Initial Application Date:	3	L13	47

Application #	150040934
	CU#

.13 c :

COUNTY OF HARNETT BERIDENTIAL LAND LINE ADDITIONAL

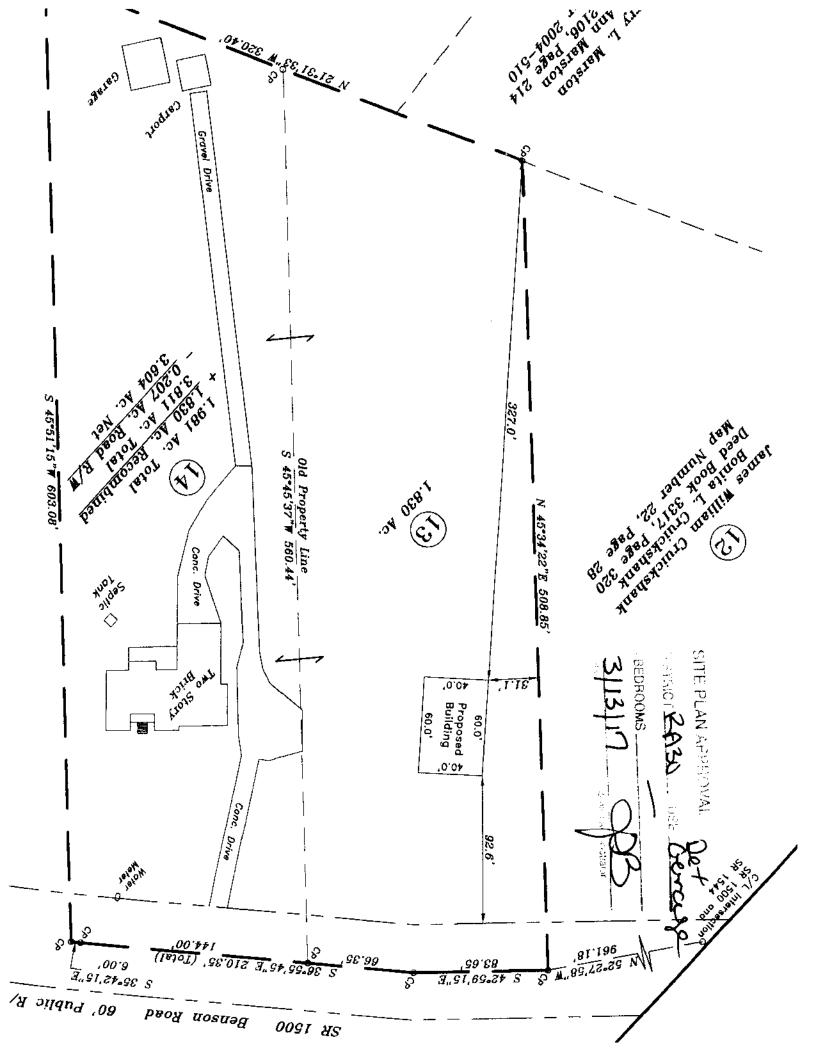
Central Permitting	108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 ext:2	ICATION Fax: (910) 893-2793	www.hamett.org/permit
"A RECORDER SUBVEY MAD DECORDER BEEN AND DESCRIPTION OF STREET				

