

NORTH CAROLINA LICENSING BOARD FOR GENERAL CONTRACTORS

A REQUEST FOR CERTIFIED COPIES OF BUILDING INSPECTION RECORDS

In the Matter of: JTC Homes, Inc. and/or Raise the Roof Homes, LLC

License No.: 79133

Complaint File No.: Pending

As employee of the Harnett City/County Inspection Department

and states under oath that the attached 49 sheets to be a true and accurate

authentic copy of the building permit records for the following address:

1) 12804 NC-27 W, Broadway, NC (New Single-Family Dwelling)

This information was requested by Joel Macon, Field Investigator for the North Carolina Licensing Board for General Contractors.

This the 29th day of Dec. 2022.

X Denna Johnson

Signature of Person Completing Form

Print Name: Denna Johnson

Title: Project Coordinator/CSR

Address: P.O. Box 45

Willington, NC 27546

Signed and sworn to before me this day

29th of December, 2022

by Kimberly Ann Gibbons

X Kimberly Ann Gibbons

Notary Public

Printed Name of Notary:

Kimberly Ann Gibbons

My Commission Expires:

10/8/24



PLEASE RETURN TO:

Scan & Email to:

joelmacon@ncibgc.org

or US Mail to:

Joel Macon, Investigator

P.O. Box 413

Carolina Beach, NC 28428



SINGLE FAMILY DWELLING

910-893-7525

www.harnett.org

PERMIT NUMBER

SFD1909-0032

JOB ADDRESS: 12804 NC 27 W	PERMIT SUBTYPE: SFD CRAWL	PARCEL NO: 9597-58-0685.000
DESCRIPTION: 65 x 63	DATE ISSUED: 8/24/2020	DATE EXPIRED:
PLAN NAME: The Howard Plan	ZONING DISTRICT: RA-20R - 3.52 acres (100.0%)	

APPLICANT: JTC Homes Inc. 514 Daniels St. #256 Raleigh, NC 27605	PHONE: (919)649-2740 EMAIL: ttre24@hotmail.com
CONTRACTOR: JTC Homes Inc. 514 Daniels St. #256 Raleigh, NC 27605	PHONE: (919)649-2740 EMAIL: ttre24@hotmail.com
OWNER: RAISE THE ROOF HOMES LLC 12804 NC 27 W BROADWAY, NC 27505 KNIGHTDALE, NC 27545-0706	PHONE: EMAIL:

REQUIRED INSPECTIONS			
INSPECTION TYPE	APPROVAL	DATE	COMMENTS
ADDRESS			
ENVIR OPERATIONS PERMIT			
FINAL SFD CRAWL**			
FOOTING			
FOUNDATION			
FOUNDATION SURVEY			
INSULATION			
OPEN FLOOR			
ROUGH IN			
SEWER CONNECTION			
TAX INSPECTION			
TEMP POWER CERTIFICATION			
T-POLE			
WATER CONNECTION			



Harnett County
108 EAST FRONT STREET
LILLINGTON, NC 27546
Phone:
Fax:

4/7/2021

SUBJECT: **SFD1909-0032**
SINGLE FAMILY DWELLING

To: JTC Homes Inc.

Here are the results of all Inspections located at **12804 NC 27 W:**

Inspection Type: OPEN FLOOR
Scheduled Date/Time:
Completed Date/Time:
Inspector: Scott Guy
Result:
Remarks:
Notes:

Inspection Type: SEWER CONNECTION
Scheduled Date/Time:
Completed Date/Time:
Inspector: Scott Guy
Result:
Remarks:
Notes:

Inspection Type: WATER CONNECTION
Scheduled Date/Time:
Completed Date/Time:
Inspector: Scott Guy
Result:
Remarks:
Notes:

Inspection Type: TEMP POWER CERTIFICATION
Scheduled Date/Time:
Completed Date/Time:
Inspector: Scott Guy
Result:
Remarks: eTRAKiT Inspection Request
Notes:





Harnett County
108 EAST FRONT STREET
LILLINGTON, NC 27546
Phone:
Fax:

Inspection Type: ENVIR OPERATIONS PERMIT
Scheduled Date/Time:
Completed Date/Time:
Inspector: EH Bucket
Result:
Remarks:
Notes:

Inspection Type: FINAL SFD CRAWL**
Scheduled Date/Time:
Completed Date/Time:
Inspector: Scott Guy
Result:
Remarks:
Notes:

Inspection Type: FOOTING
Scheduled Date/Time: 11/9/2020
Completed Date/Time: 11/9/2020
Inspector: Steven Gazlay
Result: APPROVED
Remarks: eTRAKiT Inspection Request
Notes: 11/5/2020 7:50 PM Ricky Congleton
Morning
Contact Name: Ricky Congleton
Site Address: 12804 NC 27 W
Phone: 9193232676
e-Mail: ttre24@hotmail.com

Inspection Type: TEMP POWER CERTIFICATION
Scheduled Date/Time: 11/9/2020
Completed Date/Time: 11/9/2020
Inspector: Steven Gazlay
Result: CANCELLED
Remarks: eTRAKiT Inspection Request
Notes: 11/5/2020 7:47 PM Ricky Congleton

Contact Name: Ricky Congleton
Site Address: 12804 NC 27 W
Phone: 9193232676
e-Mail: ttre24@hotmail.com





Harnett County
108 EAST FRONT STREET
LILLINGTON, NC 27546
Phone:
Fax:

Inspection Type: T-POLE
Scheduled Date/Time: 11/9/2020
Completed Date/Time: 11/9/2020
Inspector: Steven Gazlay
Result: APPROVED
Remarks:
Notes:

Inspection Type: FOUNDATION
Scheduled Date/Time: 12/11/2020
Completed Date/Time: 12/11/2020
Inspector: Steven Gazlay
Result: APPROVED
Remarks: eTRAKiT Inspection Request
Notes: 12/10/2020 11:02 AM Ricky Congleton
Steve, I'm going to have the waterproofing done by the open floor system inspection. Thank You.
Contact Name: Ricky Congleton
Site Address: 12804 NC 27 W
Phone: 9193232676
e-Mail: ttre24@hotmail.com

Inspection Type: ADDRESS
Scheduled Date/Time: 12/17/2020
Completed Date/Time: 1/6/2021
Inspector: GIS Bucket
Result: APPROVED
Remarks:
Notes: 12804 NC 27 W BROADWAY 27505.

