Initial Application Date: 11-20-2012	Application # 12 500 30109
COUNTY OF HARNETT RESIDENTIAL LAND US	CU#
	Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER REGENCY Homes Mailing Address	
City State: NC Zip Contact #	Email: tedwardsnc@aol.com
APPLICANT*: TLE Homes, LLC Mailing Address: P.O	. Box 40293
City: Raleigh State: NC Zip: 27629 Contact # 919-247-592	20 _{Email:} tedwardsnc@aol.com
CONTACT NAME APPLYING IN OFFICE: Tommy Edwards	Phone # 919-247-5920
	Lot #: 129 Lot Size: 44 Acas
State Road # State Road Name: 222 Wyngate Dr	Man Book&Page:
Parcel 09 9575 05 0185 78 PIN: 9575-4	10-7190 000
Parcel: 09 9575 05 01 95 79 PIN: 9575-4 Zoning: (120) Flood Zone: Watershed: 11 Deed Book&Page: 011	Power Company*: Central EMC
*New structures with Progress Energy as service provider need to supply premise number	
Take HWY 87 north to hwy 24. Go west on HWY 24 two miles. Take a left on	MArks Road. Asheford is on the left.
PROPOSED USE: SFD: (Size 40 x 53) # Bedrooms: 4 # Baths: 2-1/2 Basement (w/wo bath): Garage: (Is the bonus room finished? () yes ()no w/ a closet? () yes Which is the bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes ()no Any other site built	s ()no (if yes add in with # bedrooms) Site Built Deck: On Frame Off Frame additions? () yes ()no
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Gara	
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Verse Occupation: # Representations of Occupations	
☐ Home Occupation: # Rooms: Use: Hours of Operat ☐ Addition/Accessory/Other: (Size x) Use:	
Water Supply: X County Existing Well New Well (# of dwellings using well	I *MUST have operable water before final
Source Supply: A New Sentic Tank (Complete Chaptilish Evistics Cartie Tank (Complete Chaptilish Control of Con	• • • • • • • • • • • • • • • • • • • •
Sewage Supply: X New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Sep	plete Checklist) County Sewer

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's Agent Date

Comments:

This application expires 6 months from the initial date if permits have not been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Required Residential Property Line Setbacks:

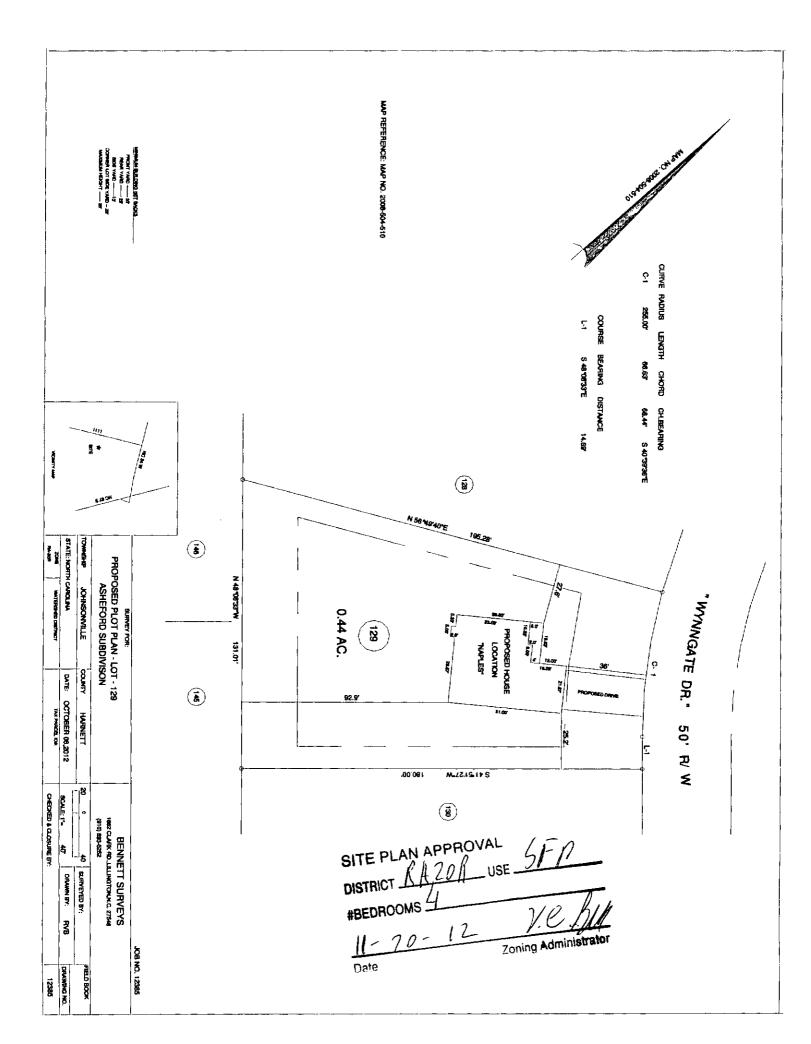
Minimum_35'

