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

## Application for Residential Building and Trades Permit

te .	1101-
Owner's Name: H&H Constructors of Fayetteville, LLC.	Date: 6 X 20
Site Address: 208 Kimbrouh Drive	Phone: 910-486-48
Directions to job site from Lillington:	···
Subdivision.	
Subdivision: WWdshire	Lot:
Description of Proposed Work: New Single Family Dwelling	# of Bedrooms:
Heated SF: 2435 Unheated SF: 453 Finished Bonus Room? General Contractor Information	Crawl Space: Slab: 💟
H&H Constructors of Fayetteville, LLC. Building Contractor's Company Name	910-486-4864 Telephone
2919 Breezewood Ave. Ste, 400 Fay., NC 28303 Address	StacySimmons@hhhomes.com Email Address
74158 License #	
JM Pope Electric, Inc.	19-776-5144
The second secon	
Address	Email Address
21326	
	ation
	ation
,	919-934-1060
Mechanical Contractor's Company Name	Telephone
Site Address: 208 Kimbroup Drive  Directions to job site from Lillington:	
Plumbing Contractor Information	
Description of Work Residential Plumbing	# Baths <b>2</b> .5
	Email Address
	1
	-

\*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

U/8/2020

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					
Sign w/Title: Print Gyrdinghy Date: 6/8/2020					



1.1012.00	NORTH CAROLINA
Initial Application Date: 4/8/2020	Application #
• *	CU#
COUNTY C Central Permitting 108 E. Front Street, Lillington	OF HARNETT RESIDENTIAL LAND USE APPLICATION
**A RECORDED SURVEY MAP, RECORDED DEED (	OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
	etteville, LLC Mailing Address: 2919 Breezewood Avenue, Suite 400
city: Fayetteville State: NC	Zip: 28303 Contact No: 910-486-4864 x450 Email: stacysimmons@hhhomes.com
APPLICANT*:	Mailing Address:
City:State:*Please fill out applicant information if different than landowner	Zip: Contact No: Email:
contact name applying in office: Stacy Si	immons <sub>Phone #</sub> 910-486-4864 x450
	- Woodshire PIN: 0506-85-5441
DEED OR OTP: 3752. 0738	
PROPOSED USE:	
	Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Slab: Open Slab: Sl
	s Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Si	zex) # Bedrooms:Garage:site built? Deck:site built?
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use	:Hours of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use	e:Closets in addition? () yes () no
Sewage Supply: New Septic Tank Expansio  (Complete Environmental Health Check)  Does owner of this tract of land, own land that contains a	a manufactured home within five hundred feet (500') of tract listed above? () yes (💟) no
Does the property contain any easements whether unde Structures (existing or proposed); Single family dwelling:	
If permits are granted I agree to conform to all ordinance	es and laws of the State of North Carolina regulating such work and the specifications of plans submitted.  Indicate the correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*This application expires 6 months from the initial date if permits have not been issued\*\*
APPLICATION CONTINUES ON BACK

strong roots · new growth



#### \*\*This application expires 6 months from the initial date if permits have not been issued\*\*

\*This application to be filled out when applying for a septic system inspection.\*

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT
OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

### Environmental Health New Septic System

- <u>All property irons must be made visible</u>. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. *Do not grade property*.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

#### ☐ Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

Accessible So That A Complete Site Evaluation Can Be Performed.

#### "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC		
If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	pted	$\{\_\}$ Innovative $\{\_\}$ Conventional $\{\_2\}$ Any
{}} Alter	native	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{✓ NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{✓ NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{ <b>≥</b> }NO	Does or will the building contain any drains? Please explain.
{}}YES	{ <b>√</b> } 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	{ <b>✓</b> } NO	Is the site subject to approval by any other Public Agency?
{ <b>✓</b> }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 Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are	Granted Righ	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I
Understand	That I Am Sole	ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site

strong roots · new growth

# Southeastern Soil & Environmental Associates, Inc.

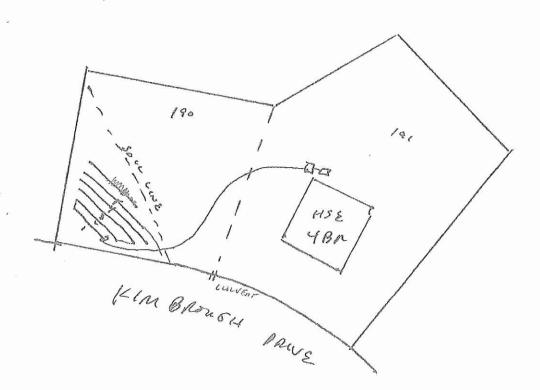
P.O. Box 9321
Fayetteville, NC 28311
Phone/Fax (910) 822-4540
Email mike@southeasternsoil.com

