

Initial Application Date: 7-3-13

Application # 1350031640

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 103 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: TRAVIS + BRANDY BAILEY Mailing Address: PO Box 357
City: ANGIER State: NC Zip: 27501 Contact No: 919-628-5500 Email: tbailey@firstbanccorp.com

APPLICANT*: TRAVIS B. BAILEY Mailing Address: PO Box 357
City: ANGIER State: NC Zip: 27501 Contact No: 919-628-5500 Email: tbailey@firstbanccorp.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: REGAL CREST Lot #: 1 Lot Size: 2.42
State Road # 1418 State Road Name: River Rd Map Book & Page: 2008, 664
Parcel: 05-0633 0013 PIN: 0633-42-3174
Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 03084, 0181 Power Company: PROGRESS-DUIKE

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

PROPOSED USE:

- SFD: (Size 73.8 x 71.0) # Bedrooms: 4 # Baths: 3 1/2 Basement (w/wo bath): N/A Garage: 3 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: YES Manufactured Homes: _____ Other (specify): _____

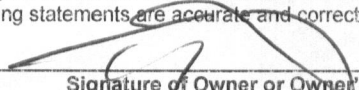
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>75</u>	<u>90</u>
Rear	<u>30</u>	<u>220</u>
Closest Side	<u>30</u>	<u>98</u>
Sidestreet/corner lot	<u>30</u>	
Nearest Building on same lot	<u>N/A</u>	

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

6-17-13
Date

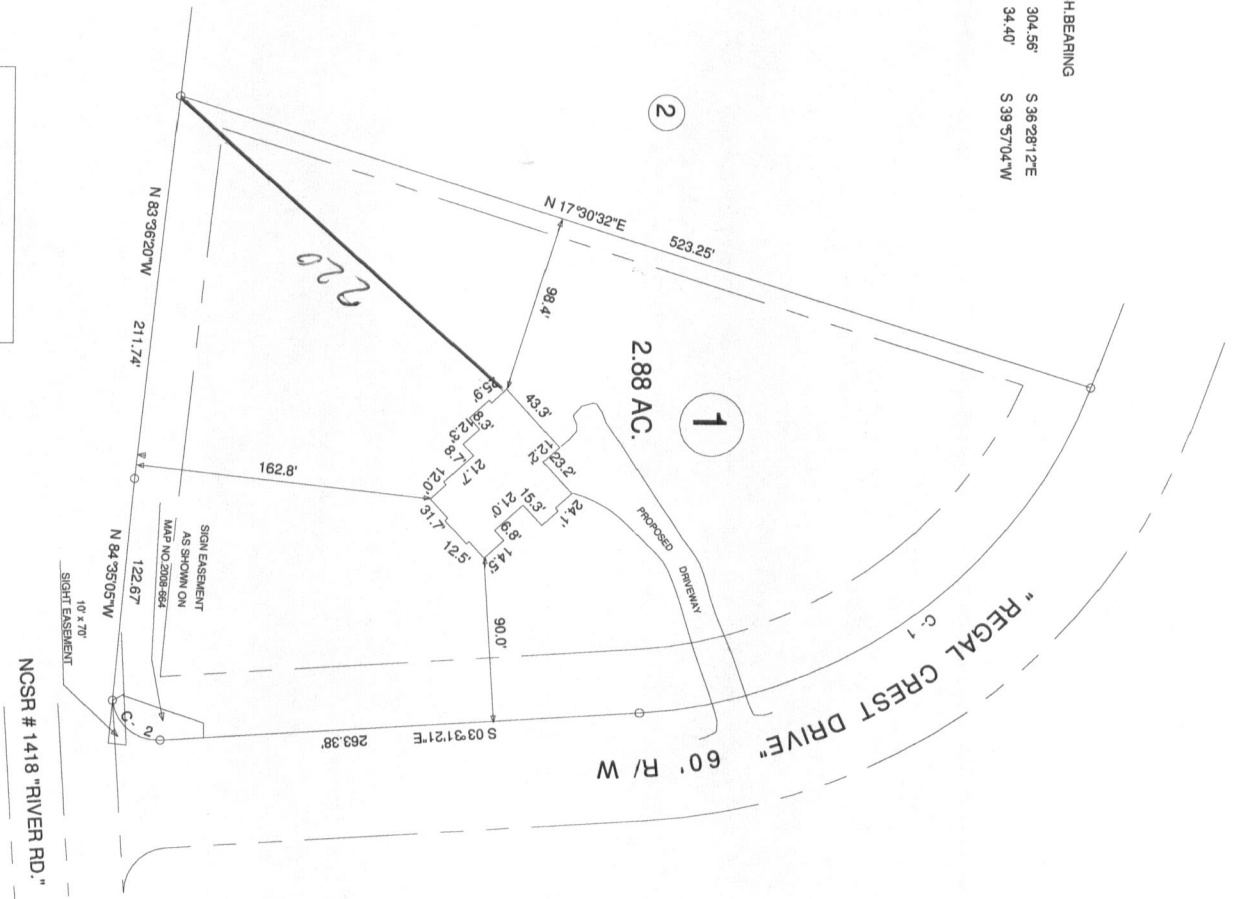
*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect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

