Initial Application Date

Home Occupation: # Rooms: Use:

Addition/Accessory/Other: (Size ____x___) Use:_____

Water Supply: County ____ Existing Well ____ New Well (# of dwellings using well ____

П



COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

| Application # | 1904-004 |
|---------------|----------|
| | |

Closets in addition? (___) yes (___) no

_) *Must have operable water before final

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** | | | | | |
| ANDOWNER: Seven MAGNULIAS CONSTRUCTION Mailing Address: 14288 NC 210 | | | | | |
| City: ANCIER State: NC Zip: 2750/ Contact No: 919-868-9385 Email: SNOWDANJENC, PR. COM | | | | | |
| APPLICANT*: SAME Mailing Address: | | | | | |
| City: State: Zip: Contact No: Email: Please fill ou. upplicant information if different than landowner | | | | | |
| ADDRESS: | | | | | |
| Coning Flood: Watershed: Deed Book / Page: | | | | | |
| Setbacks – Front: Back: Side: Corner: | | | | | |
| PROPOSED USE: / Monolithic | | | | | |
| SFD: (Size 30 x 44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla | | | | | |
| Mod: (Sizex) # Bedrooms # Phths Basement (w/mo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? (yes (no _A_/ other site b_lt add_pns? () yes () no | | | | | |
| Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?) | | | | | |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: | | | | | |

Does the property contain any easements whether underground or overhead (___) yes 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.

: ___ 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

Hours of Operation:_

(Need to Complete New Well Application at the same time as New Tank)

Signature of Owner or 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

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)

Env onmental Health New Septic System

- ! Il 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.
- Drace "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.
- It 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.

☐ Environm ntal Health Existing Tank Inspections

- Follow above instructions for placing flags and ard 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 | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. | | | | | |
| {}} Accepted | | {}} Innovative {} Conventional {} Any | | | | | |
| {_}} Alter | mative | {}} Other | | | | | |
| The applica question. In | nt shall notify f the answer is | 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 | {_}} NO | 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 | {_}} 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.



Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

| Permit # |
|----------|
| |

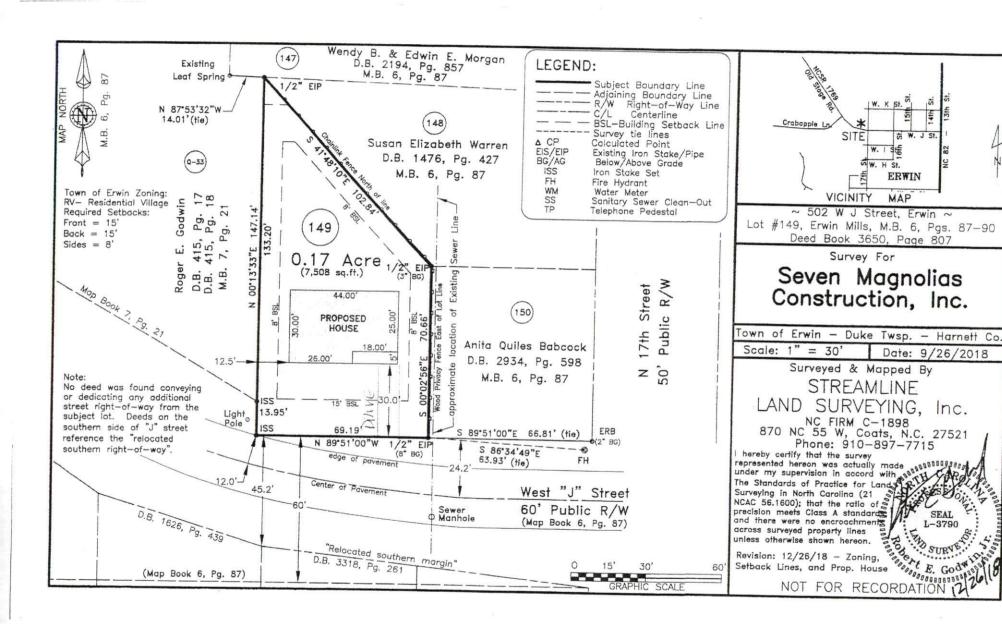
Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