Woodshire (5)

Lot 190/191

Ombines

Proposed septic Coposit



Typical House selback

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

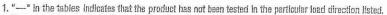
PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVISION	pump to		LOT 1	90/191 (combin	e d ]		
	INITIAL SYSTE	M: APPROVED 25% REDU	CTION	REPAIR A	PUMP TO	EDU LTIOS		
	DISTRIBUTION	V: SEPLAL	The same of	DISTRIBUTIO	ON SERIAL			
	BENCHMARK:	100.0		LOCATION	TON OF CLUVE	int .		
	NO. BEDROOF	vis: 4	and the law as a second	LTAR O	8 620/FTL	INITIAL		
	LINE	FLAG COLOR	ELEVATION	0	LENGTH	REPARA		
	7,			**************************************				
	52		100.08		35'			
mte 541h	) 3	0	29.00		65'			
543th					150'			
	4	В	98.25		901			
	5	D	97.92		1001			
	_6		97-67		3. (	~~~~		
					220'			
	BY MEN	wen		DATE 101	111/19			
	TYPICAL PROF	LE (INITIAL)		THERE SHALL BE NO GRADING, CUTTING, LOGGING OR OTHER SOIL				
	0-48 5	e/cs (VFg mgs)						
	C1 2	748" AT 18-24"			E IN SEPTIC AREA	7		
	INSTACE	AT 18-24 "		HEALTH DEPARTME				
				DESIGNS DO NOT GI	JRANTEE FUNCTIONALITY			

# Trus/Rafter to Wood Double Top Plates



٠,,		Fasteners			DF/SP Allowable Loads				SPF Allowable Loads			
Model No.	Qiy Reqd	To	To	Uplifi		Parallel (		Uplift		Parallel to	Perp. to	
NO.	rioqu	Rafters	Plates	(133	) (160	) Plate (F <sub>1</sub> (133/160			(1,60	) Platé († <sub>1</sub> ) (133/160)	Plate (F <sub>2</sub> ) (133/160)	
H2.5	1	5-8d	5-8d	415	415	150	150	365	365	130	130	
Н5А	1	3-8d	3-8d	350	420	115	180	245	245	100	120	
HGA10	-3	4-SDS1/x11/a	4-SDS1/4x3	435	435	1165	940	375	. 375	870	815	
H5	1	4-8d	4-8d	455	465	115	200	265	265	100	170	
H1	1	6-8dx11/2	4-8d	490	585	485	165	400	400	415	140	
H2.5A	1	5-8d	5-8d	600	600	110	110	520	535	110	110	
LTSJ2	11.5	6-10dx11/2	6-10dx11/2	720	720	· 75:	125	.620	620.	· · · 75 . ii	. 125	
H8	1	5-10dx1½	5-10dx11/2	620	7,45		. : <del>≥</del> :	530	565	1. 1. 2. 1. 1.		
H10-2	1	6-10d	6-10d	760	760	455	395	655	655	390	340	
H2.5	2	10-8d	10-8d	830	830	300	300	730	730	260	260	
H5	. 2	8-8d	8-8d	910	930	230	400	5,30	530	- 200	. 340	
H10	410	8-8dx11/2	8-8dx11/2	· 1905 ×	990	585	525 ·	780	850	505	450	
MTS12	1	7-10dx11/2	7-10dx1½	840	1000	75	125	730	860	75	125	
Hi	2	12-8dx11/2	8-8d	980	1170	970	330	800	800	830	280	
H2.5A	2	10-8d	10-8d	1200	1200	220	220	1040	1070	220	220	
LTS12	. 2	12-10dx1½*	12-10dx11/2	1440	1440	150	250	1240	1240	150 ::	250 :	
HTS20	.1	12-10ax11/2	12-10dx1½	1450	1450	75	125	1245	1245	75	125	
H16S	1	2-10dx11/2	10-10dx11/2	1470	1470	-		1265	1265		_	
116	1	2-10dx11/2	10-10dx11/2	1470	1470	-		1265	1265			
103	22	16.8改化	16-8dx11/2	1810	1980	# 1170 E	1050	1500	1700	%(1010° %)	900	
/TS12	2/2	44 Jodx11/2	14-10dx11/2	1680	2000;		250		1720		250 :	



MTS12 (LTS,

HTS similar) H10

2. For connections to single top plates, see page 12.

H8

3. Fasten multiple members together to acras a single unit.

Two

H2.5A



Hurricane Tie Installations to Achieve Twice the Load (Top View)



Install diagonally across from each other for minimum 2x truss.



Nailing into both sides of a single ply 2x truss may cause the wood to split. A minimum rafter thickness of 2½" must be used when connectors are installed on the



H16