Front Rear

Closest Side

Nearest Building on same lot

Sidestreet/corner lot_20'



NAME: _	TLE	Ho mus	APPLICATION #:
		This application to be	filled out when applying for a septic system inspection.
		Department Applicat	tion for Improvement Permit and/or Authorization to Construct
IF THE IN	FORMATION	IN THIS APPLICATION IS	FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
PERMIT O	R AUTHORI	ZATION TO CONSTRUCT S	HALL BECOME INVALID. The permit is valid for either 60 months or without expiration
	upon documer 10-893-752		site plan = 60 months; Complete plat = without expiration) CONFIRMATION #
		.5 option 1 <u>Health New Septic Syst</u>	
			visible. Place "pink property flags" on each corner iron of lot. All property
lii	nes mu <mark>s</mark> t be	e clearly flagged approxin	mately every 50 feet between corners.
			each corner of the proposed structure. Also flag driveways, garages, decks,
			Place flags per site plan developed at/for Central Permitting.
			ard in location that is easily viewed from road to assist in locating property.
			mental Health requires that you clean out the <u>undergrowth</u> to allow the soil rs should be able to walk freely around site. Do not grade property .
			business days after confirmation. \$25.00 return trip fee may be incurred
			rk house corners and property lines, etc. once lot confirmed ready.
• A	fter prepari	ng proposed site call the	voice permitting system at 910-893-7525 option 1 to schedule and use code
			it if multiple permits exist) for Environmental Health inspection. Please note
			ecording for proof of request.
			s. Once approved, proceed to Central Permitting for permits.
		Health Existing Tank In:	<u>spections</u> Code 800 flags and card on property.
			nags and card on property. soil over outlet end of tank as diagram indicates, and lift lid straight up (<i>if</i>
			ace. (Unless inspection is for a septic tank in a mobile home park)
		VE LIDS OFF OF SEPTIC	
• A	fter uncove	ring outlet end call the v	voice permitting system at 910-893-7525 option 1 & select notification permit
			00 for Environmental Health inspection. Please note confirmation number
		of recording for proof of r	request. Once approved, proceed to Central Permitting for remaining permits.
<u>SEPTIC</u>	Se Cilck2G	ov or tvin to fledi tesuits.	Once approved, proceed to Gentral Permitting for remaining permits.
If applying			cate desired system type(s): can be ranked in order of preference, must choose one.
			Conventional (_) Any
{}} Alte	ernative	() Other	<u> </u>
The applic	ant shall not	ify the local health departme	ent upon submittal of this application if any of the following apply to the property in
question. I	If the answer	is "yes", applicant MUST	ATTACH SUPPORTING DOCUMENTATION:
(_)YES	l <u></u> NO	Does the site contain an	y Jurisdictional Wetlands?
()YES	(NO	Do you plan to have an	irrigation system now or in the future?
{}}YES	(<u> </u>	Does or will the buildin	g contain any drains? Please explain.
YES	1) NO	Are there any existing v	wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	NO		to be generated on the site other than domestic sewage?
{}}YES	(<u> </u>	Is the site subject to app	proval by any other Public Agency?
{}}YES	(/NO	Are there any Easement	ts or Right of Ways on this property?
YES	[] NO	Does the site contain an	y existing water, cable, phone or underground electric lines? AT STROUT
			uts at 800-632-4949 to locate the lines. This is a free service.
I Have Read	d This Applic	cation 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 Figat A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Each section below to be filled out by whomever performing work Must be owner or licensed confractor 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 for Residential Building and Trades Permit