A REDURBED		R OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED 1	WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: TOY	Wilkerseh	Mailing Address: 1774 Bo	emsen Rd.
City: HIX 1 14	State: <u>VC</u>	Zip. <u>2750]</u> Contact No: 919 422 7065	Email: high Surles @ ACL. com
APPLICANT : 12gh	Sudes Builday	_ Mailing Address: 126 Brancon D	iC.
City: LILINATON	State: VC	Zip 27546 Contact No: 919 422, 7065	Email: highsorles @ Adl. Com
A 1-2-2- IN OUR SPENCEUR HILLS	I ditelett tust laudowner		
CONTACT NAME APPLY	ring in office: Hay	Surles Pho	one # 919 422 70×5
PROPERTY LOCATION:	Subdivision:		Lat# 1-10- 3 \$
State Road # 1500	State Road Name: 🕰	enson Rd.	Lot Size:), U
1 41 001.	<u>,, </u>	DIN:	17/03-1/-2574 +
Zoning RA-30 Flood	Zone: Watershed: 1	A Deed Book & Page: 3085 1033 p	0 kg
New structures with Progr	ress Energy as service provider	need to supply premise number	ower Company: DUTY
_		mod to adply premise number	from Progress Energy.
PROPOSED USE:			
O SFD: (Sizex_	# Bedrooms:# Baths:_	Basement(w/wo bath):Garage:Deck	Crawl Space: Slab: Slab:
	fie are boline (oot) (luished)	? () yes () no w/a closet? () yes () no	(if yes add in with # bedrooms)
Mod: (Sizex_) # Bedrooms # Baths_	Basement (w/wo bath) Garage: Site E	Built Deck: On Frame Off Cramo
	(Is the second floor finished)	? () yes () no Any other site built additions:	? () yes () no
☐ Manufactured Home:	SWDWTW (Size	X) # Bedrooms: Garage:(s	ite built?) Deck:(site built?)
		No. Bedrooms Per Unit:	
☐ Home Occupation: # F	Rooms: Use;	Hours of Operation:	#E ma laus sa
		GARAGE	
/			
Source Sympho	ty Existing Well	New Well (# of dwellings using well) * [ilust have operable water before final
Sewage Supply: New	v Septic Tank (Complete Check	dist) Existing Septic Tank (Complete Check	disf)County Sewer
		anufactured home within five hundred feet (500') o	f tract listed above? () yes () no
		ound or overhead () yes () no	
Structures (existing or propo	osed): Single family dwellings:	Manufactured Homes:	Other (specify): CACGES
Required Residential Proj	nerry I ine Sethacks	Comments	·
Front Minimum 35	Actual 12	Comments:	- 01 0
Rear 25	227	Sarare C	gray Out
Closest Side 10	- 2	someone (a)	Make Sine
Sidestreet/corner lot		to Tenk in oper	
			
Nearest Building on same lot	_		
Residentia, La	C.F.	1	

3 miler on Rt. 13 have & Lot.
If permits are granted I agree to conform to all ordinances and taws of the State of North Carolina regulating such work and the specifications of plans submitted. Thereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information 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



NAME:	APPLICATION #:	
*	This application to be filled out when applying for a septic system inspection.*	
County Health De IF THE INFORMATION IN PERMIT OR AUTHORIZAT	Epartment Application for Improvement Permit and/or Authorization THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE THOO TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 monton submitted. (Complete site plan = 60 months; Complete plat = without expiration)	HE IMPROVEMENT this or without expiration
	alth New Septic SystemCode 800	
 All property in lines must be cl 	ons must be made visible. Place "pink property flags" on each corner iro early flagged approximately every 50 feet between corners.	• • •
out buildings, sv	louse corner flags" at each corner of the proposed structure. Also flag driven wimming pools, etc. Place flags per site plan developed at/for Central Permit	ting.
 If property is this 	nvironmental Health card in location that is easily viewed from road to assist i ckly wooded, Environmental Health requires that you clean out the <u>undergro</u> performed. Inspectors should be able to walk freely around site. Do not gra	owth to allow the soil
All lots to be a	ddressed within 10 business days after confirmation. \$25.00 return trip	fee may be incurred
 After preparing 800 (after select 	ncover outlet lid, mark house corners and property lines, etc. once lot concept on the proposed site call the voice permitting system at 910-893-7525 option 1 to so thing notification permit if multiple permits exist) for Environmental Health insember given at end of recording for proof of request.	chedule and use code
Use Click2Gov	or IVR to verify results. Once approved, proceed to Central Permitting for per	rmits.
	alth Existing Tank Inspections Code 800 structions for placing flags and card on property.	
 Prepare for insp possible) and th 	pection by removing soil over outlet end of tank as diagram indicates, and the put lid back in place. (Unless inspection is for a septic tank in a mobile half of the place.)	
 After uncovering if multiple perm given at end of r 	poutlet end call the voice permitting system at 910-893-7525 option 1 & selits, then use code 800 for Environmental Health inspection. Please note recording for proof of request. or IVR to hear results. Once approved, proceed to Central Permitting for remaining to the second secon	confirmation number
<u>SEPTIC</u>	n to construct please indicate desired system type(s): can be ranked in order of preference	
***	{}} Innovative {}} Conventional {}} Any	
·	{}} Other	
The applicant shall notify t	the local health department upon submittal of this application if any of the following "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	apply to the property in
{_}}YES	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	Does or will the building contain any drains? Please explain	
()YES {} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this prop	erty?
{_}}YES	Is any wastewater going to be generated on the site other than domestic sewage?	
{_}}YES	Is the site subject to approval by any other Public Agency?	
{_}}YES	Are there any Easements or Right of Ways on this property?	
{_}}YES	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	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 App	licable Laws And Rules.
I Understand That I Am So	lely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making
\mathcal{O} 1.1. \mathcal{A}	A Complete Site Evaluation Can Be Performed.	3/13/17
BOPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE

