

Initial Application Date: 1/21/14

Application # 1450032801
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: BERT & KELLY WALLACE Mailing Address: 321 ARBOR CREST CT
City: LILLINGTON State: NC Zip: 27546 Contact No: _____ Email: wallacej14@yahoo.com

APPLICANT*: ENVISION BUILT Mailing Address: 321 1421 E BOWEN ST. ST 343
City: FUQUAY State: NC Zip: 27526 Contact No: 919-586-1500 Email: dhamilton@envisionbuilt.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: DEVENOX HAMILTON Phone # 919 586 1508

PROPERTY LOCATION: Subdivision: ARBOR CREST Lot #: 11 Lot Size: .96 ac
State Road # 321 State Road Name: ARBOR CREST LN Map Book & Page: 98, 415
Parcel: 11 0680 0119 11 PIN: 0680-603-2215-000
Zoning: R30 Flood Zone: Y Watershed: IV Deed Book & Page: 1821, 604 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ 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)
- 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 12 x 14) Use: Screen Porch Closets in addition? () yes () no

Water Supply: _____ County Existing Well _____ New Well (# of dwellings using well _____) ***Must have operable water before final**

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

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: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

NC27E US4215, Left on NC 276

Right on ARBOR CREST LN

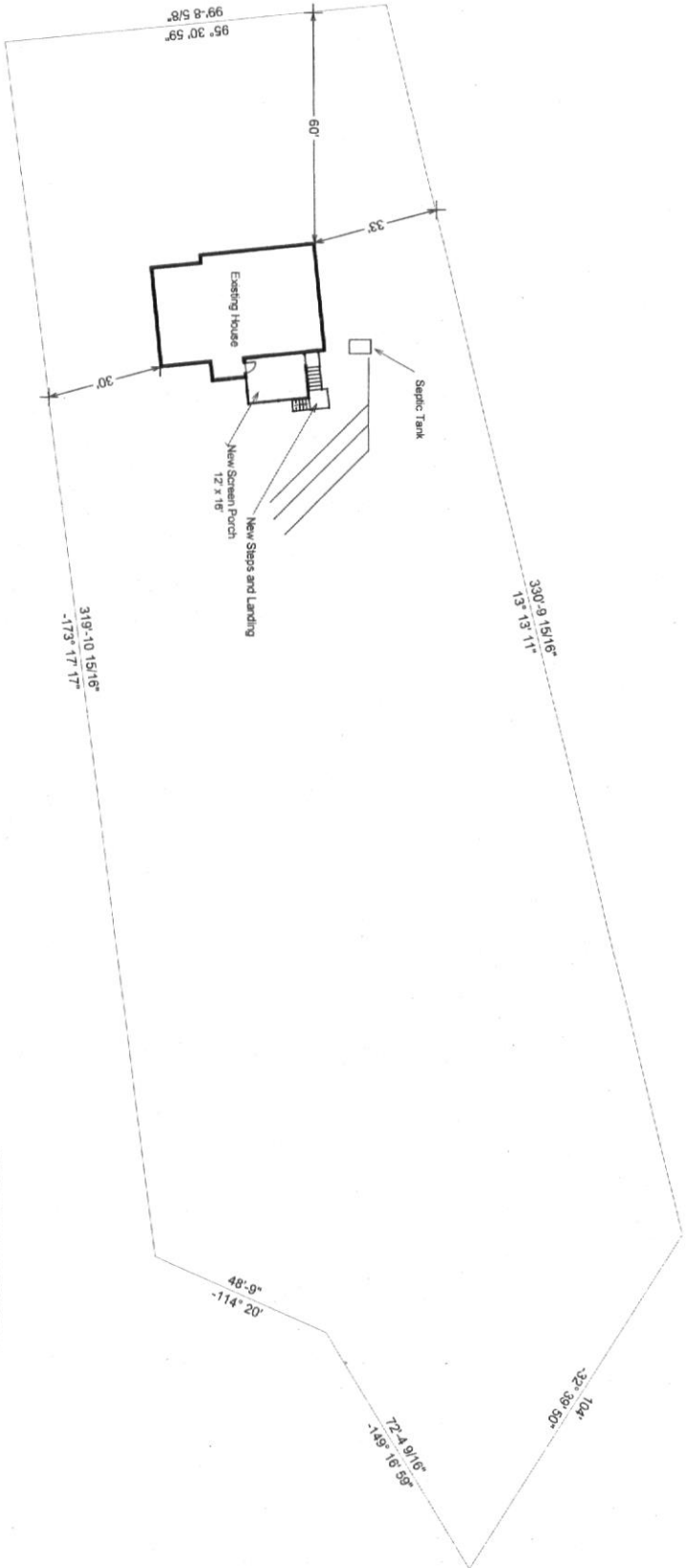
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

Date

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



SITE PLAN APPROVAL
 DISTRICT **RABD** USE **12x16**
3BEDROOMS
1-21-14
John
 Zoning Administrator



DRAWINGS PROVIDED BY:
Envision Built
 1421 E Bironi St
 Suite 343
 Flanders, Virginia, NC

PROJECT DESCRIPTION:
 Wallace Screen Porch
 321 Arbor Crest Ln
 Lillington, NC 27546

SHEET TITLE:
 Plot Plan

NO.	DESCRIPTION	BY	DATE

SCALE: 1" = 30'

DATE: 1/20/2014

K-8

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

Owner's Name BERT & KEUR WPUALE Date 1/21/14
Site Address 321 ARBOR CREST LN, Lillington Phone _____
Directions to job site from Lillington 27E/4215 - (L) on 27W - (R) on ARBOR CREST LN

