

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent First American Title Ins Co

Mailing address of Agent 961 Linden Ave
Zanesville, OH 43701

Physical address of Agent Same

Telephone 740-450-0006 Fax 740-450-7006

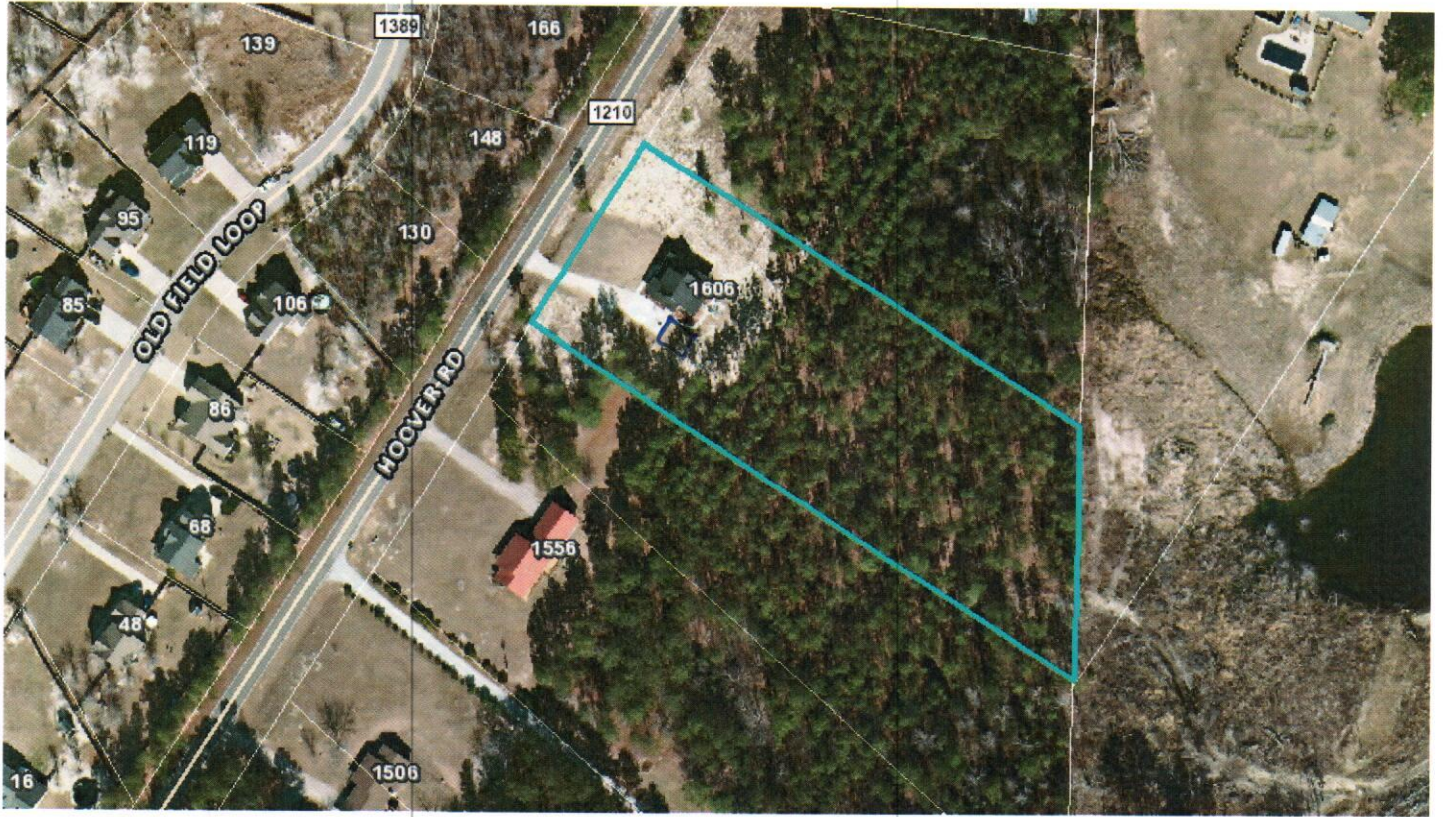
Email claims.nic@firstam.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

www.liensnc.com



Right 56
Left 122
Front 110
Back 375



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: Ryan & Emily McNeil Mailing Address: 1606 Hoover Rd
City: Sanford State: NC Zip: 27332 Contact No: 252-917-1193 Email: emilyblissrankin@yahoo.com

APPLICANT: J. A Hart Construction, Inc Mailing Address: 3408 Lee Ave
City: Sanford State: NC Zip: 27332 Contact No: 919-777-0999a Email: sharoncoe@jahartconstruction.com

ADDRESS: 1606 Hoover Rd PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 110 Back: 375 Side: r-56 Corner: l-122

PROPOSED USE:

SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: Slab:
TOTAL HTD SQ FT 336 GARAGE SQ FT 1120 (Is the bonus room finished? (X) 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: County X 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 X 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 (X) no

