Initial Application Date: 4 1.14
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: Molly Hayden Mailing Address: 1019 Pine Knoll Dr. Apr 103
City: Spring Lake State: NC Zip: 28390 Contact No: 910-9104-5950 Email: INT hayden 50@gmail.com
APPLICANT*: Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: MOTH R. Hayden Phone # 910-9104-5950
PROPERTY LOCATION: Subdivision: MCUU MAYAUU Lot #: Lot Size: 5,008
State Road # State Road Name:
Zoning: PA20Elood Zone: X Watershed: MQ Deed Book & Page 3058 / 547 Power Company*: (COTRAL) EUC
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.
PROPOSED USE:  Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
(Is the bonus room finished? () yes () no w/a closet? () yes () no (if yes add in with a betrooms)  Mod: (Size 4 x 12) # Bedrooms # Baths 4 Basement (w/wo bath) Garage: Site Built Dec  On Frame Off Frame Off
(Is the second floor finished? (_) yes (_V) no Any other site built additions? (_) yes (_V) no YUS WCU blarne @ a lattle day.
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: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Water Supply:
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
Does the property contain any easements whether underground or overhead () yes () no  Structures (existing or proposed): Single family dwellings:
Required Residential Property Line Setbacks: Comments:
Front Minimum Actual Property Actual

Rear Closest Side Sidestreet/corner lot

Nearest Building on same lot Residential Land Use Application

Minimum

Front

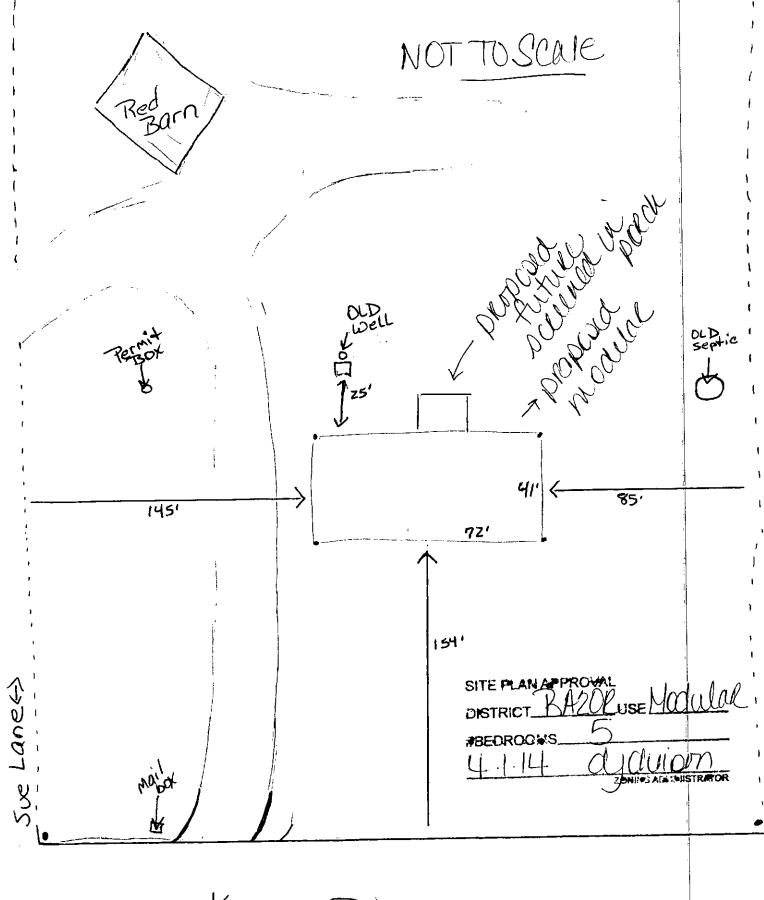
Page 1 of 2
APPLICATION CONTINUES ON BACK

03/11

PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: DID RD TO NETSONG RD.
Pitel on Knamor Pd to at Dinion Methodist
Chierch 110 Sue have is at Lon of hirst
rèce on right (white mailbox).
•
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 hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
Mass. R Handon 4-1-14
Signature of Owner or Owner's Agent Date