10/10

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

Application # _____

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

Application for Residential Building and Trades Permit

1	
Owner's Name: 100 Wilkerson	Date: 3/13/1
Site Address: 1774 Renson Rd. Angiel	Phone:
Directions to job site from Lillington: TAKE BENSON ROME	eAt at of Anama
3 miles house is on the crit	(1) Day (1) 11)
Subdivision: Nc)	1
Description of Proposed Work: New Construction	Lot:# of Bedrooms:
Heated SF: 2135 Unheated SF: 2160 Finished Bonus Room?	# of Bedrooms: _E
General Contractor Information	Crawl Space: Slab: _v 1
High Surles Buildons General Contractor information	919 422 7065
Building Contractor's Company Name	Telephone 1 0 0
Address	high Serles & ACL. Com
67559	Email Address
License #	
Description of Work Service Size:	<u>n</u>
Dear Elatria 1	200 Amps T-Pole: Yes No
Electrical Contractor's Company Name	919 669 0063 Telephone
8039 Kenneber Rd. Willow Spring	
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description, of Work	
CARR FEAT A/C + Hepting	910-483-8790
Mechanical Contractor's Company Name	Telephone
1139 Robeson St. FAyetleville	
Address (C7232)	Email Address
License #	
Plumbing Contractor Information	1 ^
Description of Work	# Baths
Lak blover Plumbing	919-820-0026
Plumbing Contractor's Company Name	Telephone
PO Box 764 Benson NL 27504	
7958	Email Address
License #	
Insulation Contractor information	
1 Mum Insolation 519 old Drug Store Rd.	919 66 0990
Insulation Contractor's Company Name & Address Garay	Telephone

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

Homeowners Applying to Build Their Own Please answer the following questions than see a Permit Technician to determine if you qualify for p	OM8 ermit under Owners Exemption.
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Mem-	o available upon request)
1. Do you own the land on which this building will be constructed?	YesNo
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	YesNo
3. Do you intend to directly control & supervise construction activities?	YesNo
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	Yes No
5. Do you intend to personally occupy the building for at least 12 consect months following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudule secured the permit?	Π
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building, El Mechanical codes, and the Harnett County Zoning Ordinance. I state the inficontractors is correct as known to me and that I affirm that I have obtained all permission to obtain these permits and if any changes occur including liste number of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Plany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. Is as per current/fee schedule.	omation on the gard omation on the gard i lieted contractors d contractors, site plan, langes or proposed use ermitting Department of After 2 years re-issue fee
3/13/1	7
Signature of Owner/Contractor/Officer(s) of Corporation Date	······································
Affidavit for Worker's Compensation N.C.G. The undersigned applicant being the:	S. 87-14
General Contractor Owner Officer/Agent of the C	Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corposet forth in the permit:	
Has three (3) or more employees and has obtained workers' compensations.	ion insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' comp	
Has one (1) or more subcontractors(s) who has their own policy of work	ers' compensation insurance
covering themselves.	
covering themselves. Has no more than two (2) employees and no subcontractors.	
Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood the Department issuing the permit may require certificates of coverage of worker's to issuance of the permit and at any time during the permitted work from any permitted work from a	at the Central Permitting
Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is understood the	at the Central Permitting

