

Initial Application Date: 5-29-14

Application # 05 500 11269R
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: Statement Custom Homes Mailing Address: 2512 Wood leaf Ln
City: Apex State: NC Zip: 27539 Contact No: 919 868 4923 Email: _____

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Trillium Farms Lot #: 2 Lot Size: 1.43
State Road # _____ State Road Name: Wade Stephenson Map Book & Page: 04, 988
Parcel: 05 0635 005-8 02 PIN: 0635 09 9826
Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: _____ Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size 72x66) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: Monolithic 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 _____ 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: _____ Manufactured Homes: _____ Other (specify): _____

Comments: 5-29-Rev Move SFD Chg # Blk 4

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>80</u>
Rear		<u>25</u>		<u>63</u>
Closest Side		<u>10</u>		<u>45</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

14

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.

D. J. H.
Signature of Owner or Owner's Agent

5/29/14
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

Faded handwritten notes at the bottom of the page.

Initial Application Date: 2/3/05

Application # 0550011269

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: LARRY FRANCIS Mailing Address: 8133 Robincrest Ct
City: WALTON-VANITA State: NC Zip: 27526 Phone #: 919-552-8007
APPLICANT: FRANCIS REALTY, INC Mailing Address: PO Box 305
City: F-V State: NC Zip: 27526 Phone #: 919-552-8007

PROPERTY LOCATION: SR #: 1407 SR Name: Wade Stephenson
Address: fieldstone Dr.
Parcel: 050635 0058 02 PIN: 0163509-9826
Zoning: RA30 Subdivision: fieldstone farms Lot #: 2 Lot Size: 1.45
Flood Plain: X Panel: 10 Watershed: n/a Deed Book/Page: 659/422 Plat Book/Page: 04-988
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N, LEFT ON CHRISTIAN LIGHT,
LEFT ON COKES BURY, LEFT ON WADE STEPHENSON

PROPOSED USE:
 Sq. Family Dwelling (Size 60 x 72) # of Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) — Garage Deck
 Multi-Family Dwelling No. Units — No. Bedrooms/Unit —
 Manufactured Home (Size — x —) # of Bedrooms — Garage — Deck —
 Number of persons per household spec
 Business Sq. Ft. Retail Space — Type —
 Industry Sq. Ft. — Type —
 Church Seating Capacity — Kitchen —
 Home Occupation (Size — x —) # Rooms — Use —
Additional information: —
 Accessory Building (Size — x —) Use —
 Addition to Existing Building (Size — x —) Use —
 Other —

Included

Additional Information:
Water Supply: County Well (No. dwellings —) Other —
Sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other —
Erosion & Sedimentation Control Plan Required? YES NO
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES (NO)
Structures on this tract of land: Single family dwellings prop Manufactured homes — Other (specify) —

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>80</u>
Rear	<u>25</u>	<u>75</u>
Side	<u>10</u>	<u>40</u>
Corner	<u>20</u>	<u>—</u>
Nearst Building	<u>10</u>	<u>—</u>

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Larry Francis 2/3/05
Signature of Owner or Owner's Agent Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION