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

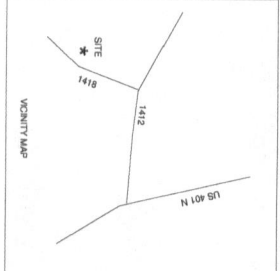
MPA NO. 2012-461

CURVE RADIUS	LENGTH	CHORD	CH BEARING
C-1	280.00'	322.01'	304.56'
C-2	25.00'	37.94'	34.40'

MAP REFERENCE: MAP NO. 2008-664



MINIMUM BUILDING SET BACKS
 FRONT YARD 35'
 REAR YARD 25'
 SIDE YARD 10'
 CORNER LOT SIDE YARD 20'
 MAXIMUM HEIGHT 35'



TOWNSHIP		HECTOR'S CREEK		COUNTY		HARNETT	
STATE		NORTH CAROLINA		DATE		JUNE 19, 2013	
ZONE		FA-30		WATERSHED DISTRICT		WS-IV	
SURVEY FOR				TAX PARCEL ID#			
PROPOSED PLOT PLAN - LOT - 1				1682 CLARK RD, LILLINGTON, N.C. 27546			
REGAL CREST SUBDIVISION				(910) 893-5292			
BENNETT SURVEYS				SURVEYED BY:			
SCALE: 1" = 100'				DRAWN BY: R/B			
CHECKED & CLOSURE BY:				FIELD BOOK			
				DRAWING NO. 13231			

SITE PLAN APPROVAL
 DISTRICT RA-30 USE GFD
 #BEDROOMS 4

 Zoning Administrator
 Date _____

NAME: TRAVIS BAILEY

APPLICATION #: _____

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

{ } Accepted { } Innovative { } Conventional { } Any
 { } Alternative { } Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES { } NO Does the site contain any Jurisdictional Wetlands?
- { } YES { } NO Do you plan to have an irrigation system now or in the future? **(POSSIBLE - UNDECIDED)**
- { } YES { } NO Does or will the building contain any drains? Please explain. _____
- { } YES { } NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- { } YES { } NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES { } NO Is the site subject to approval by any other Public Agency?
- { } YES { } NO Are there any Easements or Right of Ways on this property? **S/A SIGN**
- { } YES { } NO Does the site contain any existing water, cable, phone or underground electric lines? **UTILITIES**
- If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application 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 That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-27-13
DATE

HARNETT COUNTY TAX ID#

050633 0013

21313 BY SFB

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2013 FEB 13 10:21:39 AM
BK:3084 PG:181-182
FEE: \$26.00
EXCISE TAX: \$96.00
INSTRUMENT # 2013002415
TWESTER



2013002415

This Deed Prepared by Reginald B. Kelly, Attorney at Law , P.O. Box 1118, Lillington, NC

PID#050633 0013

REVENUE STAMPS:\$96.00

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

**WARRANTY
DEED**

This **WARRANTY DEED** is made the 11th day of February, 2013, by and between **J. Blanchard Farms, LLC**, of 310 River Road, Fuquay Varina, NC 27526 (hereinafter referred to in the neuter singular as "the Grantor") and **Travis B. Bailey and wife, Brandy P. Bailey**, of PO Box 357, Angier, NC 27501 (hereinafter referred to in the neuter singular as "the Grantee");

