Initial Application Date: 41613 Application # 1350031122
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: TOM DEVCLOPERS, INC. Mailing Address: 466 STANCIL Rd.
City: ANGER State: NC Zip: 27501 Contact No: 919-639-2073 Email:
APPLICANT: STANCIL BUILDERS, INC. Mailing Address: 466 STANCIL Rd.
City: A LCACR, NC State LC Zip: 2750 Contact No: 919-139-2073 Email:
CONTACT NAME APPLYING IN OFFICE: Ted STRICKLA JD Phone # 919-427-8266
PROPERTY LOCATION: Subdivision: HADDON POINT Lot #: 31 Lot Size: 613
State Road # 1 State Road Name: Hooligh Way Map Book & Page: 2010, 379-380
Parcel: 08 01052, 0024 18 PIN: 0652-45-1733.000
Zoning 200 Flood Zone: NA Watershed: V Deed Book & Page 2359 / 530 Power Company*: PROCRESS
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
SFD: (Size 45 x 46) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final

Manufactured Homes:______ Other (specify):_

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

Rear ZS IZS

Closest Side ID IO

Sewage Supply: ____ New Septic Tank (Complete Checklist) ____ Existing Septic Tank (Complete Checklist) ____ County Sewer

Does the property contain any easements whether underground or overhead (___) yes (____) no

Sidestreet/corner lot______

Nearest Building

Residential Land Use Application

on same lot

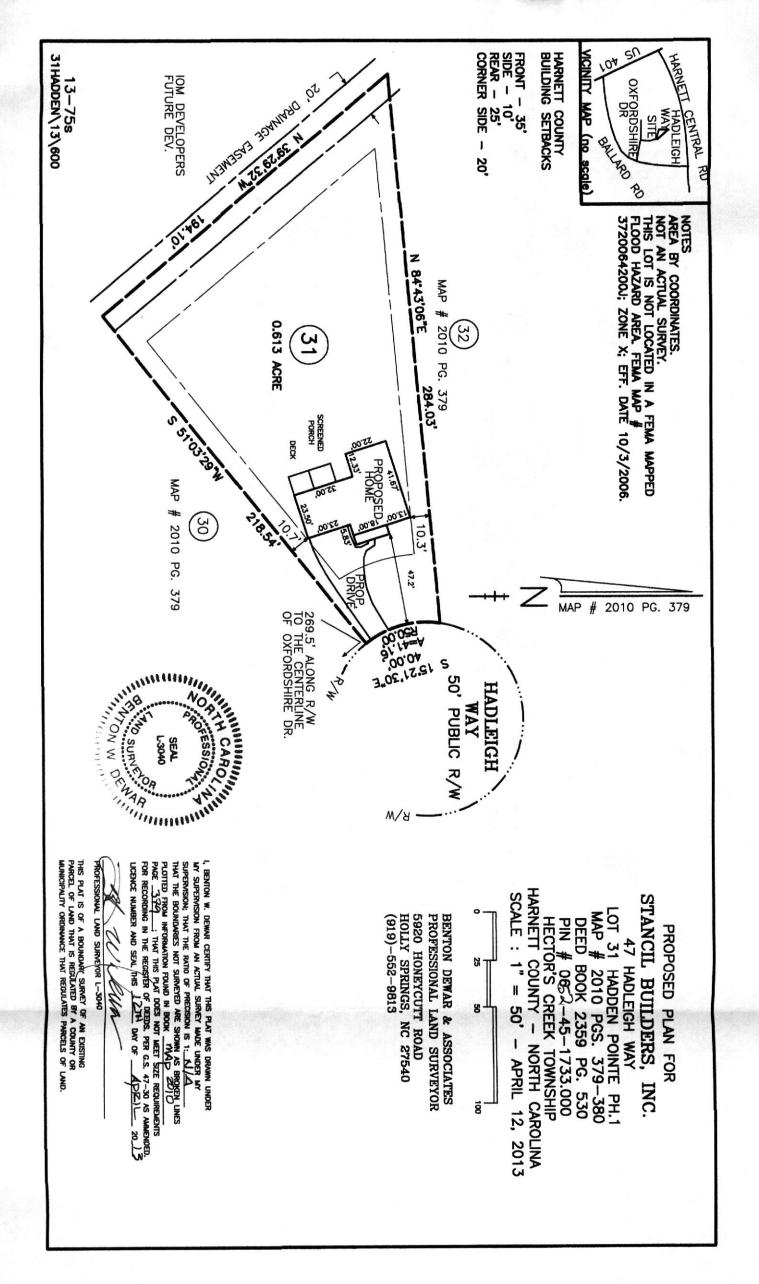
Structures (existing of proposed): Single family dwellings:

Page 1 of 2

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Huy 210 trn left on Hownett Central Pd - Left on Bulland Rel sub on
Left
If permits are granted vagree to conform to all ordinarces and laws of the State of North Carolina regulating such work and the specifications of plans submitte 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**