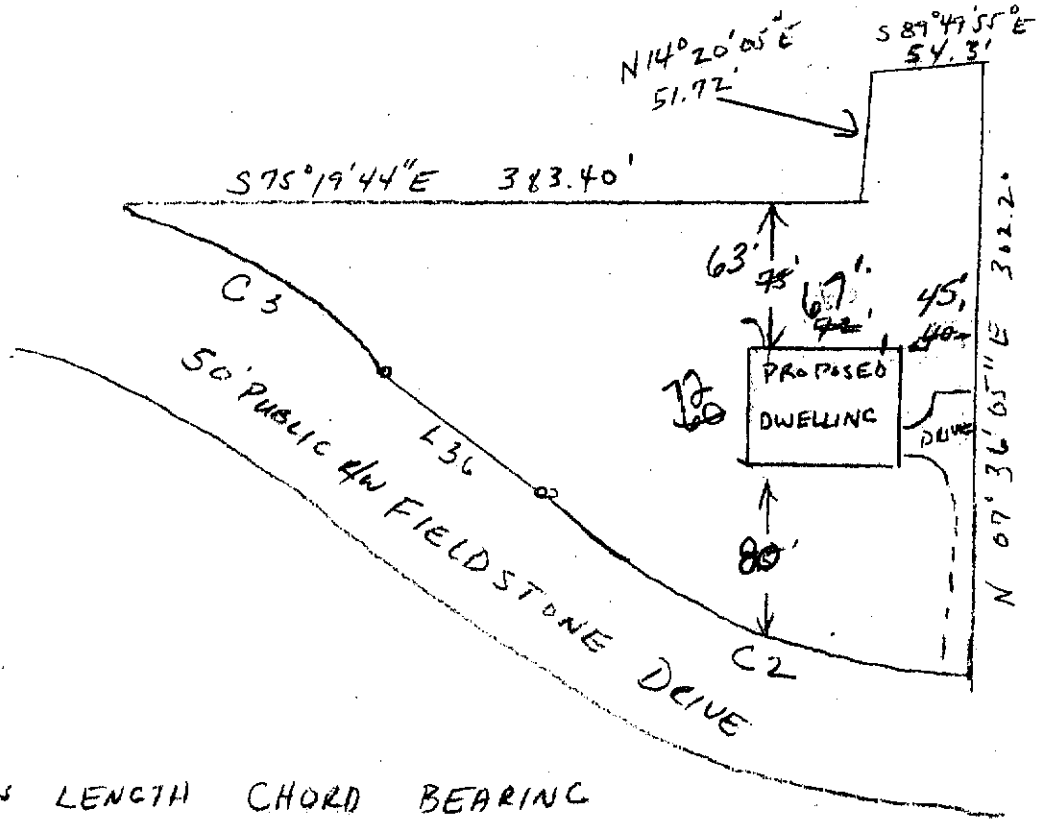
05 5 11269

FRANCIS REALTY, INC.

LOT 2 FIELDSTONE FARMS BM 2004-988

BUCK HORN TOWNSHIP, HARNETT CTY

PIN # 0635 -09- 9826



	RADIUS	LENGTH	CHORD	BEARING
C 3	271.79	254.38'	245.19'	N 55° 35' 11" W
L 36		103.75'		S 58° 52' 27" W
C 2	25.00	39.27'	35.36'	S 52° 36' 05" W

SCALE 1" = 100'

SITE PLAN APPROVAL

DISTRICT RA30 USE SPD

#BEDROOMS 3/4

2/3/05 PJR

Date Zoning Administrator

5-29-14 V.C.H.

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.

Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And City 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.

DJK

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/29/14
DATE

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22078. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

FRANCIS REALTY INC 919-552-8007
Name Telephone #

PO Box 305 FUQUAY-VARINA NC 27526
Address

1407 WADE STEPHENSON RD
Property Location SR# Road Name

FIELDSTONE FARMS 2 3 1.45ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other PUMP TO CONVENTIONAL (PRESSURE MANIFOLD)
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 6 Length of lines VARIABLES Ft. 400ft TOTAL
 Width of ditches 3 ft. Depth of ditches 12 inches
 French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

ES 7/1/05
Signature of Authorized Agent for Harnett County Date

HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-50011269

IMPROVEMENT PERMIT

22078

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) FRANCIS REALTY INC
Property Location: SR#1407 WADE STEPHENSON RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision FIELDSTONE FARMS Lot # 2

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1.45

Basement with Plumbing: Garage: X

Water Supply: Well, Public, Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional, Other Pump To Conventional (Pressure Manifold)

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 6, exact length 400ft. TOTAL, width of ditches 3 ft., depth of ditches 12 in.

French Drain Required: Linear feet

Date: 7/1/05

Signed: [Signature] Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.

- SEE ATTACHMENTS FOR SITE PLAN, SYSTEM LAYOUT, & SYSTEM SPECIFICATIONS
MINIMUM OF 6" OF COVER NEEDED OVER DRAINFIELD
CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

4 BDRM .3 LTAR Accepted

.15 LTAR LPP repair 640'

or At Grade Accepted

[Signature: Thomas J. Boyce]

