

Application for Building and Trade Permit

Owner's Name: Benjamin Spout Real Estate Services, Inc. Date: 1/19/2021
Address: 15 North Dakota Ct., Spring Lake, NC 28390 Phone: 910-779-0019
Directions to job site: _____

Subdivision: _____ Lot: 1
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: NEW SFD
Total Project Cost: \$ 250,000

Building Permit Information

Heated SF _____ Crawl Space () Building Construction Cost \$ _____
Unheated SF _____ Slab Acres Disturbed _____ Stories _____
Same as owner Telephone 910-779-0019
Building Contractor's Company Name PO Box 53798, Fayetteville, NC 28305 Telephone 691633-11
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Electrical Permit Information

Description of Work New Install Electrical Cost \$ _____
TS Pole: Yes No () Underground () Overhead ()
Permanent Service: Underground Overhead () Service Size: _____ Amps
Southern Pride Electrical Telephone 919-750-9436
Electrical Contractor's Company Name 370 Slapout Rd. Mt. Olive, NC 28348 Telephone 24726
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Mechanical Permit Information

Description of Work New Install Mechanical Cost \$ _____
Number of Units 1 Type System split
Certified Heating & AC Telephone 910-858-0000
Mechanical Contractor's Company Name PO Box 1071, Hope Mills, NC 28348 Telephone 20012 H3-C1
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work New Install Plumbing Cost \$ _____
Number of Baths _____
Titan's Plumbing Telephone 919-902-0990
Plumbing Contractor's Company Name 11034 Brook Fern Way, Raleigh, NC 27609 Telephone 34800 C-1
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Residential Other () Not Required ()
Cumberland Insulation Telephone 910-484-7118
Insulation Contractor's Company Name 4205 Clinton Rd., Fayetteville, NC 28312 Telephone _____

Sprinkler System Information

Sprinkler Contractor's Company Name Telephone _____

Contact Person

Address License # _____

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name Telephone _____

Contact Person

Address License # _____

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No

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 if any changes occur in the above contractors, I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

B Stt _____ Date 7/19/2021

Signature of Owner/Contractor/Officer(s) of Corporation

The undersigned applicant for Building Permit # _____ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: BSPRESS INC.

By/Title: [Signature] , President

Date: 1/19/2021



Initial Application Date: 1/19/2021

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: Benjamin Stout Real Estate Services Inc. Mailing Address: PO Box 53798
City: Fayetteville State: NC Zip: 28305 Contact No: 910-779-0019 Email: megan@benstoutconstruction.com

APPLICANT: Benjamin Stout Real Estate Svs. Inc. Mailing Address: PO Box 53798
City: Fayetteville State: NC Zip: 28305 Contact No: 910-979-0019 Email: Residential@benstoutconstruct.com
*Please fill out applicant information if different than landowner

ADDRESS: 15 North Dakota Ct, Spring Lake, NC 28390 PIN: 0514-76-6268.000

Zoning: RA-20m Flood: minimal Watershed: NO Deed Book / Page: 1632:0917
35 acres RISK

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size 31' x 46') # Bedrooms: 4 # Baths: 2.5 Basement (w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

stem wall
Monolithic Slab

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]
Signature of Owner or Owner's Agent

1/19/2021
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

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

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

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

If 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.