Subdivision ARBOR CREST Lot 11
Description of Proposed Work SCREEN PORCH ADDITION # of Bedrooms _____
Heated SF _____ Unheated SF 192 Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

ENVISION BUILT Telephone 919-928-5222
Building Contractor's Company Name _____
1421 E. BEARD ST Suite 343 Email Address dhamilton@envisionbuilt.com
Address _____
69152
License # _____

Electrical Contractor Information

Description of Work add ceiling fan & flood CLEAR LIGHT ELEC. Service Size 200 Amps T-Pole Yes No
EXISTING 919-264-3094
Electrical Contractor's Company Name _____ Telephone _____
5405 FALLS OF WASE RALEIGH NC Email Address clearlightelectric@gmail.com
Address _____
29793-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE General Contractor 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

D. J. [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

1/21/14
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

Company or Name EXCURSION BUILT

Sign w/Title [Signature] OWNER Date 1/21/14

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 14-50032801 Date 2/07/14
Intersection
Property Address 321 ARBOR CREST LN
PARCEL NUMBER 11-0680- - -0119- -11-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name ARBOR CREST 34LOTS
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

WALLACE EDWARD & KELLY ENVISION BUILT, LLC
321 ARBOR CREST 1421 E. BROAD ST., SUITE 343
LILLINGTON NC 27546 FUQUAY VARINA NC 27526
(919) 928-5222

Applicant

ENVISION BUILT
1421 E BROAD ST
ST 343
FUQUAY VARINA NC 27526
(919) 586-1500

--- Structure Information 000 000 12X16 SCREEN PORCH
Flood Zone FLOOD ZONE X
Other struct info SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc . .
Phone Access Code . 1016781
Issue Date 2/07/14 Valuation 5758
Expiration Date . . 2/07/15

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc . .
Phone Access Code . 1018340
Issue Date 2/07/14 Valuation 0
Expiration Date . . 2/07/15

Permit LAND USE PERMIT
Additional desc . .
Phone Access Code . 1018357
Issue Date 2/07/14 Valuation 0
Expiration Date . . 8/06/14

Special Notes and Comments
T/S: 01/21/2014 03:54 PM JBROCK ----

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Date 2/07/14

Special Notes and Comments
321 ARBOR CREST CT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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PARCEL NUMBER	11-0680- - -0119- -11-		
Application description . . .	CP ADD & ALTER RESIDENTIAL		
Subdivision Name	ARBOR CREST 34LOTS		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	131	R131	ONE TRADE FINAL	_____	___/___/___
999	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
999	229	R229	TWO TRADE FINAL	_____	___/___/___
999	225	R225	TWO TRADE ROUGH IN	_____	___/___/___

321 Arbor crest LN, Wilmington
Permit # 14-50032801

Request for Subcontractor
Change:

Remove: Clear light Elec

Add: J-CD HVAC AND
Electrical Services.

65 STARLINE RD
Selma, NC 27576

(O) 919-202-9762

(C) 919 369-5252

LISC # 23027-L

EXP
2/28/15

Request by Bill Ahle (owner -
General Contractor) ENVISION BUILT
919-369-5300
Thanks.

Harnett County

INSPECTOR: IVR

DATE 3/28/14

ADDRESS . . : 321 ARBOR CREST LN SUBDIV: ARBOR CREST 34LOTS
 CONTRACTOR : ENVISION BUILT, LLC PHONE : (919) 928-5222
 OWNER . . : WALLACE EDWARD & KELLY PHONE :
 PARCEL . . : 11-0680- - -0119- -11-
 APPL NUMBER: 14-50032801 CP ADD & ALTER RESIDENTIAL
 DIRECTIONS : T/S: 01/21/2014 03:54 PM JBROCK ----
 321 ARBOR CREST CT
 LAND NOTES : LXMN 5/01/85 LOT 11

STRUCTURE: 000 000 12X16 SCREEN PORCH
 FLOOD ZONE : FLOOD ZONE X
 SEPTIC - EXISTING? : EXT TANK WATER SUPPLY : COUNTY

PERMIT: CPBP 00 CP BUILDING PERMIT

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	2/10/14	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 002492252
	2/10/14	AP	T/S: February 10, 2014 10:44 AM BSUTTON -----
R225 01	2/28/14	DT	TWO TRADE ROUGH IN TIME: 17:00 VRU #: 002497709
	2/28/14	AP	T/S: 02/27/2014 10:35 AM LSEGARS ----- T/S: 02/28/2014 03:27 PM DETAYLOR -----
R131 01	3/26/14	BS	ONE TRADE FINAL VRU #: 002507424
	3/26/14	AP	VOICE MESSAGE LEFT T/S: March 26, 2014 08:16 AM BSUTTON ----- Electrical only
R229 01	3/26/14	BS	TWO TRADE FINAL VRU #: 002507433
	3/26/14	DA	VOICE MESSAGE LEFT T/S: March 26, 2014 08:17 AM BSUTTON ----- Drop header supporting upper stair stringers must be through bolted per appendix M. See attached
R131 02	3/28/14	TI	ONE TRADE FINAL VRU #: 002508726
	<u>3/28/14</u>	<u>AS DJ</u>	
R229 02	3/28/14	TI	TWO TRADE FINAL VRU #: 002508735
	<u>3/28/14</u>	<u>AS DJ</u>	

----- COMMENTS AND NOTES -----