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

Signature of Owner or Owner's Agent

Date 11-4-2020

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

Application for Permit in Town Zoning/Areas Zoned by Municipalities

Land Owner Information:

Name: Ryan & Emily McNeil
Address: 1606 Hoover Rd, Sanford, NC 27332
Phone: 252-917-1193

Applicant Information:

Name: J. A Hart Construction, Inc
Address: 3408 Lee Ave, Sanford, NC 27332
Phone: 919-777-0999

Property Location:

E911 Address: 1606 Hoover Rd State Road#: _____
Parcel Number: 039577001602 PIN: 9578-90-2883.000
Subdivision: _____ Lot Number: _____
Lot Size: 2.54 Zoning: _____ Power Co*: _____

* New structures with Progress Energy must provide premise number _____ from Progress Energy

Specific Directions to Job from Lillington: _____

Proposed Use:

- () Single Family Dwelling (Size: _____ x _____) # of Bedrooms: _____
Basement: _____ Basement w/ Plumbing: _____ Deck: _____ Slab or Crawl Space
- () Multi Family Dwelling # of Units: _____ # of Bedrooms/Units: _____
- () Manufactured Home (Size: _____ x _____) # of Bedrooms: _____
Garage: _____ Deck: _____
- () Business Square Footage Retail Space: _____ Type: _____
- () Industry Size: _____ Type: _____ Use: _____
- () Home Occupation # of Rooms: _____ Use: _____
- () Addition to Existing Building Size: _____ Use: _____
- () Other: 28x28 detached garage with bonus room

Water Supply: () County (x) Well () Other
Sewage: () New Tank (Complete septic checklist) (x) Existing Septic (Complete septic checklist) () Sewer

There is a \$750.00 charge for new tanks, \$100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct.

Applicant Signature:  Date: 11-4-2020



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Ryan & Emily McNeil Date: 11/4/2020
Site Address: 1606 Hoover Rd, Sanford, NC 27332 Phone: 252-917-1193
Subdivision: _____ Lot: _____
Description of Proposed Work: 28x28 detached garage with bonus room Total Job Cost: 93,275

General Contractor Information

J. A Hart Construction, Inc 919-777-0999
Building Contractor's Company Name Telephone
3408 Lee Ave sharoncoe@jahartconstruction.com
Address Email Address
81140 **HEATED SQ FT** 336 **GARAGE SQ FT** 1120
License # _____

Electrical Contractor Information

Description of Work Electrical to Code Service Size: _____ Amps T-Pole: Yes No
Wicker Electric, Inc 919-770-0472
Electrical Contractor's Company Name Telephone
454 Womack Lake Cr, Sanford, NC 27330 wickerelectric@gmail.com
Address Email Address
10908L
License # _____

Mechanical/HVAC Contractor Information

Description of Work To Code _____
D&D HVAC LLC 919-628-2183
Mechanical Contractor's Company Name Telephone
2113 Belford Dr, Sanford, NC 27330 contact@ddhvacllc.com
Address Email Address
23371
License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

Insulating Inc, 5902 Fayetteville Rd, Raleigh, NC 27603 919-772-9000
Insulation Contractor's Company Name & Address Telephone



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.

[Handwritten Signature]

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

11-4-2020

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 carrying out the work.