FIELDSTONE LOT 2

Project No. 7513.S1

LAYOUT FOR 3 BEDROOM HOME

April 1, 2005

<u>LINE #</u>	<u>FLAG COLOR</u>	<u>BS</u>	<u>HI</u>	<u>FS</u>	<u>LEVATION</u>	<u>LINE LENGTH</u>	<u>DESIGN LINE LENGTH</u>
TBM		3.2			100.00		
INSTR. 1			103.20				
*1A	PINK	WRAP	AROUND	2.80	100.40	33	30
*1B	RED	WRAP	AROUND	3.10	100.10	51	50
*2	BLUE			3.60	99.60	65	65
*3	YELLOW			3.90	99.30	81	80
*4	PINK			4.20	99.00	85	85
*5	BLUE			4.70	98.50	70	70
*6	RED			5.20	98.00	50	50
		5.8					
1	PINK			2.00	101.20	55	53
2	RED			2.30	100.90	66	63
3	BLUE			2.70	100.50	70	64
4	YELLOW			3.00	100.20	72	69
5	ORANGE			3.20	100.00	72	72
6	PINK			3.40	99.80	66	60
7	RED			3.50	99.70	60	60
8	BLUE			3.70	99.50	55	50
9	YELLOW			4.00	99.20	46	46
10	ORANGE			4.30	98.90	38	34
11	BLUE			4.50	98.70	33	29
					Total	1002	1030

	<u>LINE LENGTH</u>	<u>LTAR GPD/FT²</u>	<u>SYSTEM TYPE</u>	<u>SOIL LTAR GPD/FT²</u>	<u>INNOVATIVE SYSTEM</u>	<u>DISTRIBUTION</u>
* System	430'	0.31	CONV.	0.31	GRAVEL	Pressure Manifold
Repair	600'	0.12	Innov.	0.12	GRAVEL	LOW PRESSURE PIPE

- Notes:**
- ** TBM1 BASE OF CORNER POST/TBM2 EDGE OF ROAD
 - **TBM is assumed to be 100'.
 - **All measures in feet.
 - **Nitrification lines are demonstrated on contour via colored pin flags.
 - **BS, HI, and FS indicate rod readings.

**FIELDSTONE LOT 2
SYSTEM**

<u>Line #</u>	<u>Color</u>	<u>Elevation</u>	<u>Length</u>	<u>Hole Size</u>	<u>Flow/Tap</u>	<u>gpd</u>	<u>Trench Area</u>	<u>Line LTAR</u>
1A/1B	PINK/RED	2.8 & 3.1	80	SCH 80 3/4	10.1	72.72	240	0.30
2	BLUE	3.6	65	SCH 40 1/2	7.11	51.19	195	0.26
3	YELLOW	3.9	80	SCH 80 3/4	10.1	72.72	240	0.30
4	PINK	4.2	85	SCH 80 3/4	10.1	72.72	255	0.29
5	BLUE	4.7	70	SCH 40 1/2	7.11	51.19	210	0.24
6	RED	5.2	50	SCH 80 1/2	5.48	39.46	150	0.26

total feet = 430 gal/min = 50
 Des. Flow 360
 Pump Run= 7.20
 soil LTAR 0.31

100% Dose Volume 279.83
 Percent Dose Volume 80%
 Total 223.86
 Pump Run Time 4.48

LAYOUT FOR A THREE BEDROOM PRESSURE MANIFOLD SYSTEM (LINES 1A,1B,2,3,4,5,6) LIAR 0.30-35 GRAVEL

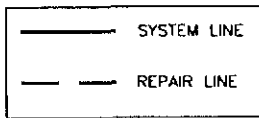
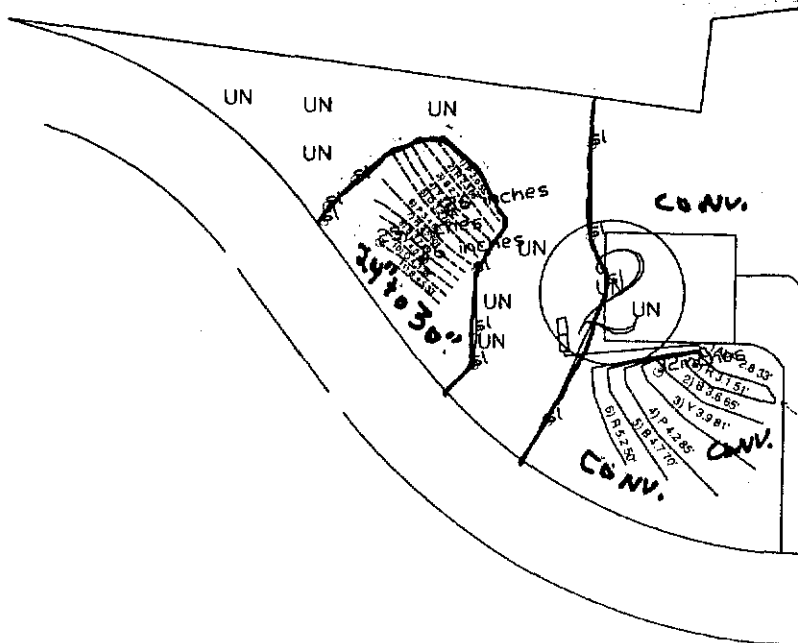
LAYOUT FOR A THREE BEDROOM LOW PRESSURE PIPE REPAIR (LINES 1,2,3,4,5,6,7,8,9,10,11,12) LIAR 0.12

