



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

COMMON FORM FOR ENGINEERED OPTION PERMIT

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the Professional Engineer licensed in accordance with G.S. 89C

LHD USE ONLY: Initial submittal of this NOI received: _____ by _____
Date Initials

PART 1: Notice of Intent to Construct (NOI)

[X] New [] Expansion

[] Repair - LHD Permit Number _____ [] Repair - EOP Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.): _____

P & P LAND DEVELOPMENT

Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM

2. Professional Engineer (PE) name: ATHAN M PARKER, PE License number: 43250

Mailing address: PO BOX 4580 City: EMERALD ISLE State: NC Zip: 28594

Telephone number: 919-795-9594 E-mail Address: ATHAN.PARKER@AMPDENGINEERING.COM

3. Licensed Soil Scientist (LSS) name: HAYWOOD PITTMAN, LSS License number: 1262

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM

4. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

5. On-site Wastewater Contractor name: HAYWOOD PITTMAN, LSS License number: 3825

Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

Telephone number: 910-324-2892 E-mail Address: PITTMANSOIL@YAHOO.COM

6. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

[X] PE [X] LSS [] LG [X] On-site Wastewater Contractor

- 7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): LOT 1; PIN: 9597-48-6021.000
County Name: HARNETT
- 8. Type of facility: Place of residence No. Bedrooms: 4 No. Occupants: 8
 Place of business Basis for flow calculation: _____
 Place of public assembly Basis for flow calculation: _____
- 9. Factors that would affect the wastewater load: NO KNOWN FACTORS TO AFFECT LOADING
- 10. Type, location, and classification (per Rule .1961) of wastewater system: 5-108' LOW PROFILE CHAMBER LINES, TYPE III, 8-10" TB; LOCATED 367' FROM SOUTHEAST PROPERTY BOUNDARY AND 173' FROM THE NORTHEAST BOUNDARY (LOCATED BEHIND PROPOSED HOME)
- 11. Design wastewater flow: 480 gpd (For flow > 3,000 gpd and industrial process, duplicate plans shall be sent to the State.)
Design wastewater strength: domestic high strength industrial process
- 12. A plat as defined in G.S. 130A 334(7a) is attached: Yes No
- 13. Owner meets requirements of ownership or control of the system per 15A NCAC 18A .1938(j): Yes No
- 14. Easement, right of way or encroachment agreement required per 15A NCAC 18A .1938(j): Yes No
If yes, documentation filed in _____ County Register of Deeds in Deed book _____ Page _____
- 15. Multi-party agreements required, as applicable, pursuant to 15A NCAC 18A .1937(h): Yes No
If yes, agreements filed in _____ County Register of Deeds in Deed book _____ Page _____
- 16. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: Yes No
This is a saprolite system. Yes No
- 17. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: Yes No
- 18. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached Yes NA
- 19. Proposed landscape, site, drainage, or soil modifications are attached: Yes NA

Attestation by Professional Engineer licensed in North Carolina pursuant to G.S. 89C

I, ATHAN M PARKER, PE hereby attest that the information required to be included with this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).


Signature of Licensed Professional Engineer

Date

ATHAN M PARKER PE #115 #1AAMPD
ENGINEERING, PLLC
#115#ATHAN.PARKER@AMPENGINEERING.COM
2016 08 23 14 07 44 0400



This section is for Owner use to either designate PE as their legal representative or to self-submit the NOI.

Designation of Registered Professional Engineer as legal representative of Owner for this Notice of Intent:

I, Atham Parker for P&P Land Dev. hereby designate ATHAN M PARKER, PE
Print Name of Owner Print Name of Registered Professional Engineer

as my legal representative for purposes of this Notice of Intent pursuant to G.S. 130A-336.1.

Atham Parker for P&P Land Dev. 8/23/19
Signature of Owner Date

Owner self-submittal of NOI:

I, _____ hereby submit this NOI prepared by _____
Print Name of Owner Print Name of Licensed PE
pursuant to G.S. 130A-336.1.

Signature of Owner Date

NOTES:

LIABILITY: *The Department, the Department's authorized agents or local health departments shall have no liability for wastewater systems designed, constructed and installed pursuant to an Engineered Option Permit. [(NC General Statute 130A-336.1(f))]*

RIGHT OF ENTRY: *The submittal of this Notice of Intent to Construct grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: *Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section above, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.*

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

“(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness.”