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 618422

Filed on: 03/13/2017 initially filed by: hughsuries

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensne.com

Address: 19 W. Hargen St., Suno 507 / Rateigh, NC.

27601

Phone: 888-690-7384 Fax: 913-489-5231

Finall: support a heasing com

Property Type

Project Property

Troy Wilkerson Garage 1774 Benson Rd

Angier, NC 27501 Hamett County

1-2 Family Dwelling

Owner Information

Hugh Surles Builders 126 Brandon Dr Lillington, NC 27546 United States

Email hughsurlesbuilders@gmail.com

Phone 919-422-7065

Date of First Furnishing

03/21/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

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

Plan Box #	-0	Date	3/13/17
App # <u>4</u>		Job Nam # Valuation 15 2 06	
Inspections fo	r SFD/SFA Slab	Mono	Basement
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
Foundation Surv		nvir. Health	Other
Additions / Othe Footing Foundation Slab Mono Open Floor Rough In Insulation	_		

PARCEL NUMBER Application type des Subdivision Name	cription	17-50040934 1774 BENSON RD 04-06930080- CP GARAGE/CARPORT RI GLEN ACRES SUBDIVIS: RES/AGRI DIST - RA-4	Date 3/27/17 ESIDENTIAL DETACHED
Owner		Contractor	
WILKERSON TROY WILEY 1409 ROPER MOUNTAIN APT 151 GREENVILLE (803) 627-9674	RD	HUGH SURLES E 7206 NC 210N	BUILDERS LLC
Applicant			
HUGH SURLES BUILDERS 126 BRANDON DR LILLINGTON (919) 422-7065 Structure Information Flood Zone Other struct info	1 000 000 FL PR SEI WA	OOD ZONE X OPOSED USE PTIC - EXISTING? FER SUPPLY	DET GARAGE EXT TANK COUNTY
Permit	1184464 3/27/17	L BUILDING PERMIT	152064
Permit	1184548		0
Special Notes and Comr T/S: 03/13/2017 04:0 TAKE BENSON RD E OUT ON R IS HOUSE & LOT	nents 05 PM .TRÞ	OCK 3 MILES	

HARNETT COUNTY CENTRAL PERMITTING

I. F	ILLING' or Insi	X 65 TON, NO Dection	Y CENTRAL PERMITTING C 27546 as Call: (910) 893-7525 Fax: (91) eduled before 2pm available next	0) 893-2793	
Appl Prop PARC Appl Subd	ication erty Ac EL NUME ication ivision	n Numbe idress BER n descr	er 17-50040934	Page Date RESIDENTIAL	2 3/27/17
			Required Inspections		
Seq	Phone #Insp	Insp Code		Initials	Date
999 999 999 999 999 999 999 999 999	103 111 205 309 101 429 425 131 125 329 325 229 225	B103 B111 E205 P309 B101 R429 R425 R131 R125 R329 R325 R229	R*BLDG FOOTING / TEMP SVC POLE FOUR TRADE FINAL FOUR TRADE ROUGH IN ONE TRADE FINAL ONE TRADE ROUGH IN THREE TRADE FINAL THREE TRADE ROUGH IN TWO TRADE FINAL TWO TRADE ROUGH IN LAND USE PERMIT		
999 999	818 820	Z818 Z820	PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION		_/_/_