Inspection Type: ROUGH IN
Scheduled Date/Time: 2/22/2021
Completed Date/Time: 2/22/2021
Inspector: Steven Gazlay
Result: DISAPPROVED
Remarks: eTRAKiT Inspection Request
Notes: 2/19/2021 11:13 AM Ricky Congleton

Contact Name: Ricky Congleton
Site Address: 12804 NC 27 W
Phone: 9193232676
e-Mail: ttre24@hotmail.com





Harnett County
108 EAST FRONT STREET

LILLINGTON, NC 27546

Phone:

Fax:

Inspection Type: Plumbing drain test down. Missing king studs at garage lvl. Missing king studs at double
Scheduled Date/Time: windows. Missing insulation stops along garage. Missing hurricane clips at house to porch wall.
Completed Date/Time: Touch up housewrap. Ok to side and insulate.

Inspector:

Inspection Type: FOUNDATION SURVEY

Scheduled Date/Time: 2/23/2021

Completed Date/Time: 2/23/2021

Inspector: Jeanann Dawson

Result: APPROVED

Remarks: NOT REQUIRED

Notes:

Inspection Type: ROUGH IN

Scheduled Date/Time: 2/24/2021

Completed Date/Time: 2/24/2021

Inspector: Steven Gazlay

Result: APPROVED

Remarks: eTRAKiT Inspection Request

Notes: 2/23/2021 12:41 PM Ricky Congleton

Contact Name: Ricky Congleton

Site Address: 12804 NC 27 W

Phone: 9193232676

e-Mail: ttre24@hotmail.com

Inspection Type: INSULATION

Scheduled Date/Time: 3/1/2021

Completed Date/Time: 3/1/2021

Inspector: Steven Gazlay

Result: APPROVED

Remarks: eTRAKiT Inspection Request

Notes: 2/26/2021 10:45 AM Ricky Congleton

Contact Name: Ricky Congleton

Site Address: 12804 NC 27 W

Phone: 9193232676

e-Mail: ttre24@hotmail.com



Application Date: _____

Application # _____

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

DOWNER: Catalyst Dreams, LLC Mailing Address: 1631 Midtown Pl. Ste. 104 # 122
City: Raleigh State: NC Zip: 27609 Contact No: 919-323-2676 Email: Ricky@RaisetheRootandBuds.com

APPLICANT: JTC Homes, Inc Mailing Address: 14 Daniels Street #254
City: Raleigh State: NC Zip: 27605 Contact No: 919-323-2676 Email: Hte24@hotmail.com

Address: 12804 NC 27 W Broadway PIN: 9597-58-0685.000
Flood: Minimal Watershed: NO Deed Book / Page: 37
 setbacks - Front: 35' Back: 25' Side: 10' Corner: 20'

PROPOSED USE:
SFD: (Size 65'x103'-4") # Bedrooms: 4 # Baths: 3 Basement (w/wo bath): Garage X Deck: X Crawl Space: X Slab: Monolithic
TOTAL HTD SQ FT _____ GARAGE SQ FT _____ (Is the bonus room finished? ☐ yes ☐ no w/ a closet? ☐ yes ☐ no (if yes add in with # bedrooms)

Modular: (Size x) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Site Built Deck: _____ On Frame: _____ Off Frame: _____
TOTAL HTD SQ FT _____ (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: _____ TOTAL HTD SQ FT _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size x) Use: _____ Closets in addition? ☐ yes ☐ no
TOTAL HTD SQ FT _____ GARAGE _____

Water Supply: X 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: X 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 X yes ☐ no

Structures (existing or proposed): Single family dwellings: X Manufactured Homes: _____ Other (specify): _____

When 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 or Owner's Agent: Ricky Carleton Date: 2-18-2021
*It is the owner/applicant's 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

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 lines 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

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.

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Initial Application Date: _____

Application # _____

CU# _____

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A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Catalyst Dreams, LLC Mailing Address: 1631 Midtown Pl. Ste. 104 # 122
City: Raleigh State: NC Zip: 27609 Contact No: 919-323-2676 Email: Ricky@RaiseTheRoofBuilds.com

APPLICANT: JTC Homes, Inc Mailing Address: 14 Daniels Street #256
City: Raleigh State: NC Zip: 27605 Contact No: 919-323-2676 Email: hre24@hotmail.com

*Please fill out applicant information if different than landowner

ADDRESS: 12804 NC 27 W Broadway PIN: 9597-58-0685.000

Zoning: RA-20R Flood: Minimal Watershed: NO Deed Book / Page: 37

Setbacks - Front: 35' Back: 25' Side: 10' Corner: 20'

PROPOSED USE:

☐ SFD: (Size 65' x 13'-4") # Bedrooms: 5 # Baths: 3 Basement(w/o bath): _____ Garage: X Deck: X Crawl Space: X Slab: _____ Slab: _____
TOTAL HTD SQ FT _____ GARAGE SQ FT _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

☐ Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/o bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ TOTAL HTD SQ FT _____

☐ Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

☐ Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

TOTAL HTD SQ FT _____ GARAGE _____

Water Supply: X 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: X 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 (X) yes () no

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

Ricky Conforti
Signature of Owner or Owner's Agent

12-10-2020
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

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☐ **Environmental Health New Septic System**

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"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.