WITNESSETH:

THAT said Grantor, for valuable consideration, receipt of which is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does hereby give, grant, bargain, sell and convey unto said Grantee, its heirs, successors, administrators and assigns, all of that certain piece, parcel or tract of land situate, lying and being in Hectors Creek Township of said County and State, and more particularly described as follows:

BEING ALL OF LOT #1 CONTAINING 2.88 ACRES, MORE OR LESS, AS SHOWN ON THAT CERTAIN SURVEY ENTITLED "REGAL CREST SUBDIVISION" BY BENNETT SURVEYS, INC., DATED JULY 15, 2008 AND RECORDED IN MAP NUMBER 2008-664, HARNETT COUNTY REGISTRY AND IS THE SAME LOT #1 AS SHOWN ON THAT CERTAIN SURVEY ENTITLED "REGAL CREST SUBDIVISION SIGN EASEMENT" BY BENNETT SURVEYS, INC., DATED JUNE 19, 2009 AND RECORDED IN MAP NUMBER 2009-432, HARNETT COUNTY REGISTRY.

For further reference to chain of title see Book 2215, Page 937, Harnett County Registry.

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date <u>6-17-13</u>	Contract Date _____	Fees Due:	Deposit, Owner, Water \$25	Set Up Fee,
Date Service Requested _____			Deposit, Owner, Sewer \$25	all accounts: \$15
			Deposit, Rental, Water \$50	
			Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 59 PECAL CREST FLOYD VARIAN NC 27526

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) _____

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>TRAVIS BAILEY</u>		NAME (FIRST, LAST) <u>BRANDY BAILEY</u>	
MAILING ADDRESS: <u>PO BOX 357 ANGLER NC 27501</u>			
SOCIAL SECURITY # OR TIN <u>241-53-7205</u>	CONTACT PHONE # <u>9196285500</u>	SOCIAL SECURITY # OR TIN <u>24561-1566</u>	CONTACT PHONE # <u>9194279047</u>
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH <u>7-1-82</u>	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH <u>2-28-82</u>
EMPLOYER NAME <u>FIRST BANK</u>		EMPLOYER NAME <u>N/A</u>	
EMPLOYER ADDRESS <u>1000 S MAIN ST.</u>	PHONE # <u>8143600</u>	EMPLOYER ADDRESS <u>N/A</u>	PHONE #
PREVIOUS ADDRESS <u>LILLINGTON NC</u>		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE # <u>P. BARRY BAILEY 639-2764</u>		NAME OF NEAREST RELATIVE AND PHONE # <u>H. CHRIS PRINCE 552-6563</u>	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. **FINAL BILLS** with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.**

By signing this application, you are agreeing that you are at least 18-years of age.

Customer Signature

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 ___ Deposit \$ ___ Same Day \$45 ___ Meter Fee \$70 ___ Damage \$ ___ Other \$ ___

AMOUNT PAID: Cash \$ ___ Check \$ ___ Credit Card \$ ___

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: _____ LID: _____ WATER ___ SEWER ___ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
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

Owner's Name TRAVIS & BRANDY BAILEY Date 6-17-13
Site Address 59 REGAL CREST (LOT 2) FUQUAY VARIAN Phone 919-628-5500
Directions to job site from Lillington 401 TOWARDS NC 27526
FUQUAY, LEFT ON CHRISTIAN LIGHT ROAD, LEFT ON RIVER ROAD, RIGHT ONTO REGAL CREST (1ST LOT ON LEFT)
Subdivision REGAL CREST Lot _____
Description of Proposed Work NEW HOME # of Bedrooms _____
Heated SF 3864 Unheated SF 1158 Finished Bonus Room? Y Crawl Space Y Slab _____

General Contractor Information

SELF CONTRACTOR - TRAVIS BAILEY 919-628-5500
Building Contractor's Company Name Telephone
PO BOX 357 ANGLIER NC 27501 tbailey@firstban.com
Address Email Address
License # _____

