

Initial Application Date: 12/23/13

115 Stuchurst Dr. Lot 104

Stone Cross
Application # 11500210923 RP

CENTRAL PERMITTING 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
CU# _____

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: D.R. Horton, Inc. Mailing Address: 2000 Devol Center Parkway, Suite 100, Morrisville, NC 27560
City: Morrisville State: NC Zip: 27560 Contact No: 919460-2933 Mail: tinguy ed@hntco.com

APPLICANT: (Same as above)
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Bryan Kaplan Phone # 919-796-6351
Stone Cross

PROPERTY LOCATION: Subdivision: _____
State Road # 1120 State Road Name: Overhills Rd. Lot # 104 Lot Size: _____
Parcel: 6105351A 0100 3A Map Book & Page: 2011, 3A7
Zoning: R200R Flood Zone: X Watershed: NA PIN: 0515-30-0692 Deed Book & Page: 3005, 767-467 Power Company: Central Electric

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

PROPOSED USE: 3 BDR w/ a future 4th

SFD: (Size 34' x 37') # Bedrooms: 4 # Baths: 3.5 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 # 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): _____

Required Residential Property Line Setbacks:

Front	Minimum <u>35'</u>	Actual <u>35.7</u>
Rear	<u>25'</u>	<u>25.1</u>
Closest Side	<u>5'</u>	<u>11.8</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: septic needs to be for 4 BDR - but home will only have 3 for now - the 4th would be done when bonus area is finished

SPECIFIC DIRECTIONS TO THE PROPERTY FROM THE HIGHWAY

Highway 210-S, to Spring Lake, Right on Overhills Rd. - Subdivision on right before Pay Rd.

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]
Signature of Owner or Owner's Agent

12/16/17
Date

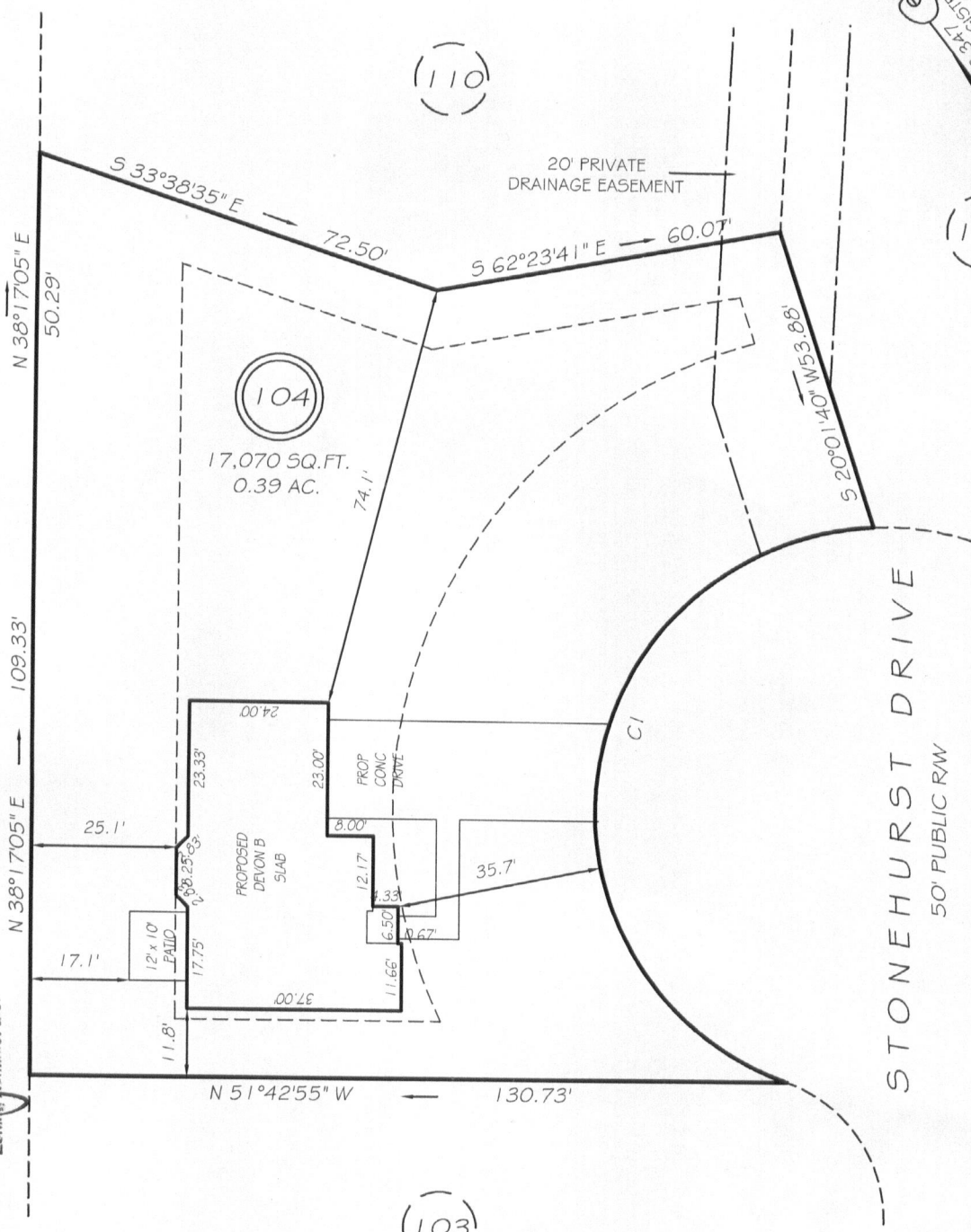
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or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

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

I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1: 10,000+; that the area shown hereon was calculated by coordinates.