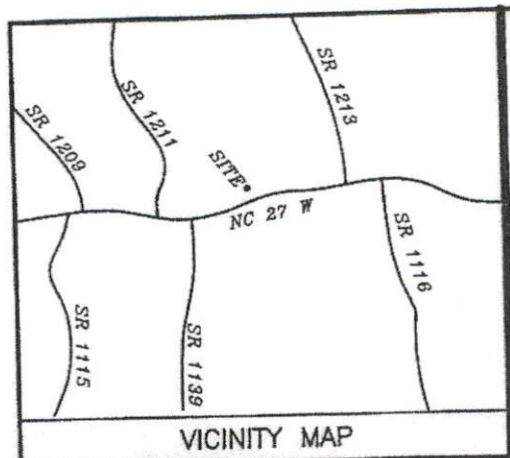
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- { } YES {X} NO Does the site contain any Jurisdictional Wetlands?
- { } YES {X} NO Do you plan to have an irrigation system now or in the future?
- { } YES {X} NO Does or will the building contain any drains? Please explain. _____
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- { } YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES {X} NO Is the site subject to approval by any other Public Agency?
- {X} YES { } NO Are there any Easements or Right of Ways on this property?
- { } YES {X} 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.

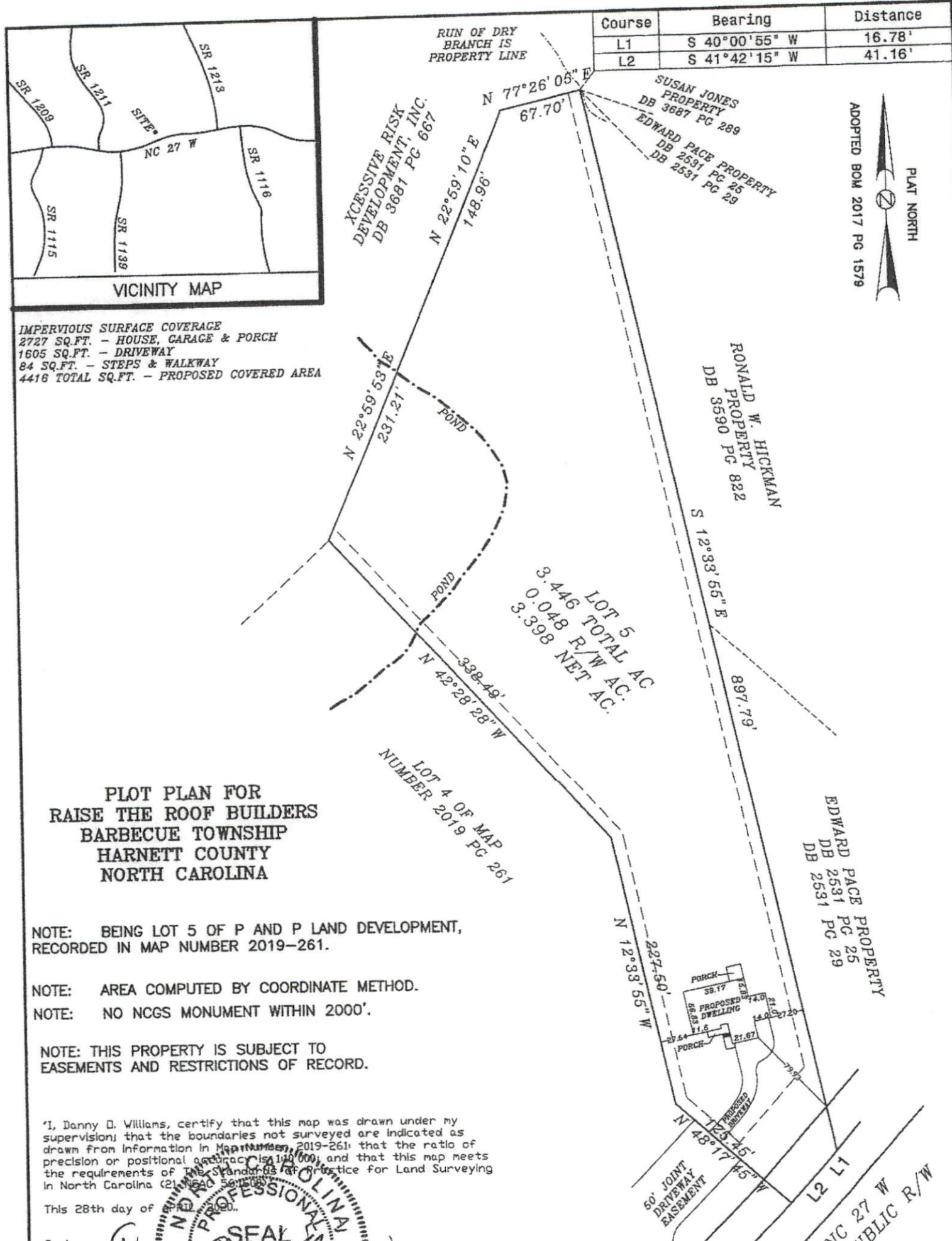
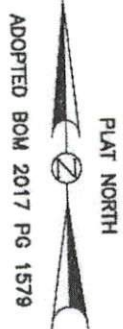
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible 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.

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IMPERVIOUS SURFACE COVERAGE
 2727 SQ.FT. - HOUSE, GARAGE & PORCH
 1605 SQ.FT. - DRIVEWAY
 84 SQ.FT. - STEPS & WALKWAY
 4416 TOTAL SQ.FT. - PROPOSED COVERED AREA

Course	Bearing	Distance
L1	S 40°00'55" W	16.78'
L2	S 41°42'15" W	41.16'



**PLOT PLAN FOR
 RAISE THE ROOF BUILDERS
 BARBECUE TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA**

NOTE: BEING LOT 5 OF P AND P LAND DEVELOPMENT,
 RECORDED IN MAP NUMBER 2019-261.

NOTE: AREA COMPUTED BY COORDINATE METHOD.
 NOTE: NO NCGS MONUMENT WITHIN 2000'.

NOTE: THIS PROPERTY IS SUBJECT TO
 EASEMENTS AND RESTRICTIONS OF RECORD.

