## Branch Banking & Trust Co.

Special Assets 150 S. Stratford Road Suite 110 Winston-Salem, NC 27104 336-733-3179 Phone 336-733-3178 Fax

April 6, 2011

Harnett County Inspections 108 E Front St Lillington, NC 27546

RE:

256 Joseph Alexander Drive, Fuquay-Varina, NC 27526

Lot 110, Ballard Woods, Tax Parcel #0070955

To whom it may concern:

The above referenced property is owned by Branch Banking and Trust Company. We have contracted with Woodard Builders, to finish construction on the above listed property and obtain the necessary CO. I authorize Lewis Woodard, Owner, to acquire any and all necessary permits in order to complete the project.

Please find my contact information on the attached business card and feel free to call me if necessary.

Sincerely,

David H. Worthington, Jr Assistant Vice President

Branch Banking & Trust Co.

STATE OF NORTH CAROLINA COUNTY OF FORSYTH

I, a Notary Public of the County and State aforesaid, certify that David H. Worthington, Jr appeared before me this day and acknowledged the execution of the foregoing instrument in his capacity as Assistant Vice President of Branch Banking and Trust Company, a North Carolina banking corporation.

Witness my hand and official stamp or seal, the 6 day of April, 2011 White to State of the second

My Commission expires: 6-18-13

2			
Initial Application Date: 4/19/11	IFO SHEET	Application #	
COUNTY OF  Central Permitting 108 E. Front Street, Lillington, N		USE APPLICATION	www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR O	FFER TO PURCHASE) & SITE PLAN A	ARE REQUIRED WHEN SUBMITTING A LA	ND USE APPLICATION**
BRIT SPANIA A	SCPT(	ISD & STRATERON	P = 51.51 115
City: WINSTON SALEM State: NC Zip	Mailing Address:	3-3179 Email:	NAMO SITE III
APPLICANT : NOODARD BULLDERS, INC			
APPLICANT : NOODARD (SUIL DEAS, TWO	Mailing Address: 0300 21	- 102 and	. Abilles @
City: State: Zip  *Please fill out applicant information if different than landowner	: Contact No: <u>لوساء</u>	2-2950 Email: UPO OCIZ	south net
CONTACT NAME APPLYING IN OFFICE:	CONTRACTOR OF THE CONTRACTOR O	DC 1	
PROPERTY LOCATION: Subdivision:		Lot #:	Lot Size:
State Road # State Road Name:		Map Book & Pa	age:/
Parcel:	PIN:		
Zoning: Flood Zone: Watershed:	Deed Book & Page:	/ Power Company*:	
*New structures with Progress Energy as service provider no			
The Madada Committee of the provider in			Triogrado Enorgy.
PROPOSED USE:			100 1000
☐ SFD: (Sizex) # Bedrooms: # Baths:	_ Basement(w/wo bath): Ga	rage: Deck: Crawl Space:	Monolithic Slab:
(Is the bonus room finished? (	) yes () no w/ a closet? (_	) yes () no (if yes add in with #	bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths (Is the second floor finished?		rage: Site Built Deck: On e built additions? () yes () no	Frame Off Frame
☐ Manufactured Home:SWDWTW (Size_	x) # Bedrooms:	_ Garage:(site built?) Deck:	(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms: Use:	Hours of C	peration:	#Employees:
□ Addition/Accessory/Other: (Sizex) Use:		Closets in a	addition? () yes () no
Water Supply: County Existing Well	New Well (# of dwellings using w	rell) *Must have operable	e water before final
Sewage Supply: New Septic Tank (Complete Checkle	ist) Existing Septic Tank	(Complete Checklist) County	Sewer
Does owner of this tract of land, own land that contains a ma	anufactured home within five hun	dred feet (500') of tract listed above?	() yes () no
Does the property contain any easements whether undergro	ound or overhead () yes (	_) no	
Structures (existing or proposed): Single family dwellings:			
Required Residential Property Line Setbacks:	Comments: Home W	AS FORCLOSKO ON . 2 NAW OWNER & CONTR	THIS IS
Front Minimum Actual	AN INFO SHEET FOR	2 NAW OVENER & CONTI	ACT INFORMATION

Page 1 of 2
APPLICATION CONTINUES ON BACK

Rear

Closest Side

Sidestreet/corner lot\_ Nearest Building \_ on same lot

Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
The Salar Commission of the second
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 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\*\*

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

Application # 08 5 00 20756

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
Application for Residential Building and Trades Permit

Owner's Name: Oak City Homes.	Date:			
Site Address: P. D. Box 6/27 Raleigh No. 27628	9191833-5526			
Directions to job site from Lillington: 401 - N1R+ Dn+c	Rallard Road			
Rt onto losept Ale				
	The factor of the factor of the second of th			
Subdivision: Ballard WOODS	LOT: 110			
	#Bedrooms:			
The State of the S	Crawl Space () Slab ()			
Heated SF University University SF Finished Rec Room? General Contractor information				
	3-5526			
Building Contractor's Company Name Telephone	To proceed the state of the sta			
Plo Box 6127 Ruleigh N.C 27628	<i>5</i> 3423			
Address	License #			
Note Mendale Must sign & fill out	second page			
Signature of Owner/Contractor/Officer(s) of Corporation				
Description of Work Service Size:	Amps TPole: yes/no			
CHOICE ELETRIC 919-29	1-2210			
Electrical Contractor's Company Name Telephone				
12 BROOKNEHL CICRLE MUTER N	c. 22434-			
Address Address	License #			
Signature of Officer(s) of Corporation				
Mechanical Permit Information	,			
Description of Work HVAC	· .			
CALOLINIA AIR Services of RALEIGH, INC. 1991	122-9922			
Mechanical Contractor's Company Name Telephone	ne			
1400 CHAILS RD. WALE FOREST NC 87587	<u> 23587                                     </u>			
Address	License #			
has word				
Signature of Officer(s) of Corporation				
Plumbing Permit Information				
	# Baths			
Wagner Planking 9	108933050			
Plumbing Contractor's Company Name Telephon	16 A D A D A			
By 44 4 Mangae NE	License #			
Address	License 9			
Signature of Officer(s) of Corporation				
Insulation Permit Information				
	19)554-9004			
Insulation Contractor's Company Name & Address	Telephone			

Romeowners Applying to Build Their Own Home  Please answer the following questions then see a Permit Technician is 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?  Have you hired or intend to hire an individual to superlintend and manage construction of the project?  Do you intend to directly control & superlise construction activities?  yes			
presumption under law that you fraudulently secured the permit?			
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 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.  Note that I have the authority to make necessary application, that the application is correct and that the application is correct and the Building, Electrical, Plumbing, and the above contractors is correct as known to me 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.  **Delta** I have the authority of the Harnett County Central Permitting Department of any and all changes.  **Delta** Department of County Central Permitting Department of Date.**			
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 and et any time during the permitted work from any person, firm or corporation pararring 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			

Application #\_\_\_\_\_

Plan Box Number AA-10

Job Name OAK CITY

Date: 9-26-08

Required Inspections for SFA/SFD

Appl. # 08 500 20756 Valuation # 212, 523 Sq. Feet 327

## Sequence

10	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
10	There Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
50	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	One Trade Final > 2500
999	·
<del></del>	Envir. Operations Permit