Electrical Contractor Information

Description of Work NEW CONSTRUCTION Service Size 400 Amps T-Pole Yes No
DAWSON ELECTRIC INC 919-201-3841
Electrical Contractor's Company Name Telephone
2081 COLLEGEWAY ROAD FUQUAY NC 27526 trvsdawson@gmail.com
Address Email Address
25948-4
License # _____

Mechanical/HVAC Contractor Information

Description of Work CAPE FEAR HVAC - NEW CONST.
JEREMY JOHNSON - CAPE FEAR HVAC 910-483-8790
Mechanical Contractor's Company Name Telephone
1159 POWERS ST. FARMINGTON 28305 Jeremy.Johnson@CAPEFEARAIR.COM
Address Email Address
7232
License # _____

Plumbing Contractor Information

Description of Work NEW CONST. # Baths 3 1/2
LEE GLOVER - LP GLOVER PLUMBING 919-820-0026
Plumbing Contractor's Company Name Telephone
PO BOX 764 BIRNEN NC 27504 N/A
Address Email Address
7958
License # _____

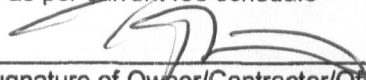
Insulation Contractor Information

TATIUM INSULATION
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

6-17-13

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

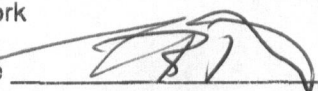
_____ Has three (3) or more employees and has obtained workers compensation insurance to cover them

~~_____~~ 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  _____

Sign w/Title OWNER _____ Date 6-17-13

History

Filter results by the following:

My Company My Filings

We found: 1 record(s). Viewing 1 through 1

<u>Filing Type</u>	<u>Filing Date</u>	<u>Project Property</u>	<u>Lien Agent</u>	<u>Potential Lien Claimant / Owner</u>	<u>Contractor</u>	<u>Pre-permit Workers</u>	<u>Filed By</u>	<u>Action</u>
Appointment of Lien Agent Entry #: 24302	07/01/2013	Lot #1 Regal Crest Development Located off River Road, Harnett County NC Lot: 1 59 Regal Crest Drive Fuquay Varina, NC 27526	Investors Title Insurance Company	Travis Bailey Phone: 919-628-5500 tbailey@firstbancorp.com		Rick Raynor Home Design: 9192394972 Mickey Bennett Surveys 9108935252	Tbailey	

We found: 1 record(s). Viewing 1 through 1

© 2013 LiensNC •
[About LiensNC](#) •
[Contact](#)

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 . . . . . 13-50031640           Date 7/18/13
Property Address . . . . . 59 REGAL CREST DR
PARCEL NUMBER . . . . . 05-0633- - -0013- - -
Application type description  CP NEW RESIDENTIAL (SFD)
Subdivision Name . . . . . REGAL CREST 13LOTS
Property Zoning . . . . . RES/AGRI DIST - RA-30

```

Owner

Contractor

```

-----
BAILEY TRAVIS & BRANDY
PO BOX 357
ANGIER                               NC 27501

```

OWNER

Applicant

BAILEY TRAVIS #1

```

--- Structure Information 000 000 73.8X71 4BDR 3.5BATH SFD
Flood Zone . . . . . FLOOD ZONE X
Other struct info . . . . . # BEDROOMS                               4.00
PROPOSED USE                               SFD
SEPTIC - EXISTING?                         NEW TANK
WATER SUPPLY                               COUNTY

```

```

-----
Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc . .
Phone Access Code . 991869
Issue Date . . . . 7/18/13           Valuation . . . . . 0
Expiration Date . . 7/18/14

```

Special Notes and Comments

```

T/S: 07/05/2013 09:39 AM VBROWN ----
REGAL CREST DRIVE #1. 401N, LEFT ON
CHRISTIAN LIGHT RD, RIVER RD, REGAL
CREST DRIVE. #1
T/S: 07/17/2013 03:52 PM VBROWN ----
Premise # for project will be 40161109
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

```

```

-----
_____
_____

```


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	13-50031640	Page	2
Property Address	59 REGAL CREST DR	Date	7/18/13
PARCEL NUMBER	05-0633- - -0013- - -		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	REGAL CREST 13LOTS		
Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . .			
Phone Access Code .	991869		

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	_____	___/___/___

