

Initial Application Date: 2/5/13

Application # 135030590
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: Milton Enterprises, Inc. Mailing Address: 3205 Highway 421 North
City: Lillington State: NC Zip: 27546 Contact No: 910.303.1967 Email: _____

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

CONTACT NAME APPLYING IN OFFICE: Stephen T. Milton Phone # 910.303.1967

PROPERTY LOCATION: Subdivision: Wade Pointe Lot #: 6 Lot Size: .95 AC.

State Road # _____ State Road Name: Compass Landing Map Book & Page: _____ / _____

Parcel: 021527 0104 13 PIN: 1527-65-0320.000

Zoning: RA-30 Flood Zone: _____ Watershed: _____ Deed Book & Page: _____ / _____ Power Company*: Progress Energy

*New structures with Progress Energy as service provider need to supply premise number 52836881 from Progress Energy.

PROPOSED USE:

SFD: (Size 55 x 45) # Bedrooms: 3 # Baths: 2 ³Basement(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 _____ 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: Proposed Manufactured Homes: None Other (specify): _____

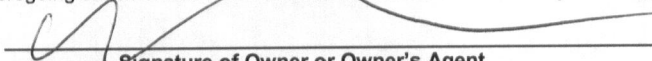
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>36</u>
Rear	<u>25</u>	<u>45.3</u>
Closest Side	<u>10</u>	<u>31.8</u>
Sidestreet/corner lot	<u>20</u>	<u>n/a</u>
Nearest Building on same lot	<u>10</u>	<u>n/a</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 421 S. to Dunn. Turn left on Ellis Ave. Continue onto 301 N towards Benson. Take right onto Hobson Rd. just past Warren Oil. Turn right at stop sign on Lane Rd. Turn left into Wade Pointe S/D approximately 1/4 after the turn at the stop sign. Turn right onto Compass Lane. The house will be in the cul-de-sac.

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

2/5/13

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****

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

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

Owner's Name MILTON Enterprises, Inc. Date 2/5/13
Site Address 112 COMPASS LANDING Phone 910.303.1967
Directions to job site from Lillington TAKE 421 S. TO DUNN. TURN LEFT ON ELLIS AVE. CONTINUE ONTO 301 N. TOWARDS BENSON. TURN RIGHT ONTO HOBSON RD. TURN RIGHT ONTO LANE RD. IN 1/4 mile turn Left INTO WADE POINTE S/O
Subdivision WADE POINTE Lot 5
Description of Proposed Work NEW STICK BUILT SFD # of Bedrooms 3
Heated SF _____ Unheated SF _____ Finished Bonus Room? YES Crawl Space Slab _____

General Contractor Information

MILTON BUILDERS 910.303.1967
Building Contractor's Company Name Telephone
3205 Hwy 421 N, Lillington, NC 27546
Address Email Address
72052
License #

Electrical Contractor Information

Description of Work NEW SERVICE Service Size 200 Amps T-Pole Yes No
DAWSON'S ELECTRIC, INC. 919.201.3841
Electrical Contractor's Company Name Telephone
3754 Cokesbury Rd. Fuquay Varina, NC 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
CAPE FEAR AC + HEATING CO. 910.483.8790
Mechanical Contractor's Company Name Telephone
1139 ROBESON ST., FAYETTEVILLE, NC 28305
Address Email Address
07232
License #

Plumbing Contractor Information

Description of Work NEW CONSTRUCTION # Baths 2.5
WAGNER PLUMBING, INC. 910.893.3050
Plumbing Contractor's Company Name Telephone
PO BOX 494, MAMERS, NC 27552
Address Email Address
07674
License #

Insulation Contractor Information

TATUM INSULATION 519 OLD DRUG ST. RD 919.461.7255
Insulation Contractor's Company Name & Address Telephone
GARNER, NC 27529

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

2/5/13
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 MILTON BUILDERS, LLC

Sign w/Title [Signature] MEMBER Date 2/5/13

B-7

136-30590

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
 Stephen
 T.
 Milton
 Local Reference ID
 5742
 Receipt Date
 5/1/2013
 Receipt Time
 11:59:52
 AM
 PDT
 Payment Type
 Credit
 Card
 Credit Card Type
 AMEX
 Expiration Date
 01 /
 2014
 Credit Card Number
 *****2002
 Order ID
 3262330
 Billing Name
 Stephen
 T.
 Milton

Payment Information

Billing Information

Billing Address 3205 Hwy 421 N.
 Billing City, State Lillington, NC
 ZIP/Postal Code 27546

Country

US

Phone Number

910-303-1967

Fax Number

407-479-3135

stephentmilton@gmail.com

This receipt has been emailed to the address below.

Email Address

History

We found: 1 record(s).

Filing Type	Filing Date	Project Property	Lien Agent	Applicant (Owner)	Contractor	Pre-Filed By	Title Insurance Company	Phone:
				of Lien Agent Entry #: <u>7552</u>	05/01/2015 6 Wade Pointe Tax Map: 01234, Block: 01234, Lot: 6 112 Compass Landing, Dunn, NC 28336 Dunn, NC 28336			910 - 303 - 1967 stephensmilton@gmail.c

