officer(s) of Corporation Date Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner General Contractor 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

teptenson Builders Inc.

Company or Name

he eby certify that I have the authority to make necessary application, that the application is the and that the construction will conform to the regulations in the Building Electrical Phone of the Machanical codes and the Forner Crunity Zoning Ordinance I state the information on the actual contractors is correct as known to me and that by against ballow I have obtained all subcontractors. permission to obtain these pormice and if any change, occur including haled confractors, she plan number of bedrooms, builde a said trade plans. En tropmental I traits permit changes or proposed use changes I certify it is my resudualibility to notify the Harnett County Central Permitting Department of EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00. After 2 years re-issue fee is as oer current (se schedule Cate Signature of Owner/Contradion/Officer(s) of Compretion Affidavit for Worker's Compensation N C G S 87-14 is undersigned applicant being the Officer/Agent of the Centractor or Owner General Contractor

Owner Do nereby confirm under penalties of degury that the person(s) firm(s) or corporation(s) performing the work timed and or ringline Has three (3) or more employees and has ontained workers compensation insurance to cover them Has or a (1) or more subcontractors(s) and has epterned workers compensation insurance to cover Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance Has no more than two (2) employers and no subcontractors While working on the project for which this parmit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's companishon disursince phon to resugrice of the permit and of any time during the permitted work from any person, firm or corporation thew and for province Stephenson Builders