

Initial Application Date: 3/16/17

Application # 1750040955
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: Wom2 Developers Mailing Address: 2785 Raven Rock Rd
City: Lillington State: NC Zip: _____ Contact No: 910-990-1010 Email: _____

APPLICANT: Country Fair Homes Mailing Address: 3335 NC Hwy 875
City: Sangre State: NC Zip: 27332 Contact No: 919-775-3600 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: EJ Wahacic Phone # 919-777-4379

PROPERTY LOCATION: Subdivision: Wom2 Deve. Lot #: 5A Lot Size: 1.50AC
State Road # 1314 State Road Name: Raven Rock Rd Map Book & Page: 2015, 3
Parcel: 13 0621 0015 04 PIN: 0621-47-1107.000
Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 3288, 483 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 28 x 64) # Bedrooms 3 # Baths 2 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 _____ x _____) 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: 1 proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>140</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>44</u>
Sidestreet/corner lot	_____			
Nearest Building on same lot	_____			

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

ON left 2 miles on Raven Rock Rd
off 421 - almost across from
1878

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.

EW
Signature of Owner or Owner's Agent

3-16-17
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.

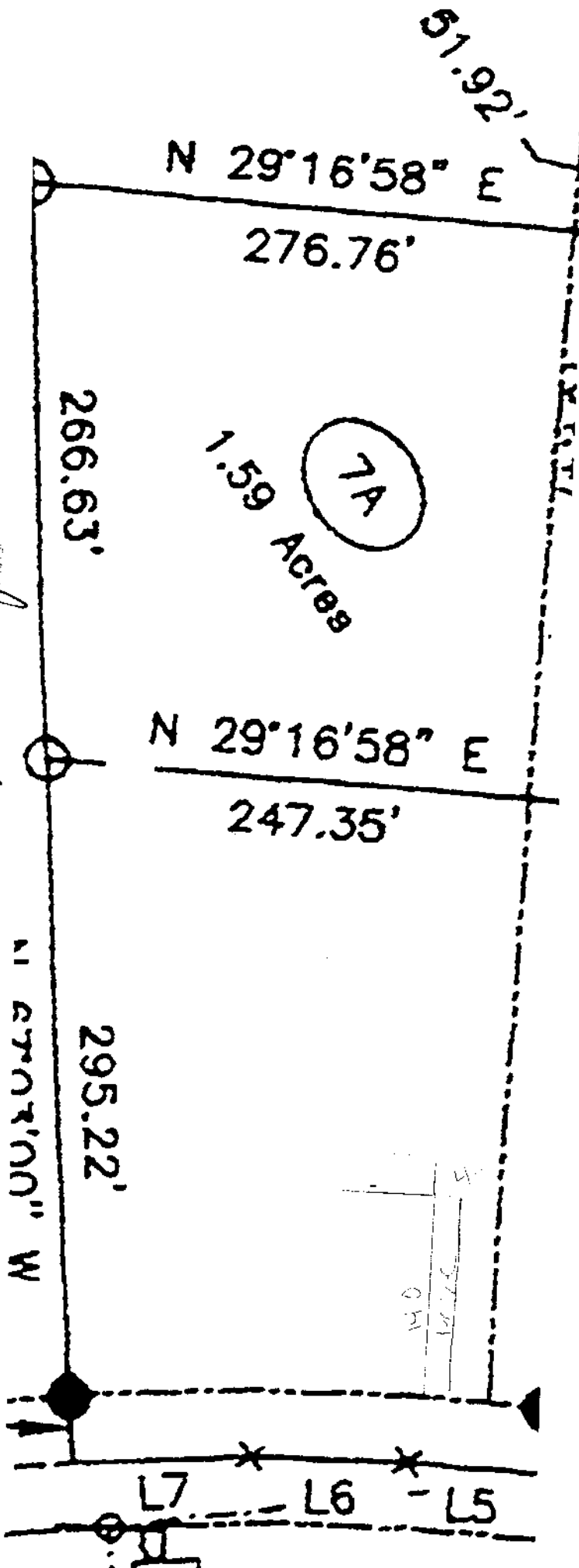
This application expires 6 months from the initial date if permits have not been issued

PLAN APPROVAL

PROJECT RA30 USE Mod

DATE

3/16/17



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)

3-14/17
DATE

09/09/11

Application #

11-50040955

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 Dustin Jones Date 4/18/17
 Site Address 1909 Raven Rock Rd Phone 919-796-0895
 Directions to job site from Lillington 421 toward Sanford Approx 8 miles turn right into Raven Rock Rd approx 1 mile property to left.
 Subdivision _____ Lot _____
 Description of Proposed Work OFF Frame modular # of Bedrooms 3
 Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Raven Rock Mt movers 919-775-3600
 Building Contractor's Company Name Telephone
3335 NC Hwy 87 S Sanford N/A
 Address Email Address
3400 NC 27332
 License # _____