SOILS MAP

CONV. - AREA CONTAINS 24" x 30" + SOILS

24" x 30" - SOILS HAVE 24" x 30" INCHES OF WEARABLE MATERIAL

UN - UNSUITABLE



PROJECT NO. 7513.51	SCALE 1" = 50'	SHEET TITLE: LOT 2 SEPTIC SYSTEM LAYOUT
PROJECT MGR. MB	FIELD WORK JW	PROJECT NAME: LARRY FRANCIS FIELDSTONE LOT 2 HARRETT COUNTY, NORTH CAROLINA APRIL 2005
DRAWN BY JW		
\\SEC\SECFILES\7513.51\LOT 2.DWG		



Soil & Environmental Consultants, PA
11010 Haven Ridge Road - Raleigh, North Carolina 27614 • Phone: (919) 846-5900 • Fax: (919) 846-9167
www.SandEC.com

05 500 112 69

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2014 May 14 03:44 PM NC Rev Stamp: \$ 91.00
Book: 3214 Page: 610 Fee: \$ 26.00
Instrument Number: 2014006317

HARNETT COUNTY TAX ID #
050635 0058 02

05-14-2014 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$91.00

Parcel Identifier No. 050635 0058 02 Verified by _____ County on the ____ day of _____, 20__

By: _____

Mail/Box to: Tart Law Group, P.A., 700 West Broad Street, Dunn, North Carolina 28334

This instrument was prepared by: Joseph L. Tart, Attorney at Law

Brief description for the Index: _____

THIS DEED made this 13th day of May, 2014 by and between

GRANTOR

GRANTEE

Larry S. Francis, Widower

Statement Custom Homes, LLC, a
North Carolina Limited Liability Company

345 Fieldstone Drive
Holly Springs, NC 27540

2512 Woodleaf Lane
Apex, NC 27539

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of Holly Springs, Buckhorn Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lot 2, according to Map Number 2006-355 recorded in the office of the Harnett County Register of Deeds, entitled "RE-RECORDING & RECOMBINATION OF: FIELDSTONE FARMS SUBDIVISION, Phase One, Lots 1 & 2", Buckhorn Township, Harnett County, North Carolina as surveyed by Mauldin - Watkins Surveying, P.A., dated August 14, 2004, revised march 16, 2006, incorporated herein by reference, and made a part of this instrument.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 588 page 211.

All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 2006 page 355.

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association

Submitted electronically by "Tart Law Group, P.A."
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Harnett County Register of Deeds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions: a) General utility easements and right of ways appearing of record. b) Ad valorem taxes for the year 2014 and subsequent years, not yet due and payable. c) Subject to Restrictive Covenants recorded in Book 1991, Page 715, Harnett County Registry.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Larry S. Francis (SEAL)

By: _____ (Entity Name) Print/Type Name: Larry S. Francis

Print/Type Name & Title: _____ (SEAL)

By: _____ Print/Type Name: _____

Print/Type Name & Title: _____ (SEAL)

By: _____ Print/Type Name: _____

Print/Type Name & Title: _____ (SEAL)

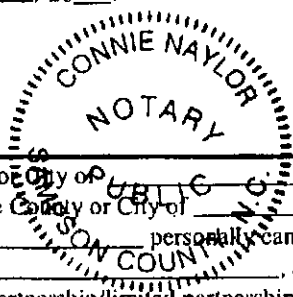
By: _____ Print/Type Name: _____

Print/Type Name & Title: _____ (SEAL)

State of North Carolina - County or City of Harnett

I, the undersigned Notary Public of the County or City of SAMPSON and State aforesaid, certify that Larry S. Francis personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 17th day of May, 2014.

