

Initial Application Date: 8-5-13

Application # 1350031858

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 Caviness And Cates Building + Development Mailing Address: 639 Executive Place, Suite 400

City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@cavinessandcates.com

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Suite 400

City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@cavinessandcates.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: West Landing at The Summit Lot #: 180 Lot Size: 21,644 sq ft

State Road # 239 State Road Name: Copper Loop Map Book & Page: 2013/ 108

Parcel: 03958713 0020 76 PIN: 9587-90-2819.000

Zoning: RA-20R Flood Zone: X Watershed: NA Deed Book & Page: 3116, 831 Power Company*: South River

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

PROPOSED USE:

SFD: (Size 40 x 52) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath) NO 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/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: 1 Proposed Manufactured Homes: _____ Other (specify): _____

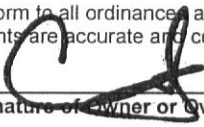
Required Residential Property Line Setbacks:

Front Minimum 35 Actual 36
Rear 25 105.
Closest Side 10 19.8
Sidestreet/corner lot NO
Nearest Building on same lot NONE

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

7-30-13
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

NAME: Cates Building Inc

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.

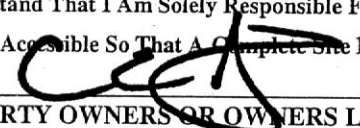
- { } Accepted { } Innovative { } Conventional { } Any
 { } Alternative { } Other _____

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?
 { } 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?
 { } YES { } NO 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 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)

7-30-13
DATE

09/09/11

Application #

1350031858

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 Cates Building Inc Date 5-9-13
Site Address 239 Copper Loop Phone 910-481-0503
Directions to job site from Lillington _____

Subdivision West Landing At The Summit Lot 180
Description of Proposed Work Single Family Dwelling # of Bedrooms 4
Heated SF 2957 Unheated SF 632 Finished Bonus Room? yes Crawl Space _____ Slab X

General Contractor Information

Cates Building, Inc 910-481-0503
Building Contractor's Company Name Telephone
639 Executive Place, Suite 400 Fayetteville angie@cavinessandcates.com
Address NC 28305 Email Address
38851
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
Parnell Electric 910-237-2751
Electrical Contractor's Company Name Telephone
6400 Allie Cooper Rd - Godwin NC 28344 parnellelectric@gmail.com
Address Email Address
24236-U
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air, Inc 919-550-7711
Mechanical Contractor's Company Name Telephone
5212 US Hwy _____
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Vance Johnson Plumbing 910-424-6712
Plumbing Contractor's Company Name Telephone
3242 Mid Pines Dr. Fayetteville NC 28306 _____
Address Email Address
7756-P1
License #

Insulation Contractor Information

Cumberland Insulation 4205 Clinton Road 910-484-7118
Insulation Contractor's Company Name & Address Telephone
Fayetteville, NC 28312

*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

Date

8-27-13

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

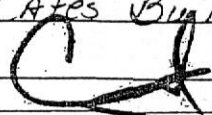
Has no more than two (2) employees and no subcontractors

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

Cates Building Inc

Sign w/Title



Date

8-27-13

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 38024

Filed on: 08/19/2013

Initially filed by: CatesBuildingInc

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com or www.lientra.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com or info@lientra.com**Project Property**Lot 180 West Landing at the Summit PIN 9587-
90-2819000 Deed Book 3149 Pg 826Lot: 180
239 Copper Loop
Sanford, NC 27332

Tax Parcel ID: 9587-90-2919000

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.**Property Type**

1-2 Family Dwelling

Pre-Permit WorkersMoorman, Kizer & Reitzel, Inc 115 Broadfoot
Ave Fayetteville, NC 28305**Notification Alert Emails:**

1. kim@mkrinc.com

Owner InformationCates Building Inc
639 Executive Place, suite 400
Fayetteville, NC 28305
United States
Email: angie@cavinessandcates.com
Phone: 910-481-0503**Date of First Furnishing**

2013-07-24

Contractor InformationCates Building, Inc
639 Executive Place, suite 400
Fayetteville, NC 28305
Email: angie@cavinessandcates.com
Phone: 910-481-0503

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.

Application Number	13-50031858	Page	2
Property Address	239 COPPER LOOP	Date	9/06/13
PARCEL NUMBER	03-9587-13- -0020- -76-		
Application description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	WEST LDG@THE SUMMIT 30LTS		
Property Zoning	RES/AGRI DIST - RA-20R		

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc

Phone Access Code 999797

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	425	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		/ /
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		/ /

