Initial Application Date:_	8-	-25-	160)
initial Application Date:_	<u></u>	NO		

Application #	45003958	7

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION LANDOWNER: Walters, James & Jenny ____ Mailing Address: 73 Saddlebrook Drive State: nc Zip: 27526 Contact No: 919.817.7311 Email: ___ City: Fuquay Varina APPLICANT*: Champion Windows Mailing Address: 300 Dominion Drive Ste 201

State: nc Zip: 27560 Contact No: 919.460.6632 Email: psmith@getchampion.com City: Morrisville CONTACT NAME APPLYING IN OFFICE: Princess Smith- Project Coordinator _____Phone # 919.460.6632 PROPERTY LOCATION: Subdivision: Stetson Sub ______Lot Size: 5.7 | Map Book & Page 2008 / _ State Road Name: Saddlebrook Drive Watershed: ____ Deed Book & Page: 2802 / 354 Power Company*: ___ *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: SFD: (Size ____x___) # Bedrooms:___ # Baths:__ Basement(w/wo bath):___ Garage:___ Deck:__ Crawl Space: Slab: V 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 20 x 20) Use: Sun room / Deck 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: ___ Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Actual Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

e specifications of plans submitte false information is provided.
e fa

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

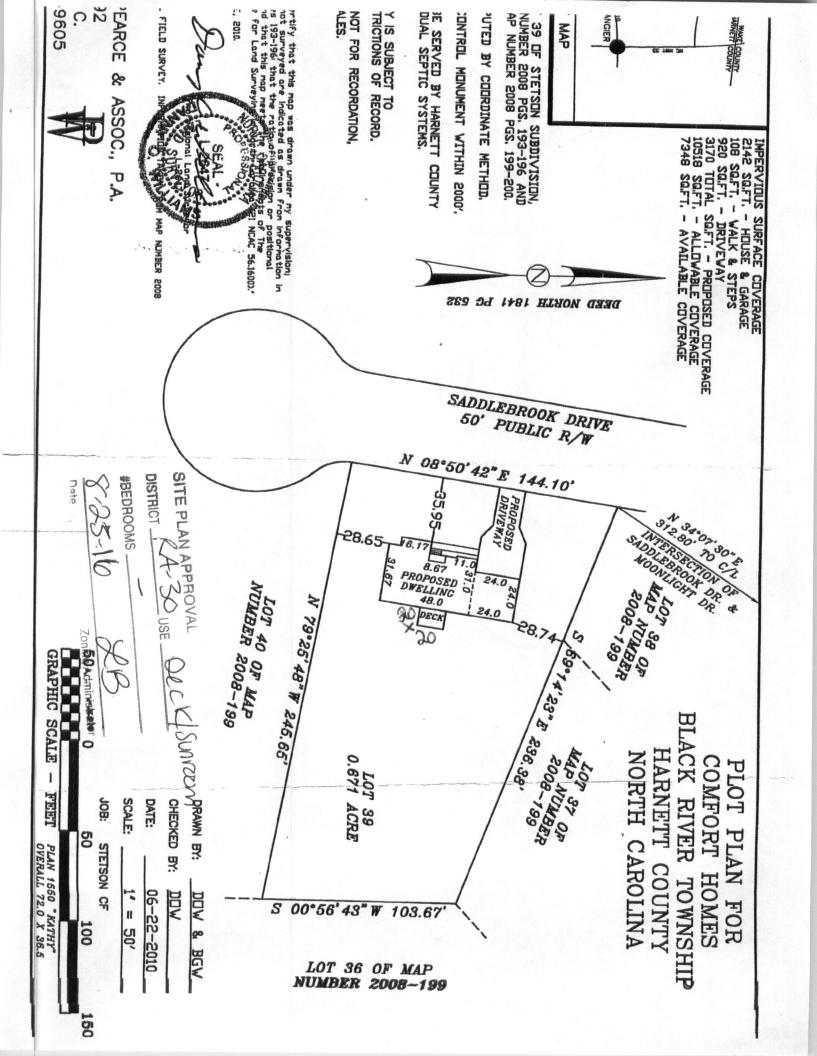
NAME:			
MANIE		APPLICATION #:	
		This application to be filled out when applying for a septic system inspection.	
PERMIT OI depending u 97 Envir All lin PI If ev Af Envire Fo Af BO Us Envire Fo Af If us Envire Fo Af If us Envire Fo DC Af If us Envire Env	AUTHORIZA pon documenta 10-893-7525 conmental He Il property i les must be d ace "orange i les must be d ace orange i property is the valuation to be Il lots to be a refailure to u ter preparing 0 (after selectification nu se Click2Gov commental He lies and the lie	THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration)	
{}} Acce	pled	{} Innovative {} Conventional {} Any	
{}} Alter	native	{}} Other	
The applica question. If	nt shall notify the answer is	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	{_}} 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			
{}}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 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application # 1 U S 0 0 3 9 5 8 7