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted by the PE in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the design PE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted by the PE in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on _____ via _____.

Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on _____ via _____.

Date *Email, FAX, USPS, hand-delivered*

Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

PART 3: Authorization to Operate (ATO)

Except for date received, the Section below is to be completed by the Owner or by the PE designated to act as their legal representative for the EOP.

LHD USE ONLY: Initial submittal of request for ATO received: _____ by _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Date Initials </div>
Date of Post-construction Conference: _____

The following items are included in this submittal for an Authorization to Operate under an EOP:

1. Signed and sealed copy of the Engineer's report that includes:

a. Signed and sealed evaluation of soil conditions and site features	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drawings, specifications, plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Reports on special inspections and final inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Management Program manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. On-site Wastewater Contractor's signed statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Signed and sealed statement pursuant to 15A NCAC 18A .1938(h)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Fee (as applicable) Yes No
3. Notarized letter documenting Owner's acceptance of the system from the PE Yes No

Attestation by the Owner or the PE for Authorization to Operate

I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner or Professional Engineer

_____ County LHD and the system shall meet applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336-.1(e)(6).

Signature of Owner or Professional Engineer *Date*

This section for LHD Use Only.

LHD Review of required information for the ATO

INCOMPLETE
Based upon review of information submitted by the Owner or PE in the Section above, the following items are missing from the information required for an Authorization to Operate for an EOP: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____
DateEmail, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

COMPLETE
Based upon review of information submitted by the Owner or PE in the Section above, this Authorization to Operate is hereby issued in accordance with G.S. 130A-336.1(m).

A copy of this complete NOI/ATO with tracking information was sent to the State on _____ via _____
DateEmail, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD *Signature of authorized Agent of the LHD* *Date*

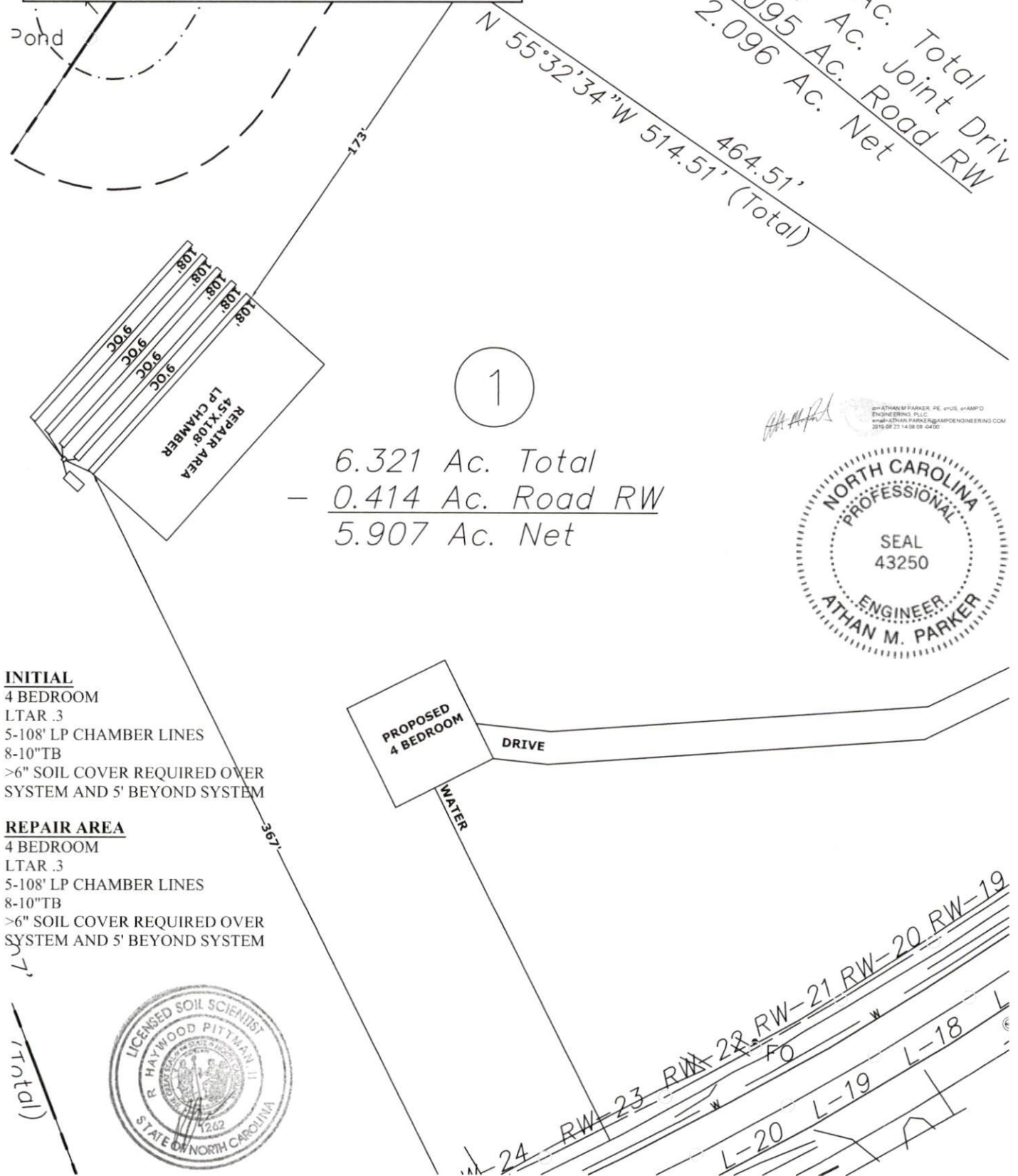
ISSUANCE OF CERTIFICATE OF OCCUPANCY: Once the LHD determines completeness based upon the PE submission, the owner may apply to the local permitting agency for permanent electrical service to a residence, place of business or place of public assembly pursuant to G.S. 130A-339.