NAME: STANC	APPLICATION#:
County Heal IF THE INFORMATI PERMIT OR AUTHO depending upon docur 910-893-7 Environment All prope lines must Place "ora out buildin Place orar If property evaluation All lots to for failure After prep 800 (after confirmati Use Click Environment Follow abo Prepare fo possible) a DO NOTILE After unco if multiple given at er Use Click SEPTIC	*This application to be filled out when applying for a septic system inspection.* th Department Application for Improvement Permit and/or Authorization to Construct ON IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT RIZATION TO CONSTRUCT SHALL BECOME-INVALID. The permit is valid for either 60 months or without expiration to construct (Complete site plan = 60 months; Complete plat = without expiration) 20 plan
{} Accepted	[_] Innovative [_] Conventional [_] Any
{}} Alternative	{} Other
The applicant shall r	notify the local health department upon submittal of this application if any of the following apply to the property wer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
YES YN	Does the site contain any Jurisdictional Wetlands?
{ YES { YN	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {\sum_N	Does or will the building contain any <u>drains</u> ? Please explain
()YES (/N	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {\sqrt{N}}	Is any wastewater going to be generated on the site other than domestic sewage?
{_}YES {\sum N	Is the site subject to approval by any other Public Agency?
{_}YES {\sum_N	Are there any Easements or Right of Ways on this property?
{_}YES {_\(\sigma\)}N	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.
I Have Read This Ap	olication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County Ar
State Officials Are Gr	anted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rule
I Understand That I	Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible's	That A Complete Lite Evaluation Can Be Performed.
PROPERTY OWN	ERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

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

Application #	
Application	

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

11.12
Date: 4/16/13
Phone: 919-639-207
eft ON HARNETT
ARD Rd.
Lot: 3/
Me_ # of Bedrooms:
Crawl Space: \Slah:
Crawl Space: Slab: 919-639-2073
Telephone
Telephone
Email Address
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200 Amps T-Pole: YesNo
Telephone
Email Address
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919-639-0935
Telephone
Email Address
ion ova () paga
919-661-0999
Telephone

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

Application #	 	 	
	10		
<i>1 1</i>	 	 	

Questionnaire per G.S. 87-14 R	ners Applying to en see a Permit Technicia regulations as to iss	n to determine if you qual	ify for permit under Owners Exemption.
1. Do you own the land on which	h this building will b	e constructed?	yes no
2. Have you hired or intend to h project?	ire an individual to	superintend and m	nanage construction of the yes no
3. Do you intend to directly conf	trol & supervise co	struction activities	? yes no
4. Do you intend to schedule, codone?	ontract, or directly p	pay for all phases	of construction work to be
5. Do you intend to personally of completion of construction and of presumption under law that you	do you understand	that if you do not o ed the permit?	10 so, it creates the
			yes no
I hereby certify that I have the aut and that the construction will construction will construction will constructors is correct as known to number of bedrooms, building and changes, I certify it is my respons any and all changes. Signature of Owner/Contractor/Of	offerm to the regular bit County Zoning Or me and if any chang I trade plans, Enviror bibility to notify the H	dinance. I state the ges occur including imental Health permarent County Central Date	information on the above listed contractors, site plan, it changes or proposed use all Permitting Department of
Affidavit The undersigned applicant being	for Worker's Co the:	mpensation N.C	.G.S. 87-14
The sales AND AND STATE OF THE SALES OF THE	O		į
			he Contractor or Owner
			the Contractor or Owner corporation(s) performing the work
Do hereby confirm under penaltie set forth in the permit: X Has three (3) or more emp	s of perjury that the poloyees and has obta	person(s), firm(s) or one	corporation(s) performing the work
Do hereby confirm under penaltie set forth in the permit: X Has three (3) or more emp	s of perjury that the poloyees and has obta	person(s), firm(s) or one	corporation(s) performing the work
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Do hereby confirm under penaltie set forth in the permit: X Has three (3) or more empty them. Has one (1) or more subcontinem. X Has one (1) or more subcontinem. X Has one (1) or more subcontinem. Has no more than two (2)	s of perjury that the poloyees and has obta contractors(s) and has contractors(s) who has employees and no such this permit is such require certificate.	person(s), firm(s) or one obtained workers' competed by their own policy of subcontractors.	corporation(s) performing the work ensation insurance to cover them. ompensation insurance to cover workers' compensation insurance d that the Central Permitting ker's compensation insurance prior
Do hereby confirm under penaltie set forth in the permit: X	s of perjury that the poloyees and has obta contractors(s) and has contractors(s) who has employees and no such this permit is such require certificate.	person(s), firm(s) or obtained workers' competed by their own policy of subcontractors. The obtained workers' competed by their own policy of subcontractors. The obtained work from a subcontractor of coverage of workers and their own and	ensation insurance to cover them. compensation insurance to cover workers' compensation insurance d that the Central Permitting ker's compensation insurance prior any person, firm or corporation

Page 2 of 2

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 3789

Filed on: 04/16/2013

Initially filed by: StancilBuildersInc

Designated Lien Agent

Fidelity National Title Company, LLC

Property Type

1-2 Family Dwelling

Owner Information

Stancil Builders Inc 466 Stancil Rd Angier, NC 27501

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

Contractor Information

Stancil Builders Inc 466 Stancil Rd Angier, NC 27501

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

Project Property

Hadden Pointe Book 2010 Page 0379 47 Hadleigh Way Fuquay Varina, NC 27526

Tax Parcel ID: 080652-0024-18

Pre-Permit Workers

None

Notification Alert Emails:

1. bgoldston@embarqmail.com

Date of First Furnishing

2013-04-16

Filing Notification Alerts

Filer Email 1:

bgoldston@embarqmail.com

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.



Filing Location Information:

Online: www.liensnc.com • Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601 • Email: support@liensnc.com • Fax: (919) 489-5231 • Technical Support Hotline: (888) 690-7384 •

Lot 31 Pointe