"I, Danny D. Williams, certify that this map was drawn under my supervision; that the boundaries not surveyed are indicated as drawn from information in Map Number 2019-261; that the ratio of precision or positional accuracy is 1/1000; and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 06C.0205).

This 28th day of April, 2020.



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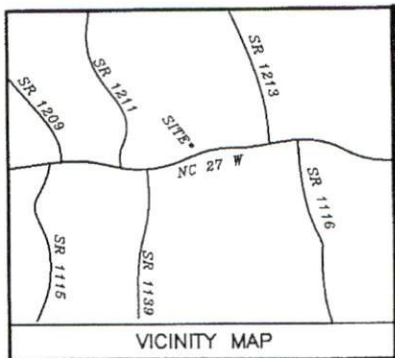
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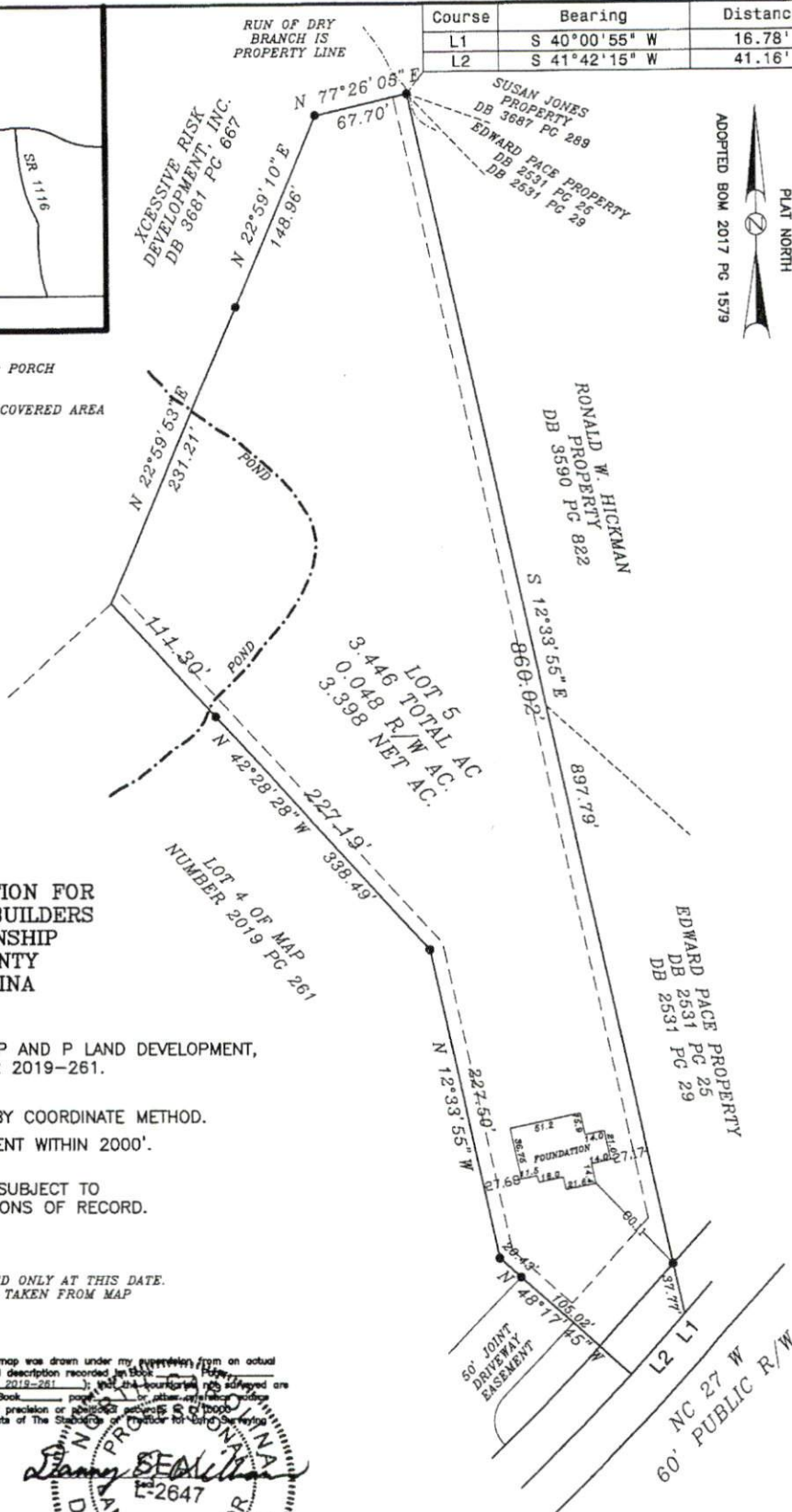
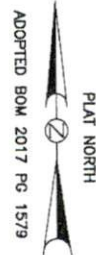
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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Course	Bearing	Distance
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FOUNDATION LOCATION FOR
 RAISE THE ROOF BUILDERS
 BARBECUE TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA

NOTE: BEING LOT 5 OF P AND P LAND DEVELOPMENT,
 RECORDED IN MAP NUMBER 2019-261.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS MONUMENT WITHIN 2000'.

NOTE: THIS PROPERTY IS SUBJECT TO
 EASEMENTS AND RESTRICTIONS OF RECORD.

NOTE: FOUNDATION LOCATED ONLY AT THIS DATE.
 ALL BOUNDARY INFORMATION TAKEN FROM MAP
 NUMBER 2019-261.

I, DANNY O. WILLIAMS, certify that this map was drawn under my supervision from an actual
 survey made under my supervision (see description recorded in Book _____ Page _____)
 or other reference source MAP NUMBER 2019-261; that the boundaries and distances are
 indicated as drawn from information in Book _____ Page _____ or other reference source
 MAP NUMBER 2019-261; that the ratios of precision or accuracy are as follows: 1:1000
 and that this map meets the requirements of The Statute of North Carolina for Surveying
 in North Carolina (21 NCAC 56.1800).