Owner: P & P LAND DEVELOPMENT
Address: LOT 1
Location: NC 27 WEST, HARNETT COUNTY

LOT INFORMATION OBTAINED FROM PLAT BY THOMAS L. STANCIL, DATED APRIL 27, 2019 FOR P AND P LAND DEVELOPMENT

PITTMAN SOIL CONSULTING
PO BOX 1387
RICHLANDS, NC 28574
910-330-2784
pittmansoil@yahoo.com

1.137 Ac. Total
 0.095 Ac. Joint Drive
 2.096 Ac. Road RW
 464.51' (Total)



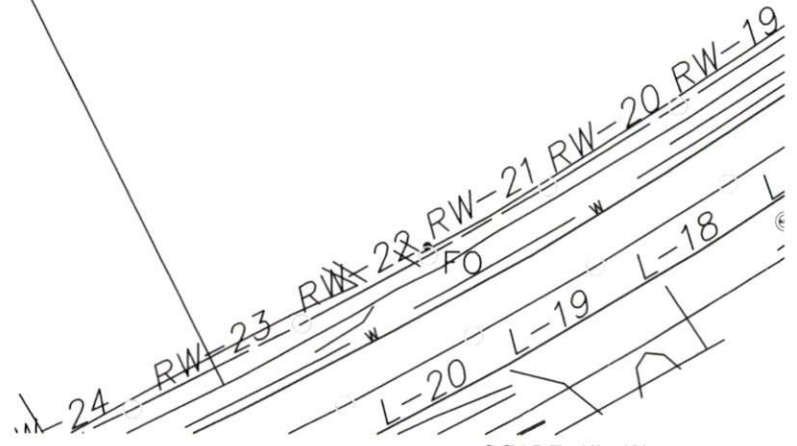
①
 6.321 Ac. Total
 - 0.414 Ac. Road RW
 5.907 Ac. Net



- INITIAL**
 4 BEDROOM
 LTAR .3
 5-108' LP CHAMBER LINES
 8-10"TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM
- REPAIR AREA**
 4 BEDROOM
 LTAR .3
 5-108' LP CHAMBER LINES
 8-10"TB
 >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



(Total)



SCALE 1"=60'

Pittman Soil Consulting

1003 Gregory Fork Road
Richlands, NC 28574
Phone (910)330-2784
pittmansoil@yahoo.com

August 15, 2019

Ref: P & P LAND DEVELOPMENT LOT 1

Dear Sir,

A soil evaluation was conducted on the above referenced tract to determine the sites suitability for septic. The current laws and rules of NC was used as guide for this evaluation.