Owner's Name TLE Homes, LLC	Date 11-20-2012
	Phone 919-247-5920
Directions to job site from Lillington	
Take HWY 87 north to hwy 24. Go west on HWY 24 two m	iles Take a left on MArks Boad, Ashoford is
on the left.	illes. Take a left of MAIKS Road, Asheloto is
Subdivision Asheford	Lot 129
Description Proposed Work New Residental Construction	n # of Bedrooms 4
Heated SF 2830 Unheated SF 682 Finished Bonus R	# Of Bedrooms 4
General Contractor Info	
TLE Homes, LLC	919-247-5920
Building Contractor's Company Name	Telaphone
3924 Phlox Rd. Raleigh, NC 27616	tedwardsnc@aol.com
Address	Email Address
NC 72000 72100	
License #	
Electrical Contractor In	
Description of Work New Residental Electrical Servi	· — · · · · · · · · · · · · · · · · · ·
Allman Electric	910-485-8617 Talanhan
Electrical Contractor's Company Name	Telephone
345 Wilkes Rd. Fayetteville, NC 28306	
Address	Email Address
06136 EL-U	
License # Mechanical/HVAC Contracto	or information
Description of Work New Residental HVAC	
Jones & Jones Htg & Air	919-550-7711
Mechanical Contractor's Company Name	Telephone
5217 Marracco Drive Hope Mills, NC 28348	, -/- -
Address	Email Address
11614 H2 &3	
License #	
Plumbing Contractor Inf	<u>formation</u>
Description of Work New Residental Plumbing	# Baths <u>2-1/2</u>
Vance Johnson Plumbing, Inc.	910-424-6712
Plumbing Contractor's Company Name	Telephone
3442 Mid-Pine Road, Fayetteville, NC 28306	
Address	Email Address
NC 7756-P1	
License # Insulation Contractor In	formation
- 1	
Tri-City Insulation, Inc. Insulation Contractor's Company Name & Address	910-486-8855 Telephone
Insulation Contractor's Company Name & Address	t clopi lo lo

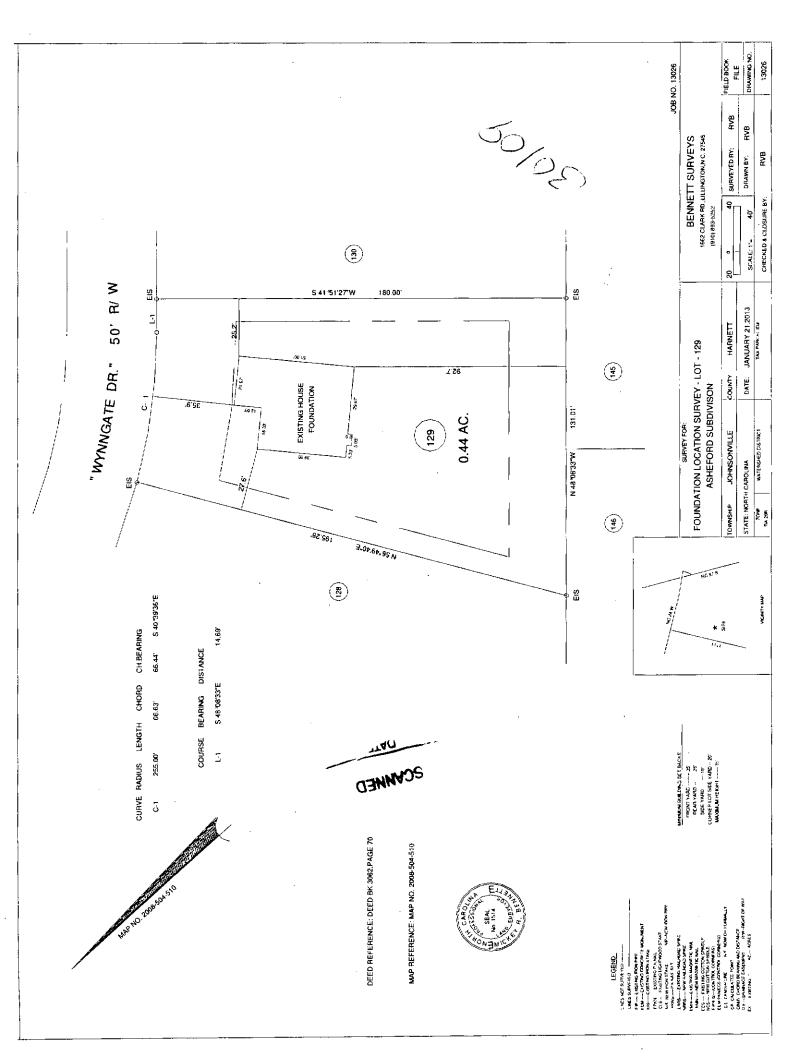
I hereby certify that I have the authority to make necessary application that the application is correct and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors 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.