Electrical Contractor Information

Description of Work Hook up Electric Service Size 200 Amps T-Pole Yes No
main switch Electric 910-907-707
 Electrical Contractor's Company Name Telephone
306 E main Street Aberdeen N/A
 Address Email Address
23276 NC 28315
 License # _____

Mechanical/HVAC Contractor Information

Description of Work Hook up Heatpump
Carolina Air INC 910-907-707
 Mechanical Contractor's Company Name Telephone
3700 Hwy 15-501 Carthage N/A
 Address Email Address
23549 NC 28307
 License # _____

Plumbing Contractor Information

Description of Work Hook up water/sewer # Baths 2
Dustin Jones 919-796-0895
 Plumbing Contractor's Company Name Telephone
8209 Purfoy Rd Fuquay-Varina N/A
 Address Email Address
Self NC 27526
 License # _____

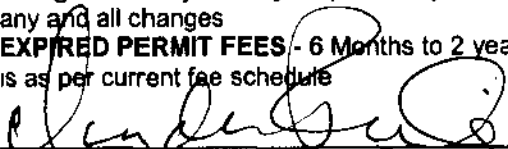
Insulation Contractor Information

N/A N/A
 Insulation Contractor's Company Name & Address Telephone

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

4/26/17
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 Raven Rock m H movers

Sign w/Title Bobby Sygys

Date 4/26/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 641853

Filed on: 04/26/2017

Initially filed by: countryfairhomes

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com

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

Phone: 888-690-7384

Fax: 919-489-5233

Email: support@liensnc.com

Project Property

lot A5
1909 raven rock rd
Lillington, NC 27546
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

dustin jones
8209 purfoy rd
fuquay-varna, NC 27526
United States
Email: crubio201@gmail.com
Phone: 919-796-0895

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

Technical Support Hotline: (888) 690-7384

Effective Date: 04/06/2017

**NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND**

3364669

WE, EJ WOMACK ENTERPRISES INC DBA RAVEN ROCK MOBILE HOME MOVERS as principal,
located at 3335 NC HWY 87 SANFORD, NC 27332
and SureTec Insurance Company
(surety) of 1330 Post Oak Blvd, Ste 1100 Houston, TX 77056
(address) a corporation incorporated under the laws of the State of Texas
and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the
COUNTY OF HARNETT (city or county inspection department) in the sum of five
thousand (\$5,000) dollars for which payment we bind ourselves and our legal representatives jointly and severally.

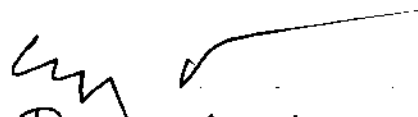
THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has entered into a contract for the
set-up and installation of the modular building described herein;

NOW, THEREFORE, if the principal and all his agents and employees shall set-up and install said modular building in
compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then
this obligation shall be null and void; otherwise, it shall be in full force and effect.

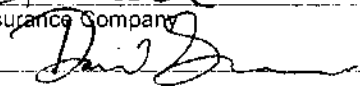
It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:
Street 1909 RAVEN ROCK RD
City LILLINGTON North Carolina
3. This bond will remain in full force and effect for one year following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the COUNTY OF HARNETT (city or county inspection dept.).
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that this bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the
7th day of April, 2017, the name and corporate seal of each corporate party
being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its
governing body.

 Signature of Principal


President Title
Sure Tec Insurance Company

Surety by  (signature)

David Gonsalves (printed name)

Title Attorney-in-fact

Address 1330 Post Oak Blvd, Ste 1100 Houston, TX 77056

 N.C. Resident Agent

14045 Ballantyne Corp Pl, Suite 525, Charlotte, NC 28277 Address



Power of Attorney Attached

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint **David Gonsalves**

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: EJ WOMACK ENTERPRISES INC DBA RAVEN ROCK MOBILE HOME MOVERS
Obligee: State of North Carolina Any City/County
Amount: \$5,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 21st day of March, A.D. 2013.

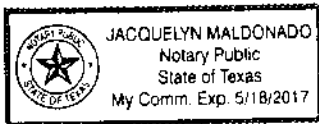


SURETEC INSURANCE COMPANY

By: 
John Knox Jr., President

State of Texas ss:
 County of Harris

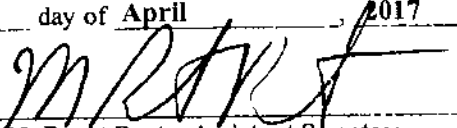
On this 21st day of March, A.D. 2013 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.




Jacquelyn Maldonado, Notary Public
 My commission expires May 18, 2017

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 7th day of April, 2017, A.D.


M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.