This 17TH day of FEBRUARY, 2021.
 P. L. S. L-2647



WILLIAMS - PEARCE and ASSOC.
PROFESSIONAL LAND SURVEYORS, P.A.
 1000 N. ARENDELL AVE.
 P.O. BOX 892, ZEBULON, N.C. 27597
 PHONE: 919-269-9605 LIC. # C-0243



100 0 100 200 300

GRAPHIC SCALE - FEET

S:\NEWMAPS\R\RAISE THE ROOF\NC 27W \LOT 5 FOUNDATION

DRAWN BY: DOW & BGW

CHECKED BY: DOW

DATE: 02-17-2021

SCALE: 1" = 100'

JOB: BGW2968 CF

FB:

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 1227658

Filed on: 04/19/2020

Initially filed by: Boot

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<mailto:info@liensnc.com>)Address: 19 W. Hargett St., Suite 507 /
Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:info@liensnc.com>)**Project Property**Lot 5 Pin# 9597-58-0685.000
NC Hwy 27
Broadway, NC 27505
Harnett County**Print & Post****Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner InformationPatricia Howell
1217 Spruce Dr.
Zebulon, NC 27597
United States
Email: howellboot@aol.com
Phone: 919-669-5794**Date of First Furnishing**

05/04/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384

Initial Application Date: _____

Application # _____

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: Raise The Roof Homes, LLC Mailing Address: 1631 Midtown Pl. Ste.104 #122
City: Raleigh State: NC Zip: 27609 Contact No: 919-323-2676 Email: Ricky@Raisetheroofbui

APPLICANT: JTC Homes, INC Mailing Address: 14 Daniels Street #256
City: Raleigh State: NC Zip: 27605 Contact No: 919-323-2676 Email: ttre24@hotmail.com

*Please fill out applicant information if different than landowner

ADDRESS: NC Hwy 27 Lot 5 PIN: 9597-58-0685.000

Zoning: RA-20R **Flood:** Minimal **Watershed:** NO **Deed Book / Page:** 3778:08

Setbacks - Front: 35' RW **Back:** 25' **Side:** 10' **Corner:** 20'

PROPOSED USE:

☒ **SFD:** (Size 65w x 63'4) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): Garage: ☒ Deck: ☒ Crawl Space: ☒ Slab: Monolithic
(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/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:** (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)

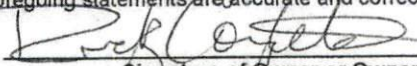
Sewage Supply: ☒ New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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

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.



Signature of Owner or Owner's Agent

7/14/2020

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



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: Raise The Roof Homes, LLC Date: 7-20-2020
Site Address: NC Hwy 27 Broadway, N.C. 27505 Phone: 919-323-2676
Subdivision: _____ Lot: 5
Description of Proposed Work: New Construction Total Job Cost: \$170,000.00

General Contractor Information

JTC Homes Inc. (919) 649-2740
Building Contractor's Company Name Telephone
514 Daniels Street #256 ttre24@hotmail.com
Address Raleigh, N.C. 27605 Email Address
79133
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
MSF Electrical Inc. 919-217-9767
Electrical Contractor's Company Name Telephone
2009 Eagle Rock Rd Wendell NC 27591 JimW@msfelctric.com
Address Email Address
30306-U
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
LANDEN HEATING AND COOLING, INC 919-427-6055
Mechanical Contractor's Company Name Telephone
P.O. Box 400 ZEBULON, NC 27597 landen hvac@gmail.com
Address Email Address
31639
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2
AH Plumbing 919-672-0559
Plumbing Contractor's Company Name Telephone
8013 Martinresi St. Raleigh, NC 27616 Ahandyplumbing@gmail.com
Address Email Address
129375
License #

Insulation Contractor Information

Tri-City Insulation 7204 Rocky Circle (919) 790-9684
Insulation Contractor's Company Name & Address Raleigh, NC Telephone
27615

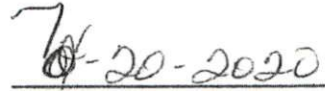
*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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


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.

Sign w/Title:   Date: 

for 5 lots. 12872, 12856
2836, 12829, 12804
SC 27 W. Broadway, NC. 27505



Application # _____

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

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Owner's Name: Catalyst Dreams, LLC Date: 1-28-2021
Site Address: 12872, 12856, 12836, 12829, 12804 Phone: 919-323-2676
NC. 27 W. Broadway, N.C. 27505
Subdivision: _____ Lot: 1, 2, 3, 4, 5
Description of Proposed Work: New Construction Total Job Cost: _____

General Contractor Information

STC Homes Inc 919-649-2740
Building Contractor's Company Name Telephone
514 Daniels Street #256 Raleigh N.C. ttre24@hotmail.com
Address 27605 Email Address
79133 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ☐ Yes ☐ No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____ Change of HVAC Contractor

Mechanical/HVAC Contractor Information

Description of Work New Construction
Willow Spring Heating + Air Inc. 919-526-2524
Mechanical Contractor's Company Name Telephone
8828 Buckshot Ln. Willow Spring N.C. hcp017hugo@gmail.com
Address 27592 Email Address
L. 33464
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots • new growth

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

1-28-2021
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:

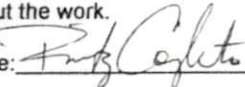
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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.

