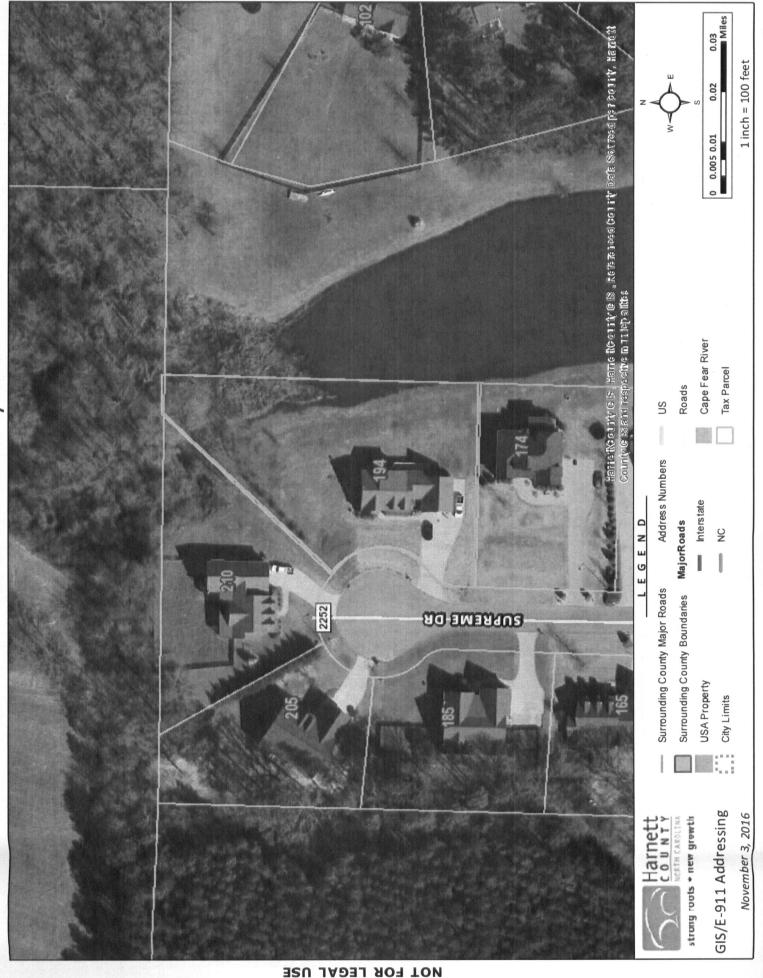
| Initial Application Date: 11310 Application # 10500 900 65 |
|--|
| COUNTY OF HARNETT RESIDENTIAL DAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits |
| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" |
| Diesel de méter 1941 & mome Dr. |
| 2001 |
| |
| APPLICANT*: Southpostern Construction Mailing Address: POBOX 157 B |
| City: <u>Buile 5 Creek</u> State: <u>NC Zip: 27506</u> Contact No: Email: <u>Michael 6 S Nc. cam</u> *Please fill out applicant information if different than landowner |
| CONTACT NAME APPLYING IN OFFICE: Michael wequer Phone # 919-282-2443 |
| PROPERTY LOCATION: Subdivision: Plantetine Viney and Lot #: 37 Lot Size: 76AC |
| State Road # 194 State Road Name: Supreme Map Book & Page 2001, 904 |
| Parcel: 11 DIST DOST 721 PIN: DOST-72-9927:00 |
| Zoning Plood Zone: Watershed: Deed Book & Page 240 R26 Power Company*: |
| *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. |
| PROPOSED USE: |
| Monolithic SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) |
| ☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # 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: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: Comments: |
| Front Minimum Actual |
| Rear |
| Closest Side |
| Sidestreet/corner lot |
| Nearest Building |
| on same lot Page 1 of 2 O3/11 |

