

Initial Application Date: 6-21-13
7-3-13

SCANNED

Application # 135 00 315 79R

DATE

CU# _____

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: Shayne A. Cherry & Amanda K. Cherry Mailing Address: 305 Old Field Loop
City: Sanford State: NC Zip: 27332 Contact No: 706-358-6463 Email: aksheme@hotmail.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Amanda Cherry Phone # 706-358-6463

PROPERTY LOCATION: Subdivision: Prime Time Estates Lot #: _____ Lot Size: 7.79

State Road # _____ State Road Name: Lawrence Map Book & Page: 2007, 0707

Parcel: 13 9680 0133 PIN: 9691-58-0057.000

Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 3101, 0943 Power Company*: Central Electric

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

PROPOSED USE:

SFD: (Size 74 x 70) # Bedrooms: 4 # Baths: 3.5 Basement(w/w bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ Monolithic 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/w 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: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	30+
Rear	<u>25</u>	50+
Closest Side	<u>10</u>	50+
Sidestreet/corner lot		50+
Nearest Building on same lot		50+

Comments: Per 7-3-13 Changed from New Well to County Water VED 7-3-13

92550
65012
65043

09/09/11

A-5

Application #

135 00 315-79

Harnett County Central Permitting
PO Box 65 Lillington NC 27548
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owners Name Cherry, Shayne & Amanda Date 05.05.14

Site Address 239 Lawrence Rd, Broadway, NC 27505 Phone 910-864-0247

Directions to job site from Lillington Hwy 421 N, Right on Holly Springs Church Rd.
1st Left on Hollies Pines Rd, 2nd Left on Lawrence Rd.

Subdivision Prime Time Estates Lot N/A

Description of Proposed Work New SFD # of Bedrooms 4

Heated SF 2643 Unheated SF 402 Finished Bonus Room? Yes Crawl Space X Slab

General Contractor Information

Showcase Construction Co. 910-864-0247
Building Contractor's Company Name Telephone
5506 Yadkin Rd, Fayetteville, NC 28303 scott@showcasenc.com
Address Email Address
41883
License #

Electrical Contractor Information

Description of Work New SFD Service Size 400 Amps T-Pole X Yes No

Allman Electric Corp. Inc. 910-485-8617
Electrical Contractor's Company Name Telephone

345 Wilkes Rd, Fayetteville, NC 28306 rick.stephens@allmanelectric.com
Address Email Address

6136-U
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD

Total Systems Heating & Cooling 910-4369-3450
Mechanical Contractor's Company Name Telephone

13341 Hwy. 210 South, Spring Lake, NC 28390 service@totalsystemsnc.com
Address Email Address

28846
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2.5

Bill Hallock Plumbing 910-858-4139
Plumbing Contractor's Company Name Telephone

1136 Green Street, Parkton, NC 28371 hallockplumbing@embarqmail.com
Address Email Address

24037
License #

Insulation Contractor Information

Healthy Homes Insulation 919-418-0307

Insulation Contractor's Company Name & Address Telephone

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

05.05.14
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 Showcase Construction Co.

Michael J. Etowski

Sign w/Title 

Pres. Date 05.05.14

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 132509

Filed on: 05/06/2014

Initially filed by: Showcase42

Designated Lien Agent

North American Title Insurance Company

Online: www.liennc.com (<http://www.liennc.com>)

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liennc.com (<mailto:support@liennc.com>)

Project Property

PIN# 9691-55-0057.000
239 Lawrence Rd
Broadway, NC 27505
Harnett County

Property Type

1-2 Family Dwelling

Owner Information

Shayne & Amanda Cherry

239 Lawrence Rd
Broadway, NC 27505

United States

Email: aksheme@hotmail.com

Phone: 706-358-6463

Date of First Furnishing

05/19/2014

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.

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Special Notes and Comments
and local laws, ordinances & regulations

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Page 3
Date 6/20/14

Application Number 13-50031579
 Property Address 239 LAWRENCE RD
 PARCEL NUMBER 13-9680- - -0133- - -
 Application description . . . CP NEW RESIDENTIAL (SFD)
 Subdivision Name
 Property Zoning PENDING

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1040609

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	_____	___/___/___

Plan Box #

A-5

Date

5-8-14

Job Name

Showcase

App #

13500 315 79

Valuation

209527

Heated SQ Feet

2643

Garage

581

3224

Inspections for SFD/SFA

Crawl X

Slab _____

Mono _____

Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey No

Envir. Health New York

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

31579

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