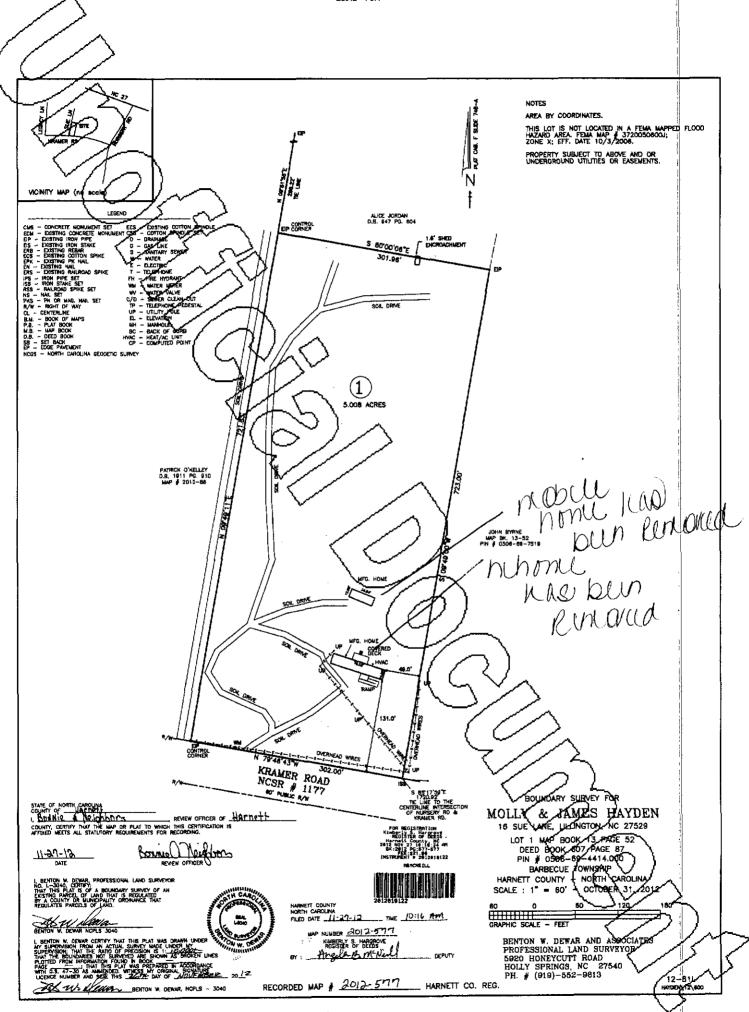
<sup>\*\*\*</sup>It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*



Kramer Rd.

Jin+Mally Hayden, 16 Sue Lane



NAME:	Mall	L Wayou		APPLICATION #:_	14500332	<u>)[</u>
	$\mathcal{J}_{*}$	This application to be	filled out when emplying	for a captia evetom incoa	etion *	
Con		• •		for a septic system inspect  t Permit and/or Auth	orization to Construct	
IF THE II	NFORMATION IN	THIS APPLICATION IS	FALSIFIED, CHANGED, O	R THE SITE IS ALTERED,	THEN THE IMPROVEMENT	
<b>PERMIT</b>	OR AUTHORIZAT	TION TO CONSTRUCT SI	HALL BECOME INVALID	. The permit is valid for eithe	r 60 months or without expiratio	n
			ite plan = 60 months; Compl	ete plat = without expiration)  CONFIRMATION #_	003374	
	910-893-7525 c	opuon i aith New Septic Syst	emCode 800	CONFIRMATION #_		-
V =				perty flags" on each co	rner iron of lot. All prope	rty
	lines must be cl	early flagged approxim	nately every 50 feet bet	ween corners.	7	
•					g driveways, garages, decl	۲S,
				developed at/for Central	assist in locating property.	
•					ndergrowth to allow the s	
	evaluation to be	e performed. Inspector	rs should be able to wal	k freely around site. <i>Do</i>	not grade property.	
•	All lots to be a	ddressed within 10 b	ousiness days after co	nfirmation. \$25.00 retu	ırn trip fee may be incurr	<u>ea</u>
_	tor failure to un	ncover outlet lid, mai	rk nouse corners and	property lines, etc. onto	<del>ce lot confirmed ready.</del> n 1 to schedule and use co	.de
•	800 (after selec	proposed site call the ting notification permi	t if multiple permits exis	st) for Environmental He	ealth inspection. Please no	ote
	confirmation nu	mber given at end of re	ecording for proof of rec	quest.	į	
•				eed to Central Permitting	g for permits.	
□ <u>Env</u>			spections Code 800			
:			flags and card on prope		tes, and lift lid straight up	(ii
-	possible) and th	en put lid back in pla	ace. (Unless inspection	is for a septic tank in a r	nobile home park)	· · ·
		LIDS OFF OF SEPTIC 1				
•	After uncovering	g outlet end call the v	oice permitting system	at 910-893-7525 option	1 & select notification perr e note confirmation numb	nit ær
		recording for proof of r		realiti inspection. I leas	ie note communation name	,01
•				ed to Central Permitting	for remaining permits.	
SEPTIC	<u>.</u>	a		and he replied in order of r	wafaranaa muut ahaasa ana	
	-			can be ranked in order of p	reference, must encose one.	
- "	ccepted	{}} Innovative	,,	{}} Any		
.—.	Iternative					
The appl question	icant shall notify. If the answer is	"yes", applicant MUST	ATTACH SUPPORTIN	G DOCUMENTATION:	ollowing apply to the property	in
{}}YE	S ( <u>*</u> ) NO	Does the site contain ar	ny Jurisdictional Wetlands	? UNK		
{}}YE			irrigation system now or			
{}}YE		• •	ng contain any drains? Plea			
{YE:			=	or Wastewater Systems on	this property?	
{}YE	,	• -		te other than domestic sew	ή	
; {}}YE:		Is the site subject to app	proval by any other Public	Agency?		
{}}YE		Are there any Easemen	ts or Right of Ways on thi	s property?		
YE!	S {_} NO	Does the site contain ar	ny existing water cable, p	hone or underground electr	ric lines?	
		If yes please call No C	tuts at 800-632-4949 to loc	cate the lines. This is a free	e service.	
I Have R	ead This Applicati	ion And Certify That The	Information Provided Her	ein Is True, Complete And (	Correct. Authorized County A	nd
State Off	icials Are Granted	l Right Of Entry To Cond	luct Necessary Inspections	To Determine Compliance V	Vith Applicable Laws And Rul	es.
					ines And Corners And Making	
The Site	Accessible So That	t A.Complete Site Evaluat			(1)	
1	Deen 1	< Hayda	24	SIGNATURE (REQUIRE	<u> </u>	_
PROPE	RTY OWNERS	OR OWNERS(LEGAL	L REPRESENTATIVE S	SIGNA LUKE (KEQUIRE	DAIE	