Sign w/Title: *[Handwritten Signature]* / President

Date: *11-4-2020*



****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.

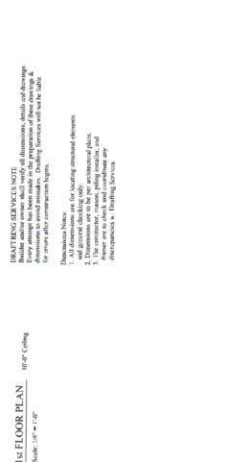
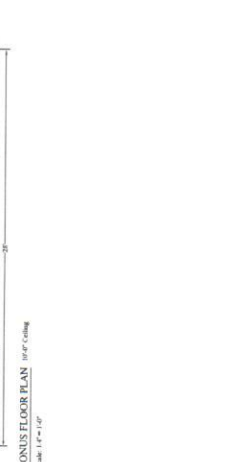
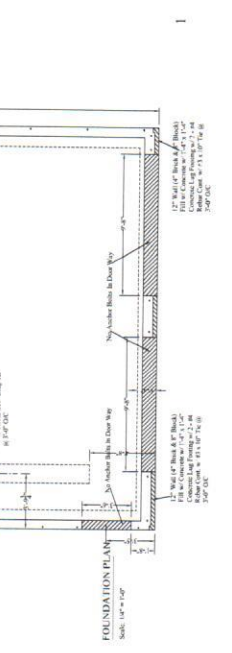
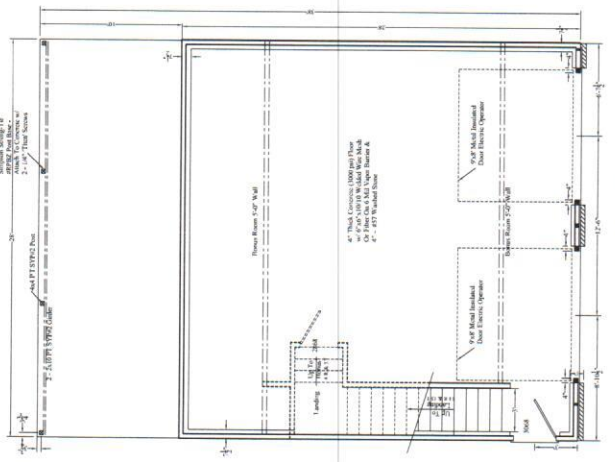
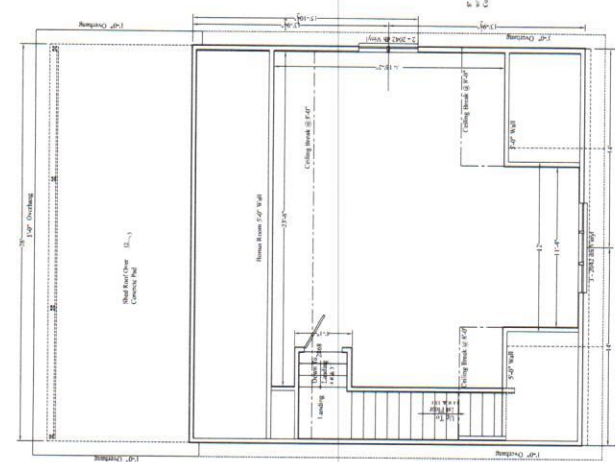
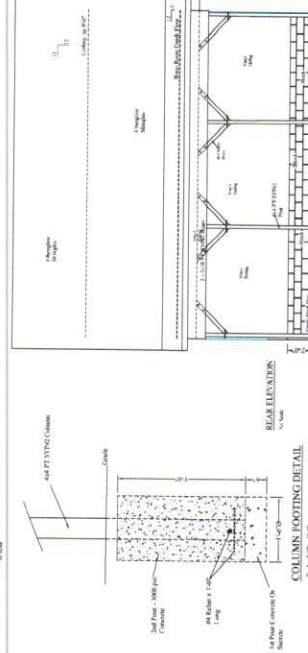
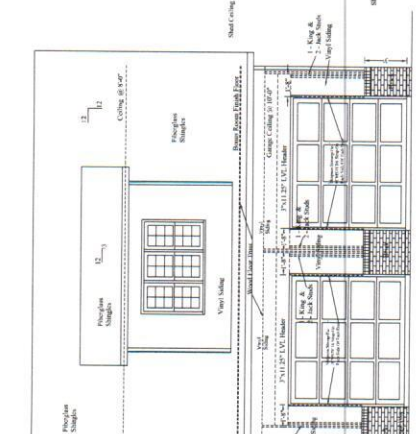
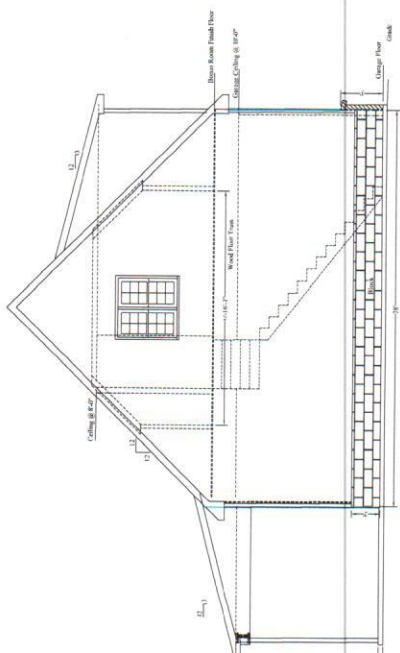
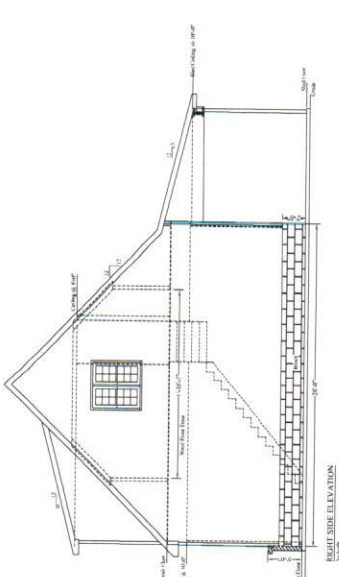
- Accepted Innovative Conventional Any
 Alternative Other _____

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?

203093971 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.



DRAWING REVISIONS NOTE
1. All dimensions shall be in feet and inches unless otherwise noted.
2. All dimensions shall be to the face of the member unless otherwise noted.
3. All dimensions shall be to the center of the member unless otherwise noted.
4. All dimensions shall be to the center of the member unless otherwise noted.
5. All dimensions shall be to the center of the member unless otherwise noted.