Witness my hand and seal this day of MONTH 2013.

MAP 2011 PG 347
HARRETT CO. REGISTRY



SITE PLAN APPROVAL
 DISTRICT BAKER USE SFD
 #BEDROOMS 3
 Date 12-23-13
 Zoning RS-MIX-STRATOR

SETBACKS

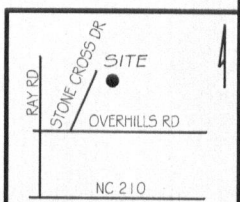
FRONT	35'
REAR	25'
SIDE	10'

REVISION: MONO SLAB 12/20/13
 CI R=50.00' L=137.62' S46°32'56"W 98.11'

PRELIMINARY
 NOT FOR RECORDATION,
 SALES OR CONVEYANCE

LEGEND

EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
R/W	RIGHT OF WAY	CO	CLEAN OUT
N/F	NOW OR FORMERLY	FH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN



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

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

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: D. R. Horton, Inc.
 Site Address: PIN=0515-30-0642 PID=01053514010034 Date: 12/17/13
 Phone: 919 460-2933
 Directions to job site from Lillington: Highway 210 S to Spring Lake Rd. on Overhills Rd - Subdivision on rt. before 12th Rd.

Subdivision: Stonedcross Lot: 10.4
 Description of Proposed Work: Single Family Residence # of Bedrooms: 4
 Heated SF: Unheated SF: Finished Bonus Room? Crawl Space: Slab:

D.R. Horton, Inc.
 Building Contractor's Company Name
2000 Aerial Center Pkwy Suite 110
 Address Warrsville NC 27580
Melissa Guy
 Signature of Owner/Contractor/Officer(s) of Corporation

919 460-2933
 Telephone
mmguy@dhorton.com
 Email Address
35822
 License #

Description of Work: New Construction Service Size: _____ Amps T-Pole: Yes No
Imperial Electric
 Electrical Contractor's Company Name
P.O. Box 162 Apex NC 27502
 Address
George Giuliano
 Signature of Owner/Contractor/Officer(s) of Corporation

919 363-7474
 Telephone
Campanozzie@mindspring.com
 Email Address
19850 L
 License #

Description of Work: New Construction
Ym Plumbing
 Mechanical Contractor's Company Name
615 Bradin St. Kernersville NC 27281
 Address
Dan Martz
 Signature of Owner/Contractor/Officer(s) of Corporation

336-993-1925
 Telephone
dmartz@ymplumbing.com
 Email Address
23529
 License #

Description of Work: New Construction
Ym Plumbing
 Plumbing Contractor's Company Name
615 Bradin St. Kernersville NC 27284
 Address
Dan Martz
 Signature of Owner/Contractor/Officer(s) of Corporation

Baths 3.5
333-993-1925
 Telephone
dmartz@ymplumbing.com
 Email Address
23529
 License #

Yatum Insulation 519 Old Avenue Stone Bl.
 Insulation Contractor's Company Name & Address Warr, NC
23529

919 661-0999
 Telephone

*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 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 permit fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation: *Melissa* Date: 12/17/13

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: D. R. Horton, Inc.
 Sign w/Title: *Melissa* Permits Date: 12/17/13

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 78424

Filed on: 12/17/2013

Initially filed by: mmguy

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)

Project Property

stone cross lot 115
115 stonehurst drive
spring lake, NC 28390
harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

01/16/2014

Owner Information

DR Horton Inc
2000 Aerial Center Parkway
Suite 110A
Morrisville, NC 27560
United States
Email: mmguy@drhorton.com
Phone: 919-795-7299

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384

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	11-50026923	Date	1/06/14
Property Address	115 STONEHURST DR		
PARCEL NUMBER	01-0535-14- -0100- -34-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	STONE CROSS SECT 2 PH2A&B		
Property Zoning	RES/AGRI DIST - RA-20R		

Owner

D R HORTON INC
 2000 AERIAL CENTER PKWY
 MORRISVILLE NC 27560
 (919) 460-2933

Contractor

D.R. HORTON INC
 2000 AERIAL CENTER PKWY
 SUITE 110
 MORRISVILLE NC 27560
 (919) 460-2969

Applicant

D R HORTON INC #104
 2000 AERIAL CENTER PKWY
 MORRISVILLE NC 27560
 (919) 460-2933

--- Structure Information 000 000 37X50 4BDR SFD CRAWL W/ GARAGE

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	4.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW SEPTIC
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1013721		
Issue Date	1/06/14	Valuation	200757
Expiration Date	1/06/15		

Special Notes and Comments

T/S: 06/16/2011 09:17 AM VBROWN ----
 STONEHURST DRIVE, STONE CROSS #104.
 210S, RIGHT ON OVERHILLS RD GO 4MI,
 RIGHT ON COBBLESTONE DR, LEFT ON
 STONEHURST DRIVE
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations

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 Subdivision Name STONE CROSS SECT 2 PH2A&B
 Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . 1013721

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		/ /