APPLICATION CONTINUES ON BACK

| CIFIC DIRECTIONS TO | THE PROPERTY FROM LILLINGTON: | | | |
|----------------------------|--|---------------------------------------|----------------------------|----------------------|
| | | | | |
| | · | | | |
| | | | | 1 |
| | | | | , |
| | | | | |
| | | | | |
| rmits are granted I agree | to conform to all ordinances and laws of the | State of North Carolina regulation su | ch work and the specific | ations of plans subr |
| eby state that foregoing s | tatements are accurate and correct to the be | est of my knowledge. Permit subject t | o revocation if false info | rmation is provided. |
| -71 | Signature of Owner or Owner's Agent | 11- | 3-16 Ite | |
| •• | organization of owner a Agent | / , Da | ite | |

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



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

40005

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

Application for Residential Building and Trades Permit

| Owner's Name: David Costa | Date: 11/2/16 |
|---|---|
| Site Address: 194 Supreme Dr / Lillington, NC 27546 | Phone: 910-916-0103 |
| Directions to job site from Lillington: Take 210 toward Angier, turn left of | onto Tripp Rd, then Left onto Scuppernong Ln, |
| then right onto Supreme drive and house will be on right. | |
| 0651-72-9927:000 110651 | 505772 |
| Subdivision: | Lot: |
| Description of Proposed Work: Repairs due to Free Damage | # of Bedrooms: 3 |
| Heated SF: 2300 Unheated SF: Finished Bonus Room General Contractor Informa | ? Crawl Space: Slab: |
| Southeastern Construction of Buies Creek, LLC | 919-282-2443 |
| Building Contractor's Company Name | Telephone |
| PO Box 157 Buies Creek, NC 27506 | michael@si-nc.com |
| Address | Email Address |
| Muk 2W | 62649 |
| Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information | License # |
| Description of Work Electrical Repairs Service Si | ze: 200 Amps T-Pole: Yes ✓ No |
| Patrick Electrical Contractors | 910-893-5774 |
| Electrical Contractor's Company Name | Telephone |
| 1309 North Main Street / Lillington, NC 27546 | tommypatrick910@gmail.com |
| Address | Email Address |
| Tanny Ruled | 4910U |
| Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inf | License # |
| | <u>ormation</u> |
| Description of Work Replace HUAC System | 910-897-550 |
| Mechanical Contractor's Company Name T+ m Heating + Air Conditioning Mechanical Contractor's Company Name | Telephone |
| | igno mhuacocentrylink. He |
| May Turlington Rd Dunn NC 28334 Address | Email Address |
| K. 上てL. | # 17164 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Plumbing Contractor Inform | <u>ation</u> |
| Description of Work Rework / Replace Existing Plumb | :No_# Baths ² |
| Wagner Plumbing | 910-890-2299 |
| Plumbing Contractor's Company Name | Telephone |
| 555 Terzah Dr Lillington / NC 27546 | |
| Address | Email Address |
| TVP Maaner | <u>31576 class</u> 1 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Insulation Contractor Inform | <u>auon</u> |
| Tr. C.+ Insulation | Tolonhono |
| Insulation Contractor's Company Name & Address | Telephone |

*NOTE: General Contractor must fill out and sign the second page of this application.