Sign w/Title:  Superintendent Date: 1-28-2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2020

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 Todd & Scarboro Inc. 2499 Wendell Blvd Wendell NC 27591	CONTACT NAME: Crystal Callahan	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 919-365-7255	E-MAIL ADDRESS: crystal@triangleinsurance.com	
INSURED JTC Homes, Inc. 1613 Sunrise Ave Raleigh NC 27608	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Builders Mutual Insurance Co.		
	INSURER B: Unknown Writing Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 452684900

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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPP 0086659	12/6/2019	12/6/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 <input type="checkbox"/> N/A	PWC1013788-0	1/4/2020	1/4/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Harnett County Central Permit
108 E Front St
Lillington NC 27601

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

Crystal B. Callahan

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AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

PO Box 4580

Emerald Isle, NC 28594

(919) 795-9594 ✦ athan.parker@ampdengineering.com

Firm License Number P-1532

ACCEPTANCE LETTER

May 10, 2021

To: Catalyst Dreams LLC (the "Owner")
1631 Midtown PL STE 104 #122
Raleigh, NC 27609

Ref: Haven EOP Lot 5
12804 NC 27 W
Broadway, Harnett County, NC

Dear Catalyst Dreams LLC,

As a duly licensed registered Professional Engineer in the State of North Carolina, license number 43250, I have inspected the installation of the Engineered Option Permit of the LHD Referenced project SFD1909-0032 on May 3, 2021. Glen Todd, the on-site wastewater contractor as permitted installed 4-75' 25% Reduction Type IIlg lines (Polystyrene) with 12-18" TB as designed and permitted. The system appeared to be in the location permitted on the site plan by Pittman Soil Consulting. This letter states the Owner's acceptance of the system from the Professional Engineer, Licensed Soil Scientist and the On-Site Wastewater Contractor as permitted with the Harnett County Health Department. Please sign this letter and have notarized on page 2 of 2.

If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,



DR. ATHAN M. PARKER, PE, PLS, AMPD
ENGINEERING, PLLC
www.athanparker.com/athanparker.com
Date: 2021 05 10 12:58:35 -0400



Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532

AMP

AMP'd Engineering, PLLC

Civil Engineer – Consulting Engineer – Land Development

PO Box 4580
Emerald Isle, NC 28594
(919) 795-9594 ✦ athan.parker@ampdengineering.com
Firm License Number P-1532

CERTIFICATION LETTER

May 24, 2021

To: Mr. Oliver Tolksdorf
REHS-Environmental Health Supervisor
Harnett County Health Department
900 S 9th St.
Lillington, NC 27546

Ref: Haven EOP Lot 5
12804 NC 27 W
Broadway, Harnett County, NC

Dear Mr. Tolksdorf,

As a duly licensed registered Professional Engineer in the State of North Carolina, license number 43250, I have inspected the installation of the Engineered Option Permit of the LHD Referenced SFD1909-0032 on May 3, 2021. Glen Todd, the on-site wastewater contractor as permitted installed 4-75' 25% Reduction Type IIIg lines (Polystyrene) with 12-18" TB as designed and permitted. The system appeared to be in the location permitted on the site plan by Pittman Soil Consulting.

If you have any questions, please feel free to give me a call (919) 795-9594 or email me (athan.parker@ampdengineering.com).

Sincerely,



DR. ATHAN M. PARKER, PE, (N.C. #43250)
ENGINEERING, PLLC
Email: athan.parker@ampdengineering.com
Date: 2021 05 24 14:10:07 AM

Athan M Parker, PE
President
AMP'd Engineering, PLLC
Firm License No. P-1532



AMP

Attach: Owner's acceptance of the system and On-site Wastewater Contractors statement



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)

☒ 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

PO BOX 279 ZEBULON 27597
Mailing address: 1073-1 GREGORY FORK RD City: RICHLANDS State: NC Zip: 28574

919-269-5517 GTGRADING@YAHOO.COM
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:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

AMP'd Engineering, PLLC
Civil Engineer – Consulting Engineer – Land Development

Owner: Modupe Congleton Modupe R. Congleton 5/12/21
Print Name Sign Name Date

North Carolina

Wake County

I, William C. Darden III, a Notary Public for said County and State, do hereby
certify that Modupe Congleton personally appeared before me this day and
acknowledged the due execution of the page 1 of 2 "Acceptance Letter" from the
PE.

Witness my hand and official seal, this the 12 day of May, 2021.



William C. Darden III

Notary Public

My commission expires June 14, 2023.

G & T Grading Company, Inc

Post Office Box 279

Zebulon, NC 27597

919-269-5517

We worked on Lots 3, 4 and 5 in Haven subdivision. We installed three septic systems

On Lot 3 we installed four lines 80 feet each and a 1000 gallon tank.

On Lot 4 we installed four lines 80 feet each and a 1000 gallon tank.

On Lot 5 we installed four lines 80 feet each and a 1200 gallon tank.

Thank you,

A handwritten signature in cursive script that reads "Glenn A. Todd". The signature is written in dark ink and is positioned above the printed name.

Glenn Todd, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/12/2021

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 Business Insurers of Carolinas 800 Eastowne Drive, Suite 208 PO Box 2536 Chapel Hill NC 27515-2536	CONTACT NAME: Patty Miller PHONE (A/C No, Ext): (919) 968-4611 E-MAIL ADDRESS: pmiller@business-insurers.com FAX (A/C, No): (919) 968-8991
INSURED G & T Grading Septic Tank & Hauling Co. PO Box 279 Zebulon NC 27597-0000	INSURER(S) AFFORDING COVERAGE INSURER A: Penn National Mutual Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2143031384

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	Y		CL90738283	05/12/2021	05/12/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MFED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB 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	Y/N <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Patty D. Miller

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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: 5/24/21 by OT
Date Initials
 Date of Post-construction Conference: 5/17/21

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

Attestation by the Owner or the PE for Authorization to Operate

I, ATHAN M. PARKER, PE hereby attest that all items indicated above have been provided to the

Print name of Owner or Professional Engineer

HARNETT 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

DR. ATHAN M. PARKER, PE, 0415 SHAWP
ENGINEERING, PLLC
ath@mtparkerengineering.com
Date: 5/27/21 14:15:00

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 _____
Date Email, 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 5/27/21 via Email
Date Email, FAX, USPS, Hand-delivered
OLIVER TOLKSON RCY
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.

EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	Harnett
LHD Reference Number	SFD 1909 - 0032
Permitting backlog as of date of NOI submittal (# days)	7-10 days
Number of days to process the NOI (# days)	9
Number of days to process re-submitted NOI (# days or "NA")	N/A
Facility type	domestic - SFD - 4BR
Domestic, High Strength or IPWW	domestic
Design Daily Flow	480 GPD
Residential or Commercial	Residential
System type (per Rule .1961)	III.g
Date of Post-construction conference	5-17-21
Date Authorization to Operate issued	5-24-21
Fee charged for EOP	\$225
Is fee sufficient to cover LHD costs?	Yes
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	



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: 9/25/19 by JB (central)
Date Initials

PART 1: Notice of Intent to Construct (NOI)

☒ 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:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

WWW.NCDHHS.GOV

Tel 919-707-5874 • Fax 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): LOT 5; PIN: 9597-58-0685.000
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: 4-75' 25% REDUCTION LINES, TYPE IIIg, 12-18" TB; LOCATED 92' FROM WEST PROPERTY CORNER AND 12' FROM THE WEST PROPERTY 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
Registered Professional Engineer (Print Name)
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).

Athan M. Parker
Signature of Licensed Professional Engineer

10/1/2018
Date



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, Athan 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.

Athan 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 10/8/19 via EMAIL
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 10/8/19 via EMAIL
Date Email, FAX, USPS, hand-delivered

BRITANY ADAMS, KEHS-I
Print Name of Authorized Agent of the LHD

B. Adams KEHS-I
Signature of Authorized Agent of the LHD

10/8/19
Date



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: 9/25/19 by JB (central)
Date Initials

PART 1: Notice of Intent to Construct (NOI)

☒ 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:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): LOT 5; PIN: 9597-58-0685-000
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: 4-75' 25% REDUCTION LINES, TYPE IIIg, 12-18" TB; LOCATED 92' FROM WEST PROPERTY CORNER AND 12' FROM THE WEST PROPERTY 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



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, Athan 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.

Athan 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 10/8/19 via EMAIL
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 10/8/19 via EMAIL
Date Email, FAX, USPS, hand-delivered

BRITANY ADAMS, KEHS-I
Print Name of Authorized Agent of the LHD

B. Adams KEHS-I
Signature of Authorized Agent of the LHD

10/8/19
Date



Cash Register Receipt

Harnett County

Receipt Number
R5030

DESCRIPTION	QTY	PAID
PermitTRAK		\$225.00
SFD1909-0032 Address: NC 27 W APN: 9597-58-0685.000		\$225.00
ENVIRONMENTAL HEALTH FEES		\$225.00
ENGINEER OPTION PERMIT	0	\$225.00
TOTAL FEES PAID BY RECEIPT: R5030		\$225.00

Date Paid: Wednesday, September 25, 2019

Paid By: Parker Athan

Cashier: JB

Pay Method: EMV 09246G|284905731



EOP Tracking information

The LHD completes this form for each NOI/ATO submitted to their offices. The LHD updates this information and re-sends it throughout the process as appropriate. The Department will use this data to draft required legislative reports on implementation of the EOP.

Tracking information for Engineered Option Permits (Required)

County	Harnett
LHD Reference Number	SFD1909-0032
Permitting backlog as of date of NOI submittal (# days)	7-10 days
Number of days to process the NOI (# days)	9
Number of days to process re-submitted NOI (# days or "NA")	N/A
Facility type	domestic - SFD - 4BR
Domestic, High Strength or IPWW	domestic
Design Daily Flow	480 GPD
Residential or Commercial	residential
System type (per Rule .1961)	III-g
Date of Post-construction conference	
Date Authorization to Operate issued	
Fee charged for EOP	\$225
Is fee sufficient to cover LHD costs?	yes
Date LHD notified of EOP malfunction	
Date LHD notified of Owner complaint	

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 5

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 24-30" from the surface with a clay loam texture. I have assigned an LTAR of 0.4 gpd/sqft for a 480gpd 4 bedroom residence. This will require the installation of 4-75' 25% reduction lines that shall be installed in accordance with the current rules and on contour. The depth to soil wetness of 24-30" would constitute a 12-18" 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 36'x75' 25% reduction system installed at 12-18" from the surface(LTAR 0.4gpd/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,
ou=PITTMAN SOIL CONSULTING, ou
email=pittmansoil@yahoo.com,
c=US
Date: 2019.08.16 13:28:17 -0400