Jun Much	11-20-2012		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compens The undersigned applicant being the	ation N C G S 87-14		
X General Contractor Owner Office	er/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			
X 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 TLE Homes, LLC			
Sign w/Title President	Date <u>11-20-2012</u>		

A TA	hefurt # 12	11-19-12
Plan Box #	Job Nam	ie TLE Hones
App # 12 4 00 30	2/09 Valuation 21154	SQ Feet 3256
Inspections for SFD/SF	A Slab	Mono
Footing Foundation Address Open Floor Rough in Insulation Final	Footing Foundation Address Slab Rough in Insulation Final	Plumbing Under Slab Ele. Under Slab Address Mono Slab Rough in Insulation Final
>2500 Foundation Survey	>2500 Envir. Health_New To	>2500 Other
Additions / Other Footing Foundation Slab Mono Open Floor		
Rough in Insulation		ी संस्था

Final____



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 12-50030109
Property Address 222 WYNNGATE DR Date 11/29/12 PARCEL NUMBER . . . 09-9575-05- -0185- -28-Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name ASHEFORD 149LOTS Property Zoning RES/AGRI DIST - RA-20R Contractor Owner _______ TLE HOMES, LLC REGENCY HOMES, INC 6415 BROOKSTONE LANE SUITE 101 3924 PHLOX RD. FAYETTEVILLE NC 28314 RALEIGH, NC RALEIGH NC 27616 (919) 247-5920 Applicant TLE HOMES LLC #129 --- Structure Information 000 000 40X53 4BDR 2.5BATH SFD W GAR DECK MONO Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 4.00 PROPOSED USE PROPOSED USE SEPTIC - EXISTING? WATER SUPPLY SFD NEW TANK COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 956789
Issue Date . . . 11/29/12
Expiration Date . . 11/29/13 Valuation 211547 Special Notes and Comments T/S: 11/29/2012 10:06 AM JBROCK ----TAKE HWY 87 N TO HWY 24 GO W ON HWY 24 2 MILES TAKE A LEFT ON MARKS RD ASHEFORD IS ON THE LEFT LOT 129 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day.

Page Date 11/29/12 Application Number 12-50030109 Property Address 222 WYNNGATE DR . . 09-9575-05- -0185- -28-PARCEL NUMBER Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name ASHEFORD 149LOTS Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

956789 Phone Access Code . _____

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION		. / /
10-999	309	P309	R*PLUMB UNDER SLAB		
10-999	205	E205	R*ELEC UNDER SLAB		//
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE		//
20	104	B104	R*FOUND & SETBACK VERIF SURVEY		//
30-50	129	I129	R*INSULATION INSPECTION		//
30-60	4:25	R425	FOUR TRADE ROUGH IN		:/_/_
30-60	125	R125	ONE TRADE ROUGH IN		
30-60	325	R325	THREE TRADE ROUGH IN		///
30-60	225	R225	TWO TRADE ROUGH IN		· <u>//</u>
40-60	429	R429	FOUR TRADE FINAL		///
40-60	131	R131	ONE TRADE FINAL		
40-60	329	R329	THREE TRADE FINAL		
40-60	229	R229	TWO TRADE FINAL		
999		H824	ENVIR. OPERATIONS PERMIT		