| Homeowners Applying to Please answer the following questions then see a Permit Technician to Questionnaire per G.S. 87-14 Regulations as to Issue of | determine if you qualify for perm | it under Owner | rs Exemption. on request) | | | | |
|---|--|--|--|--|--|--|--|
| 1. Do you own the land on which this building will b | e constructed? | Yes | No | | | | |
| 2. Have you hired or intend to hire an individual to manage construction of the project? | superintend and – | Yes | No | | | | |
| 3. Do you intend to directly control & supervise con | struction activities? _ | Yes | No | | | | |
| 4. Do you intend to schedule, contract, or directly p construction work to be done? | pay for all phases of | Yes | No | | | | |
| 5. Do you intend to personally occupy the building months following completion of construction and do you do not do so, it creates the presumption under secured the permit? | you understand that if | | 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 <u>any</u> 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. | | | | | | | |
| Mina / 2 W | //-2-/6 | 9 | | | | | |
| Signature of Owner/Contractor/Officer(s) of Corporation | | <u> </u> | | | | | |
| Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Com The undersigned applicant being the: | Date | | | | | | |
| Affidavit for Worker's Com | Date pensation N.C.G.S. 8 | 7-14 | ner | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: | Date pensation N.C.G.S. 8 Officer/Agent of the Contr | 7-14 actor or Ow | | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: ✓ General Contractor Owner Do hereby confirm under penalties of perjury that the per | Date pensation N.C.G.S. 8 Officer/Agent of the Contraction son(s), firm(s) or corporation | 7-14 actor or Ow | ming the work | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: ✓ General Contractor Owner Do hereby confirm under penalties of perjury that the perset forth in the permit: | Date pensation N.C.G.S. 8 Officer/Agent of the Contraction son(s), firm(s) or corporation d workers' compensation i | 7-14 actor or Owon(s) perform | ming the work | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the perset forth in the permit: Has three (3) or more employees and has obtaine Has one (1) or more subcontractors(s) and has obtaine | Date pensation N.C.G.S. 8 Officer/Agent of the Control son(s), firm(s) or corporation d workers' compensation intained workers' compensation | 7-14 Pactor or Ow on(s) performation insurance to | ning the work cover them. ce to cover | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the perset forth in the permit: Has three (3) or more employees and has obtaine Has one (1) or more subcontractors(s) and has obtaine Has one (1) or more subcontractors(s) who has the | Date pensation N.C.G.S. 8 Officer/Agent of the Control son(s), firm(s) or corporation d workers' compensation in stained workers' compensation eir own policy of workers' of | 7-14 Pactor or Ow on(s) performation insurance to | ning the work cover them. ce to cover | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: General Contractor Owner Do hereby confirm under penalties of perjury that the perset forth in the permit: Has three (3) or more employees and has obtaine Has one (1) or more subcontractors(s) and has obtaine. Has one (1) or more subcontractors(s) who has the covering themselves Has no more than two (2) employees and no subcontractors (3) who has the covering themselves Has no more than two (4) employees and no subcontractors (5) who has the covering themselves Has no more than two (5) employees and no subcontractors (6) who has the covering themselves Has no more than two (6) employees and no subcontractors (7) employees and no subcontractors (8) who has the covering themselves Has no more than two (8) employees and no subcontractors (9) who has the covering themselves Has no more than two (9) employees and no subcontractors (1) employees (1) emplo | Date pensation N.C.G.S. 8 Officer/Agent of the Control son(s), firm(s) or corporation d workers' compensation in stained workers' compensation eir own policy of workers' contractors. that it is understood that the coverage of worker's com inted work from any person | 7-14 actor or Owon(s) performation insurance to tion insurance compensation. Central Perpensation in | cover them. ce to cover on insurance | | | | |
| Affidavit for Worker's Com The undersigned applicant being the: General Contractor Owner Owner Do hereby confirm under penalties of perjury that the perset forth in the permit: Has three (3) or more employees and has obtaine Has one (1) or more subcontractors(s) and has obtaine Has one (1) or more subcontractors(s) who has the covering themselves Has no more than two (2) employees and no subcontractors on the permit is sougneed by the permit is sougneed to issuance of the permit and at any time during the permit. | Date pensation N.C.G.S. 8 Officer/Agent of the Control son(s), firm(s) or corporation d workers' compensation in stained workers' compensation eir own policy of workers' contractors. that it is understood that the coverage of worker's compensation contractors. The coverage of worker's compensation in the coverage of worker's compensation in the coverage of worker's compensation. | 7-14 actor or Owon(s) performation insurance to tion insurance compensation. Central Perpensation in | cover them. ce to cover on insurance mitting asurance prior rporation | | | | |