My Commission Expires: 4-14-2016
(Affix Seal)



Connie N
Connie Naylor Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____
I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____

Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

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

Application # 0550011269

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: Statement Custom Homes LLC Date: _____
Site Address: 74 Fieldstone Dr. Phone: (919) 749-9960
Directions to job site from Lillington: 401 North turn left on Christian Light Rd. go to 42 HWY Turn left then left on Wade Stephenson Rd. Subdivision on Right lot 2 is on Right
Subdivision: Fieldstone Lot: 2
Description of Proposed Work: 3256 sqft. Home # of Bedrooms: 4
Heated SF: 3256 Unheated SF: 1092 Finished Bonus Room?: Yes Crawl Space: Slab:

General Contractor Information

Vuncannon Contracting LLC (919) 868-4923
Building Contractor's Company Name Telephone
217 Tasha Ln. Fuquay Varina NC 27526 ducontracting00@gmail.com
Address Email Address
59937
License #

Electrical Contractor Information

Description of Work Wire New House Service Size: 200 Amps T-Pole: Yes No
Patrick Electrical Contractors (910) 893-5774
Electrical Contractor's Company Name Telephone
1309 North Main St. Lillington 27546
Address Email Address
49104
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC For New House
Barco Mechanical (919) 557-3454
Mechanical Contractor's Company Name Telephone
PO Box 65 Fuquay Varina NC 27526
Address Email Address
18460
License #

Plumbing Contractor Information

Description of Work Plumb new House # Baths 3 1/2
Glover Contract Plumbing (919) 868-0959
Plumbing Contractor's Company Name Telephone
304 Quail Hollow Way Sanford NC
Address 27332 Email Address
23160
License #

Insulation Contractor Information

Insulation Inc. 5902 Fayetteville Rd (919) 5772-9000
Insulation Contractor's Company Name & Address Telephone
Raleigh, NC
27603

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

1. 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 that **I affirm that I have obtained all listed contractors 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

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: Statement Custom Homes LLC

Sign w/Title: D. M. Co-Member/Manager Date: _____

05511269

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

Customer Information

Customer Name Daniel Vuncannon
Local Reference ID 55303
Receipt Date 5/29/2014
Receipt Time 05:23:46 PM PDT

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****4181
Order ID 5799128
Billing Name Statement Custom Homes LLC

Billing Information

Billing Address 2512 Woodleaf Ln

Billing City, State Apex, NC

ZIP/Postal Code 27540

Country US

Phone Number 9198684923

Fax Number

Plan Box # C-4

Date 6-16-14

Job Name Vancouver

App # 05 500 11269 Valuation \$ 250801 Heated SQ Feet 3256

Garage 604
= 3860

Inspections for SFD/SFA

Crawl X Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey No Envir. Health New Test Other _____

Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____

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 05-50011269 Date 6/18/14
Property Address 74 FIELDSTONE DR
PARCEL NUMBER 05-0635- - -0058- -02-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name FIELDSTONE FARMS
Property Zoning RES/AGRI DIST - RA-30

Owner

STATEMENT CUSTOM HOMES LLC
2512 WOODLEAF LANE
APEX NC 27539

Contractor

VUNCANNON CONTRACTING LLC
217 TASHA LANE
FUQUAY VARINA NC 27526
(919) 868-4923

Applicant

FRANCIS REALTY #2
PO BOX 305
FUQUAY VARINA NC 27526
(919) 552-8007

--- Structure Information 000 000 72X66 4BR 3.5BATH SFD W GAR DECK CRWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1040823

Issue Date 6/18/14

Valuation 0

Expiration Date . . 6/18/15

Special Notes and Comments

FIELDSTONE FARMS S/D #2
FIELDSTONE DRIVE
TAKE HWY 401N , TURN LEFT ON CHRISTIAN
LIGHT RD, TURN LEFT ON COKESBURY RD,
TURN LEFT ON WADE STEPHENSON, S/D WILL
BE ON THE LEFT PRUSSELL
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

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Property Zoning	RES/AGRI DIST - RA-30		
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Additional desc			
Phone Access Code	1040823		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___