Application for Residential Building and Trades Permit

Owners Name <u>James + Jenny Walt</u>	
Site Address 73 Saddlebrook Dr	Phone
Directions to job site from Lillington	
Subdivision Stetson	Lot 39
Subdivision Stetson Description of Proposed Work Description of Proposed Work	atio porch. # of Bedrooms 3
Heated SF 1564 Unheated SF 229 2 Finished Bonus General Contractor In	Room? Crawl Space Slab nformation
Champion Windows	919.460.6632
Building Contractor's Company Name	Telephone
300 Dominion Drive Ste 2	.01
Address	Email Address
75228	
License #	Information
Description of WorkSer	vice SizeAmps T-PoleYes
True Power electric.	가지 않는 그리고 있는 것이 되었는데 하면 살아보는데 그는 것이 되었다면 하는데 그리고 있다면 하는데 하는데 그리고 있다면 하는데 그리고 있다면 하는데
Flectrical Contractor's Company Name	Telephone
3921 Song Sparrow Drive	
Address	Email Address
25901-0	
License #	
Mechanical/HVAC Contract	
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Address	Linai Address
License #	
Plumbing Contractor	<u>Information</u>
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	Information
Insulation Contractor	Information
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor's Company Marile & Address	I GIGDIIGIIG

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 bysigning-below! have obtained all subcontractors permission to obtain these permits and if <a href="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 us as per current fee schedule

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

8/24/16 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 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 apelo Date 3/25/16 Sign w/Title /

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. Page Application Number 16-50039587 Date 9/16/16 PARCEL NUMBER . . 04-0674- - -0046- -39-Application description . . . CP ADD & ALTER RESIDENTIAL Subdivision Name STETSON 53LOTS
Property Zoning RES/AGRI DIST - RA-30 Required Inspections Phone Insp Insp# Code Description Initials Date Permit type . . . RESIDENTIAL BUILDING PERMIT 999 103 B103 R*BLDG FOUND & TEMP SVC POLE 111 B111 R*BLDG SLAB INSP/TEMP SVC POLE 999 999 113 B113 R*BLDG WATER/DAMP PROOFING 217 E217 R*ELEC RECONNECT 209 E209 R*ELEC TEMP POWER CERT 207 E207 R*ELEC TEMP SERVICE POLE 999 999 999 205 E205 R*ELEC UNDER SLAB 213 E213 R*ELECTRICAL UNDERGROUND 999 999 409 M409 R*GAS PIPING 405 M405 R*MECHANICAL UNDERGROUND 999 999 105 B105 R*OPEN FLOOR 999 305 M305 R*PLUMB SEWER CONNECTION 999 305 M305 R*FLOND DINER SLAB
309 P309 R*PLUMB UNDER SLAB
307 P307 R*PLUMB WATER CONNECTION
D100 P100 PLBC MECH, PLB 999 999 115 B115 R*OVERHEAD ELEC, MECH, PLB 820 Z820 PZ*ZONING/FINAL INSPECTION 101 B101 R*BLDG FOOTING / TEMP SVC POLE 999 999 999 999 814 A814 ADDRESS CONFIRMATION 999 429 R429 FOUR TRADE FINAL 425 R425 FOUR TRADE ROUGH IN 131 R131 ONE TRADE FINAL 999 999 125 R125 ONE TRADE ROUGH IN 999 329 R329 THREE TRADE FINAL 999 325 R325 THREE TRADE ROUGH IN 229 R229 TWO TRADE FINAL 999 999 999 225 R225 TWO TRADE ROUGH IN H828 ENVIRO. WELL PERMIT 999 104 B104 R*FOUND & SETBACK VERIF SURVEY 999

Permit type . . . RESIDENTIAL ELECTRICAL PERMIT

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. Page Date 9/16/16 Application description . . . CP ADD & ALTER RESIDENTIAL Subdivision Name STETSON 53LOTS
Property Zoning RES/AGRI DIST - RA-30 Required Inspections Phone Insp Insp# Code Description Initials Date 999 211 E211 R*ELEC ABOVE CEILING Permit type RESIDENTIAL ELECTRICAL PERMIT 999 217 E217 R*ELEC RECONNECT 217 E217 R*ELEC RECONNECT
205 E205 R*ELEC UNDER SLAB
215 E215 R*ELEC. UND. POOL
213 E213 R*ELECTRICAL UNDERGROUND 999

213 E213 R*ELECTRICAL UNDERGROUND 131 R131 ONE TRADE FINAL 125 R125 ONE TRADE ROUGH IN

HARNETT COUNTY CENTRAL PERMITTING

999

999 999 999

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. ------Application Number 16-50039587 Date 9/16/16 Intersection Property Zoning RES/AGRI DIST - RA-30 Owner Contractor CHAMPION WINDOWS OF RALEIGH WALTERS JENNY & JAMES S 73 SADDLEBROOK DRIVE
FUQUAY-VARINA

NC 27526

MORRISVILLE
(919) 460-6632 Applicant -----CHAMPION WINDOWS 300 DOMINION DR STE 201 MORRISVILLE NC 27560 (919) 460-6632 Structure Information 000 000 20X20 SUNROOM/DECK Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 3.00 SEPTIC - EXISTING? EXIST
WATER SUPPLY COUNTY Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1156280 Issue Date . . . 9/16/16 Valuation 0
Expiration Date . . 9/16/17 Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . .
Phone Access Code . 1159144 Issue Date . . . 9/16/16 Valuation
Expiration Date . . 9/16/17 Special Notes and Comments T/S: 08/25/2016 02:16 PM LBENNETT --73 SADDLEBROOK DR - STETSON SUBDIVISION #39

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65