Hand Auger borings on the site were used to characterize the soil texture, and depth to the soil wetness condition. The attached plot plan shows the location of the septic system in the most ideal location on the site. The soil wetness condition was found to be 20-24" from the surface with a clay loam texture. I have assigned an LTAR of 0.3 gpd/sqft for a 480gpd 4 bedroom residence. This will require the installation of 5-108' low profile chamber lines that shall be installed in accordance with the current rules and on contour. The depth to soil wetness of 20-24" would constitute an 8-10" trench bottom. The system will require 6" of Group II or III soil cover that shall extend 5' from the edge of the system. The system will require a 1000 gallon septic tank. The repair area will require a 45'x108' low profile chamber system installed at 8-10" from the surface(LTAR 0.3gpd/sqft).

After installation the site should be landscaped to shed surface water. Any alterations to the site may impact soil conditions.

If you have any questions please feel free to contact me at 910-330-2784. Thank You.

Sincerely,



R.
HAYWOOD
PITTMAN II

Digitally signed by R. HAYWOOD
PITTMAN II
DN: cn=R. HAYWOOD PITTMAN
II, o=PITTMAN SOIL
CONSULTING, ou,
email=pittmansoil@yahoo.com,
c=US
Date: 2019.08.16 13:21:43 -04'00'

R. Haywood Pittman II
NC Licensed Soil Scientist



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SIA Group, Inc. 827 Gum Branch Road Jacksonville NC 28540	CONTACT NAME: Lindsay Lutz	
	PHONE (A/C, No, Ext): 910-478-3373	FAX (A/C, No): 910-455-7481
E-MAIL ADDRESS: certs@siagroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : TRAVELERS CAS & SURETY CO		19038
INSURER B : Ohio Security Insurance Company		24082
INSURER C : Auto-Owners Insurance Company		18988
INSURER D : Liberty Insurance Underwriters Inc.		19917
INSURER E :		
INSURER F :		

INSURED 30102
 AMP'D Engineering
 PO Box 4580 Emerald Isle, NC 28594
 7401 Archers Creek Ct
 Emerald Isle NC 28594

COVERAGES

CERTIFICATE NUMBER: 263780212

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		58986993BZS1Q1	7/12/2018	7/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			51-862474-00	7/16/2018	7/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	58986993XWS1Q1	7/12/2018	7/12/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability			106460474	2/10/2019	2/10/2020	Each Occurrence 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Office Use Only.

CERTIFICATE HOLDER**CANCELLATION**

Office Use Only
 This certificate is for information purpose only.
 Certificate is not valid unless certificate is issued with certificate holder information filled in from SIA Group.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER N.C. Farm Bureau Ins. Agency 5301 Glenwood Avenue (27612) P.O. Box 27427 Raleigh NC 27611		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Pittman Soil Consulting c/o Ronald H. Pittman, II 1003 Gregory Fork Rd Richlands NC 28574		INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specialty Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC #	

COVERAGES

CERTIFICATE NUMBER: CL1971916139

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			EV20182381-02	07/19/2019	07/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Occ / Agg \$ 1M/2M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability - Occurrence Form			EV20182381-02	07/19/2019	07/19/2020	Each Incident 1,000,000 Aggregate Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Print this page



Property Description:

LOT#1 P AND P LAND DEV MAP#2019-261

Harnett County GIS

PID: 039589 1034 03

PIN: 9597-48-6021.000

REID:

Subdivision:

Taxable Acreage: 5.900 AC ac

Caclulated Acreage: 5.92 ac

Account Number: 1500033418

Owners: RAISE THE ROOF HOMES LLC

Owner Address : PO BOX 706 KNIGHTDALE, NC 27545-0706

Property Address: NC 27 W BROADWAY, NC 27505

City, State, Zip: BROADWAY, NC, 27505

Building Count: 0

Township Code: 03

Fire Tax District: Benhaven

Parcel Building Value: \$0

Parcel Outbuilding Value : \$0

Parcel Land Value : \$16970

Parcel Special Land Value : \$0

Total Value : \$16970

Parcel Deferred Value : \$0

Total Assessed Value : \$16970

Neighborhood: 00304

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 9 / 2019

Sale Price: \$150000

Deed Book & Page: 3734-0899

Deed Date: 2019/09/11

Plat Book & Page: 2019-261

Instrument Type: WD

Vacant or Improved:

QualifiedCode: A

Transfer or Split: T

Within 1mi of Agriculture District: Yes

Prior Building Value: \$0

Prior Outbuilding Value : \$0

Prior Land Value : \$0

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$0