R. Haywood Pittman II
NC Licensed Soil Scientist

PITTMAN SOIL CONSULTING

PO BOX 1387

RICHLANDS, NC 28574

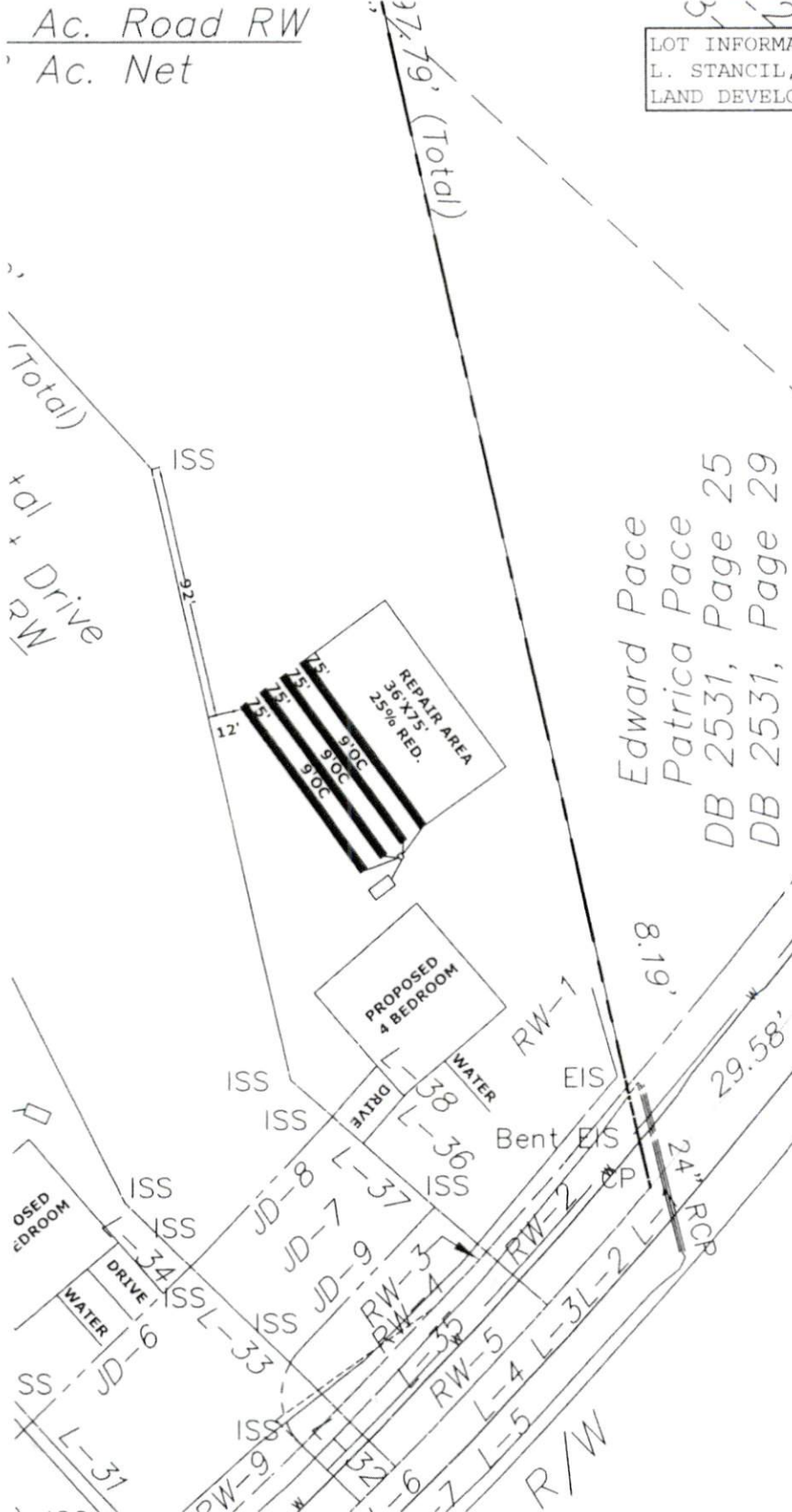
910-330-2784

pittmansoil@yahoo.com

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



Small text at the bottom of the seal: "I am a member of the National Society of Professional Engineers, Inc. (NSPE) and the American Society of Professional Engineers, Inc. (ASPE). My license is valid for the State of North Carolina. My license expires on 12/31/2024." (Note: The text is small and partially illegible in the image.)



INITIAL

4 BEDROOM

LTAR .4

4-75' 25% REDUCTION LINES

12-18"TB

>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

REPAIR AREA

4 BEDROOM

LTAR .4

4-75' 25% REDUCTION LINES

12-18"TB

>6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM



SCALE 1"=60'

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 _____
Date Initials
 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Notarized letter documenting Owner's acceptance of the system from the PE | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 _____
Date Email, 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 _____
Date Email, 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.

Re-submittal of NOI with missing items included

*This Section is for use by PE to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the PE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

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

I, _____ hereby attest that the information re-submitted for this Notice of
Licensed Professional Engineer (Print Name)
 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

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

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

☐ INCOMPLETE

Based upon review of information submitted by the PE in the RESUBMITTAL above, this Notice of Intent
 remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the design PE and the Owner on _____ via _____
 Date Email, 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 PE in the RESUBMITTAL above in addition to information
 provided in Part 1 of this form, this NOI is deemed complete.

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

A complete copy of this form with tracking information was sent to the State: _____ via _____
 Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD

Signature of authorized Agent of the LHD

Date

*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

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, Athman 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.

Athman 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.

7. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): LOT 5; PIN: 9597-58-0685.000
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: 4-75' 25% REDUCTION LINES, TYPE IIIg, 12-18" TB; LOCATED 92' FROM WEST PROPERTY CORNER AND 12' FROM THE WEST PROPERTY 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
Registered Professional Engineer (Print Name)
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





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)

☒ 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:

☒ PE ☒ LSS ☐ LG ☒ On-site Wastewater Contractor

WWW.NCDHHS.GOV

TEL 919-707-5874 • FAX 919-845-3972

LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609

MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



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: INSURER(S) AFFORDING COVERAGE INSURER A: Capitol Specialty Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		FAX (A/C, No): NAIC #
INSURED Pittman Soil Consulting c/o Ronald H. Pittman, II 1003 Gregory Fork Rd. Richlands NC 28574				

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

Kate Oveloy

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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 E-MAIL ADDRESS: certs@siagroup.com	FAX (A/C, No): 910-455-7481
INSURED AMP'D Engineering PO Box 4580 Emerald Isle, NC 28594 7401 Archers Creek Ct Emerald Isle NC 28594	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 :	

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 SUBR INSD 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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO 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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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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[Print this page](#)**Property Description:**

LOT#5 P AND P LAND DEV MAP#2019-261

Harnett County GIS

PID: 039589 1034 07

PIN: 9597-58-0685 000

REID:

Subdivision:

Taxable Acreage: 3.390 AC ac

Caclulated Acreage: 3.52 ac

Account Number: 1500032823

Owners: P AND P LAND DEVELOPMENT INC

Owner Address : PO BOX 4580 EMERALD ISLE, NC 28594-4580

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 : \$28690

Parcel Special Land Value : \$0

Total Value : \$28690

Parcel Deferred Value : \$0

Total Assessed Value : \$28690

Neighborhood: 00304

Actual Year Built:

TotalAcutalAreaHeated: Sq/Ft

Sale Month and Year: 8 / 2019

Sale Price: \$50000

Deed Book & Page: 3721-0275

Deed Date: 2019/08/01

Plat Book & Page: 2019-261

Instrument Type: WD

Vacant or Improved:

QualifiedCode: Q

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

