

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 BARBARA WORDEN + MARC SITES Date 5/3/18
Site Address 54 MOONLIGHT DR FURQUAY VARIANA Phone 919 275 8362
Directions to job site from Lillington

Subdivision
Description of Proposed Work ADD DECK + FAMILY ROOM # of Bedrooms 1/2
Heated SF 432 Unheated SF 366 Finished Bonus Room? Crawl Space X Slab

General Contractor Information

H ELLIOTT CONSTRUCTION LLC Telephone 919 798 2440
Building Contractor's Company Name
Address 1605 TWIN LAKE DRIVE HS NC 27540 Email Address HAL@HALSHOME.COM
License # 77843

Electrical Contractor Information

Description of Work ROUGH + TRIM ADDITION Service Size 200 Amps T-Pole Yes X No
IMPERIAL ELECTRIC Telephone 919 363 7474
Electrical Contractor's Company Name
Address P.O. BOX 162 APEX NC 27502 Email Address
License # L 19850

Mechanical/HVAC Contractor Information

Description of Work ADD MINI SPLIT + BATH FAN
AMERICAN COMFORT SOLUTIONS Telephone 919 552 9223
Mechanical Contractor's Company Name
Address 126 S. FURQUAY AVE F-V NC 27526 Email Address
License # 30674

Plumbing Contractor Information

Description of Work ADD TOILET + LAV # Baths 1/2
CAPP'S PLUMBING Telephone 919 567 0919
Plumbing Contractor's Company Name
Address 1202 S. MAIN ST. F-V NC 27526 Email Address
License # 13946

Insulation Contractor Information

H. ELLIOTT CONSTRUCTION LLC Telephone 919 798 2440
Insulation Contractor's Company Name & Address
Address 1605 TWIN LAKE DR. H.S. NC 27540

*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

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

5/3/18
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 H ELLIOTT CONSTRUCTION LLC

Sign w/Title [Signature] OWNER Date 5/3/18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 847737

Filed on: 05/08/2018

Initially filed by: BHW53

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (<mailto:support@liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Lot 52 in Stetson Subdivision, Map # 2008 pgs. 193-195
54 Moonlight Drive
Fuquay Varina, NC 27526
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Barbara Worden & Marc Sipes
54 Moonlight Drive
Fuquay Varina, NC 27526
United States
Email: bworden53@gmail.com
Phone: 919-275-9362

Date of First Furnishing

05/31/2018

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

Initial Application Date: 3/21/18



Application # 1850043613

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: Marc Sizemore + Barb Worden Mailing Address: 54 moonlight Dr, Fuquay Varina 27526
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-275-9362 Email: bworden53@gmail.com

APPLICANT*: Barbara Worden Mailing Address: 54 moonlight Dr.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-275-9362 Email: bworden53@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: same as Above Phone # same

PROPERTY LOCATION: Subdivision: Stetson Subdivision Lot #: 52 Lot Size: .72
State Road # 1448 State Road Name: Atkins Rd Map Book & Page: 2008/193
Parcel: 040674 0046 52 PIN: 0665-61-9093.000
Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 3353274 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 18 x 24) Use: Family Room w/Powder room Closets in addition? () yes () no
12x24 Deck

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	<u>25</u>	<u>95</u>
Closest Side	<u>10</u>	<u>63</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

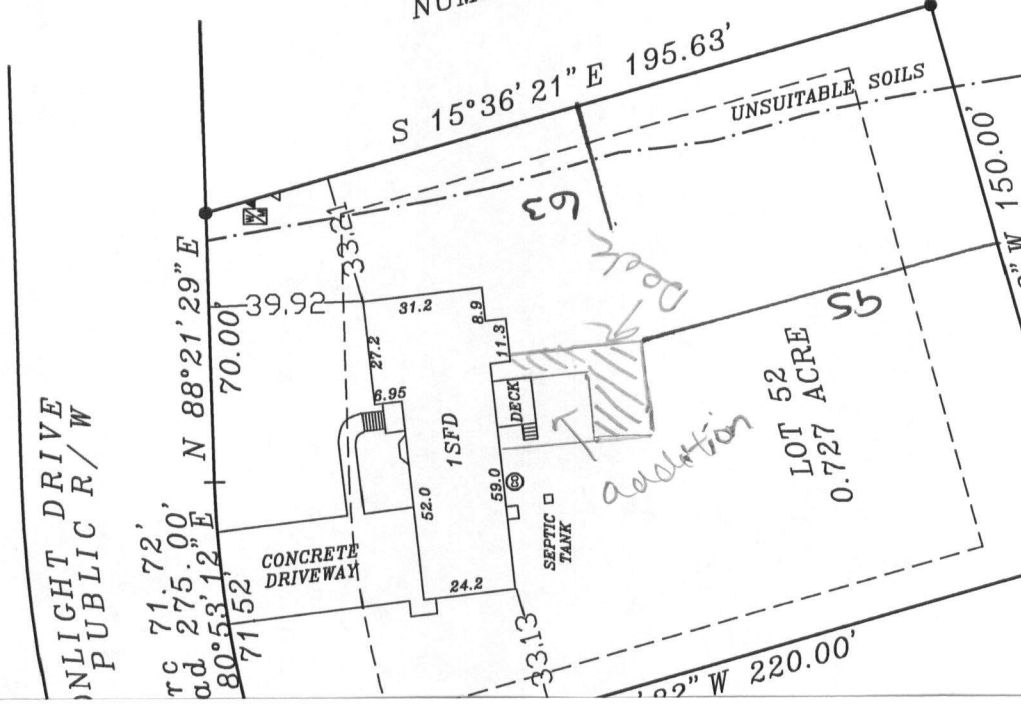
HOUSE LOCATION FOR
 MARC SIPES &
 BARBARA WORDEN
 BLACK RIVER TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA

DEED NORTH 1841 PG 532



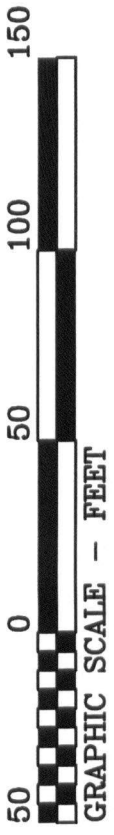
DRAWN BY: DDW & BGW
 CHECKED BY: DDW
 DATE: 10-08-2015
 SCALE: 1" = 50'
 JOB: STETSON CF
 FB: 1229

LOT 51 OF MAP
 NUMBER 2008-193



DATE: 3/21/18
 Zoning Administrator: [Signature]
 LOT 51 OF MAP
 NUMBER 2008-193

#BEDROOMS: _____
 DISTRICT: R-20 USE: Ado
 SITE PLAN APPROVAL



Rad 275.00
N 80°53'12" E | N 88°21'29" E

71.52

70.00

40.00

PROPOSED
DRIVEWAY

33.38

27.0

31.0

34.0

18.0

PROPOSED
DWELLING

24.0

8.83

24.0

25.33

DECK

11.12

FUTURE
PATIO

33.20

N 15°26'32" W 220.00'

S 15°36'21" E 195.63'

NUMBERS

LOT 52
0.727 ACRE

UNSUITABLE
SOILS

S 74°33'28" W 150.00'

LOT 51 OF MAP
NUMBER 2008-188

NAME: _____

APPLICATION #: _____

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)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **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.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- 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**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-2-18

DATE

SCANNED

Page DATE 3
Date 5/21/18

Application Number 18-50043613
 Property Address 54 MOONLIGHT DR
 PARCEL NUMBER 04-0674- - -0046- -52-
 Application description CP ADD & ALTER RESIDENTIAL
 Subdivision Name STETSON 53LOTS
 Property Zoning RES/AGRI DIST - RA-30

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL INSULATION PERMIT					
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Application Number 18-50043613 Date 5/21/18
Property Address 54 MOONLIGHT DR
PARCEL NUMBER 04-0674- - -0046- -52-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name STETSON 53LOTS
Property Zoning RES/AGRI DIST - RA-30

Owner

SIPES MARC L & WORDEN BARBARA
54 MOONLIGHT DRIVE
FUQUAY-VARINA NC 27526

Contractor

H. ELLIOTT CONSTRUCTION LLC
1605 TWIN LAKE DR
HOLLY SPRINGS, NC 27540-9239
HOLLY SPRINGS NC 27540
(919) 798-2440

Applicant

WORDEN BARDARA
54 MOONLIGHT DR
FUQUAY-VARINA NC 27526
(919) 275-9362

--- Structure Information 000 000 18X24 FAMILYROOM W/POWERROOM 12X24 DECK
Flood Zone FLOOD ZONE X
Other struct info # BATHS 2.5
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code . 1242072
Issue Date 5/21/18 Valuation 41472
Expiration Date . . . 5/21/19

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code . 1243609
Issue Date 5/21/18 Valuation 0
Expiration Date . . . 5/21/19

Permit RESIDENTIAL INSULATION PERMIT
Additional desc
Phone Access Code . 1243641
Issue Date 5/21/18 Valuation 0
Expiration Date . . . 5/21/19

Permit LAND USE PERMIT
Additional desc

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

3-21-18
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

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 5/21/18 53 Receipt no: 364500

Year	Number	Amount
2018	50043613	
54 MOONLIGHT DR		
FURQUAY-VAKINA, NC 27526		
B1	BP - PERMIT FEES	\$375.00

H ELLIOTT CONSTRUCTION

Tender detail		
CK CHECK PAYMEN	1411	\$375.00
Total tendered		\$375.00
Total payment		\$375.00

Trans date: 5/21/18 Time: 16:32:04

** THANK YOU FOR YOUR PAYMENT **

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBRCK
Type: CP Drawer: 1
Date: 3/21/18 52 Receipt no: 296146

Year Number
2018 50043613
Amount

54 MOONLIGHT DR

FUGWAY-VARINA, NC 27526

B4

BP - ENV HEALTH FEES

\$100.00

EXT TRAK

BARBARA WORDEN

Tender detail

CK CHECK PAYMEN

1074

\$100.00

Total tendered

\$100.00

Total payment

\$100.00

Trans date: 3/21/18 Time: 13:54:49

** THANK YOU FOR YOUR PAYMENT **