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

Application # 1450033319

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

Application for Residential Building and Trades Permit

Owner's Name: #kyden	Date:
Owner's Name: Hayden Site Address: 16 Sue Lu. Lillington, N.	C. Phone: 910-964-5950
Directions to job site from Lillington:	
Subdivision: Anderson Creek	Lot:
Description of Proposed Work: 5FO Off Fame	Modular #Bedrooms: 3
Heated SF <u>2746</u> Unheated SF <u>1905</u> Finished Rec R General Contractor I	
-	<del></del>
Homes by Vanderbo, 14  Building Contractor's Company Name  Tele	ephone
3300 Jefferson Davis Auy Sanfo	1d. NC. 43864
Address	License #
Lee Was Mus	st sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation	
Description of Work Model Flesh	e: 200 Amps TPole: vs/no
	119-353-1121
	ephone
529 BRIGH DAR SELEZ	7702-0
Address	License #
Malle	
Signature of Officer(s) of Corporation	
Mechanical Permit Is	<u>iiormation</u>
Description of Work	<del></del>
Mechanical Contractor's Company Name	Tolombono
viechanical Contractor's Company Name	Telephone
Address	License #
Signature of Officer(s) of Corporation	
Plumbing Permit Int	
Description of Work Mochs Hur of	# Baths
Plumbing Contractor's Company Name	Tolophone
1314 (C. L. A) 5 Marsh	Telephone
Address	License #
11150CF _	
Signature of Officer(s) of Corporation	
Insulation Permit Inf	<u>ormation</u>
poulation Contractor's Company Name 9 Address	Talashana
Insulation Contractor's Company Name & Address	Telephone

Application #	

Homeowners Applying to Build Their Own Home  Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
Do you own the land on which this building will be constructed? yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
3. Do you intend to directly control & supervise construction activities? yes no
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 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?
yes 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.
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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
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:
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
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
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.
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

#### DO NOT REMOVE!

## **Details: Appointment of Lien Agent**

Entry #: 131967

Filed on: 05/05/2014 initially filed by: Burtonbr

#### Designated Lien Agent

, Chicago Title Company, LLC

Online: www.liensnc.com/hap.obsww.lienenc.com/

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 4 Harnett County

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (muku supported henses com)

#### **Project Property**

Cust No.9409 Pin: 0506-69-4414.000

Lillington, NC 27546

#### Property Type

1-2 Family Dwelling

#### Print & Post



Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

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

#### Owner Information

Molly & James Hayden 1019 Pineknoll Dr apt 102

Spring lake, NC 28390

USA

Email: mrhayden50@gmail.com

Phone: 910-964-5951

### Date of First Furnishing

05/15/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384

# LiensNG

## **Appointment of Lien Agent**

Entry Number: 131967

Filed by: Burtonbr

Payment Amount: \$25.00

Filing Date: 05/05/2014

**Designated Lien Agent** 

Chicago Title Company, LLC

Online: www.liensnc.com

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

Email: support@liensnc.com

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384



#### Owner Information

Molly & James Hayden

1019 Pineknoll Dr apt 102

Spring lake

NC

28390

USA

910-964-5951

mrhayden50@gmail.com

## **Project Property**

**Cust No.9409** 

Pin: 0506-69-4414.000

16 Sue Ln

Lillington

NC

27546

Property Type:

1-2 Family Dwelling

Date First Furnished:

05/15/2014