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 16-50040065 Date 11/03/16 Intersection Property Address 91749 TECH 2 Subdivision Name Property Zoning UNZONED Contractor -----------COSTA DAVID A SOUTHEASTERN CONSTRUCTION OF BUIES CREEK, LLC COSTA CARRIE 194 SUPREME DRIVE LILLINGTON NC 27546 PO BOX 4200 BUIES CREEK NC 27506 (910) 916-0103 Applicant -----SOUTHERM CONSTRUCTION OF BUIES PO BOX 157 BUIES CREEK NC 27506 (919) 282-2443 --- Structure Information 000 000 FIRE DAMAGE REPAIR Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXT TANK COUNTY WATER SUPPLY ------Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1165141
Issue Date . . . 11/03/16 Valuation
Expiration Date . . . 11/03/17 Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1165158
Issue Date . . . 11/03/16 Valuation
Expiration Date . . 11/03/17 ______ Permit RESIDENTIAL INSULATION PERMIT Additional desc . . Phone Access Code . 1165166
Issue Date . . . 11/03/16
Expiration Date . . 11/03/17 Valuation ______ Permit RESIDENTIAL MECHANICAL PERMIT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

| HARNETT COUNTY CER P.O. BOX 65 LILLINGTON, NC 279 For Inspections Ca Bldg Insp schedule | 546 -11. (910) 893-75 | 25 Fax: (910) 8 ilable next busi | 93-2793 ness da | у. |
|---|---------------------------------|-------------------------------------|--------------------|---------------|
| Application Number | 16-500 | 40065 | Page Date | 2 11/03/16 |
| Tssue Date | 1165182 11/03/16 11/03/17 | Valuation . | | 0 |
| Permit | 1165190 | MBING PERMIT Valuation . | | 0 |
| Special Notes and Co | mments | | | |

Special Notes and Comments
T/S: 11/03/2016 11:26 AM JBROCK ---PLANTATION @ VINEYARD GREEN - 194
SUPREME DR

| 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. | | | | | | | | | |
|---|----------------|--|---|---|---------------|--|--|--|--|
| Prop | erty Add | iress | 16-50040065 91749 TECH 2 | Page Date | 3 11/03/16 | | | | |
| Appl Subd | PARCEL NUMBER | | | | | | | | |
| | | | Required Inspections | | | | | | |
| Seq | Phone Insp# | - | Description | Initials | Date | | | | |
| 999 999 999 999 999 999 | 429 | R429 R425 R131 R125 R329 R325 R229 R225 | FOUR TRADE ROUGH IN ONE TRADE FINAL ONE TRADE ROUGH IN THREE TRADE FINAL THREE TRADE ROUGH IN TWO TRADE FINAL | | | | | | |
| 999 | 129 | I129 | R*INSULATION INSPECTION | - to be the constraint of the second of the | _/_/_ | | | | |

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 2
Application Number . . . 16-50040065 Date 11/04/16
Property Address . . . 194 SUPREME DR
PARCEL NUMBER 11-0651- - -0057- -72Application description . . CP ADD & ALTER RESIDENTIAL
Subdivision Name PLTN VINEYARD GREEN
Property Zoning RES/AGRI DIST - RA-40

Permit TEMPORARY ELECTRICAL PERMIT

Additional desc .
Phone Access Code . 1165604

Required Inspections

HARNETT COUNTY CENTRAL PERMITTING

| Seq | Insp# | Description | Initials | Date |
|------------|-------|--|--|-------|
| 999 999 | | R*ELEC TEMP SERVICE POLE C*ELEC TEMP SERVICE POLE | (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | _/_/_ |

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 16-50040065 Date 11/04/16 Intersection Subdivision Name PLTN VINEYARD GREEN Property Zoning RES/AGRI DIST - RA-40 Owner Contractor COSTA DAVID A & CARRIE SOUTHEASTERN CONSTRUCTION OF BUIES CREEK, LLC 194 SUPREME DRIVE NC 27546 PO BOX 4200 BUIES CREEK LILLINGTON NC 27506 (910) 893-8486 Applicant SOUTHERM CONSTRUCTION OF BUIES CREEK PO BOX 157 BUIES CREEK NC 27506 (919) 282-2443 Structure Information 000 000 FIRE DAMAGE REPAIR Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXT TAN WATER SUPPLY COUNTY EXT TANK Permit TEMPORARY ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1165604
Issue Date . . . 11/04/16
Expiration Date . . 11/04/17 Valuation Special Notes and Comments T/S: 11/03/2016 11:26 AM JBROCK ----PLANTATION @ VINEYARD GREEN - 194 SUPREME DR