| shape, existing and produmensions. | | | | | | |
|--|--|---|--|---|--|---|
| Name of Applicant | Seven | magnelius cons | Property | Owner | | |
| Home Address | 14288 | NC 210 | Home Ac | | 11 | ((|
| City, State, Zip | | NC 27501 | | | 1/(| (- |
| Telephone | | 68-9185 | Telephon | | 11 | // |
| Email | 11 0 | 0 1703 | Email | е | 1. | 1, |
| Address of December | | 7 | | | | |
| Address of Proposed | Property | Call Hain | (| | | |
| Parcel Identification N | Number(s) (F | PIN) 0597-45 | - 5455 | Estimat | ed Project Cos | st 160,00 |
| What is the applicant the proposed use of the | requesting to | o build / what is | New 5 | tich | 50,H | FD |
| Description of any propo | ne subject pro | operty? Be specific. | | | J-111 | |
| to the building or proper | rtv | 1 | | | | |
| What was the Previou | s Use of the | subject property? | Valunt | | | |
| Does the Property Acc | ess DOT roa | ad? | 10. | | | |
| Number of dwelling/s | tructures on | the property already | y 0 | Proper | rty/Parcel siz | 10 1 7 |
| Floodplain SFHA | Yes XNo | Watershed Vos | | | Yes × No | , / / |
| MUST circle one that app | plies to prope | rty Existing/Propos | sed Septic Syste | em | Or | |
| | | P | | | Oi | |
| the undersigned property nswers, statements, and o nd belief. The undersigni pplication. Upon issuance egulations, and the laws o | ng party unde | erstands that any incor it, the undersigning pa | Must Read an presentative ther d are in all respected information or ty agrees to con | d Sign eof certifie cts true an submitted form to al | es that this app d correct to th I may result in I applicable to | e best of their know the revocation of the |
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Application # _____

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 information on license.

Application for Residential Building and Trades Permit

| Owner's Name: Seven Magnolias Construction, Inc. | Date: 4/17/19 | | |
|--|--|--|--|
| Site Address: Lot 149 Erwin Mills, Erwin NC | Phone: 919-868-9385 | | |
| Subdivision: Erwin Mills | Lot: 149 | | |
| Description of Proposed Work: Residential House | - × - p ² | | |
| General Contractor Informa | tion | | |
| Seven Magnolias Construction, Inc. | 919-868-9385 | | |
| Building Contractor's Company Name | Telephone | | |
| 14288 NC 210 Hwy, Angier, NC 27501 | snordan1@nc.rr.com | | |
| Address | Email Address | | |
| 80443 | | | |
| License # | | | |
| Electrical Contractor Information of Wards Electrical Wining | ation | | |
| | ze: 200 Amps T-Pole: Yes No | | |
| C & M Electric | 919-772-4518 | | |
| Electrical Contractor's Company Name | Telephone | | |
| 8305 Cleveland Road, Clayton, NC 27520 | shane@candmelectric.com | | |
| Address | Email Address | | |
| 5689-L License # | | | |
| Mechanical/HVAC Contractor Inf | formation | | |
| Description of Work HVAC Installation | <u>omation</u> | | |
| Stephenson's Heating & Air | 919-329-0686 | | |
| Mechanical Contractor's Company Name | Contract and an extra contract and an extract an extract an extract and an extract an extract and an extract an extract an extract an extract and an extract an extract an extract an extract and an extract an extract and an extract an extra | | |
| 343 Shipwash Drive Garner NC 27529 | Telephone | | |
| Address | stephensonhvac@aol.com Email Address | | |
| 18644 | Email Address | | |
| License # | | | |
| Plumbing Contractor Informa | ation | | |
| Description of Work Plumbing Installation | # Baths ² | | |
| Ambit Plumbing | 919-934-1379 | | |
| Plumbing Contractor's Company Name | Telephone | | |
| 755 Rock Pillar Road Clayton, NC 27520 | contactambit@embargmail.com | | |
| Address | Email Address | | |
| 20823 | | | |
| License # | | | |
| Insulation Contractor Inform | <u>ation</u> | | |
| Tatum Insulation II- 519 Old Drug Store Rd, Garner, NC 27529 | 919-661-0999 | | |
| Insulation Contractor's Company Name & Address | Telenhone | | |

*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

Ownen/Connacton Date: 4-17-19

carrying out the work.

Sign w/Title:

strong roots · new growth