9-30-13

Initial Application Date: ~~9-16-13~~

SCANNED

Application # 1350032120R

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: William + Catherine Page **Mailing Address:** _____

City: Fuquay Varina State: NC Zip: 27540 Contact No: _____ Email: _____

APPLICANT*: William + Catherine Rackley **Mailing Address:** 711 Keystone Park Drive No 77

City: Morrisville State: NC Zip 27560 Contact No: 252-567-7476 Email: wmrackle@gmail.com.

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kathy Wallat **Phone #** 919-210-6111

PROPERTY LOCATION: Subdivision: Buckhorn Farms Lot #: 12 Lot Size: 1.40

State Road # 114 State Road Name: Pond Valley Ln Map Book & Page: 2009 588

Parcel: 050625 002118 PIN: 0625-69-5365.000

Zoning: RA40 Flood Zone: X Watershed: NA Deed Book & Page: OTP Power Company*: Duke/Energy.

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

PROPOSED USE:

☐ SFD: (Size 65x65) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): no Garage: 2 Deck: yes 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 Manufactured Homes:_____ Other (specify):_____

Required Residential Property Line Setbacks: **Comments:** 9-30-13 Move SFD for Cust. Pkg by FH 2.

	Minimum	Actual
Front	35	~~85~~ 45
Rear	25	245/225
Closest Side	10	42 1/2
Sidestreet/corner lot		
Nearest Building on same lot		

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 401 N - left on Hwy 40 towards. Fuquay - left on Hwy 42 left on Pond Valley Pond - last lotton Right

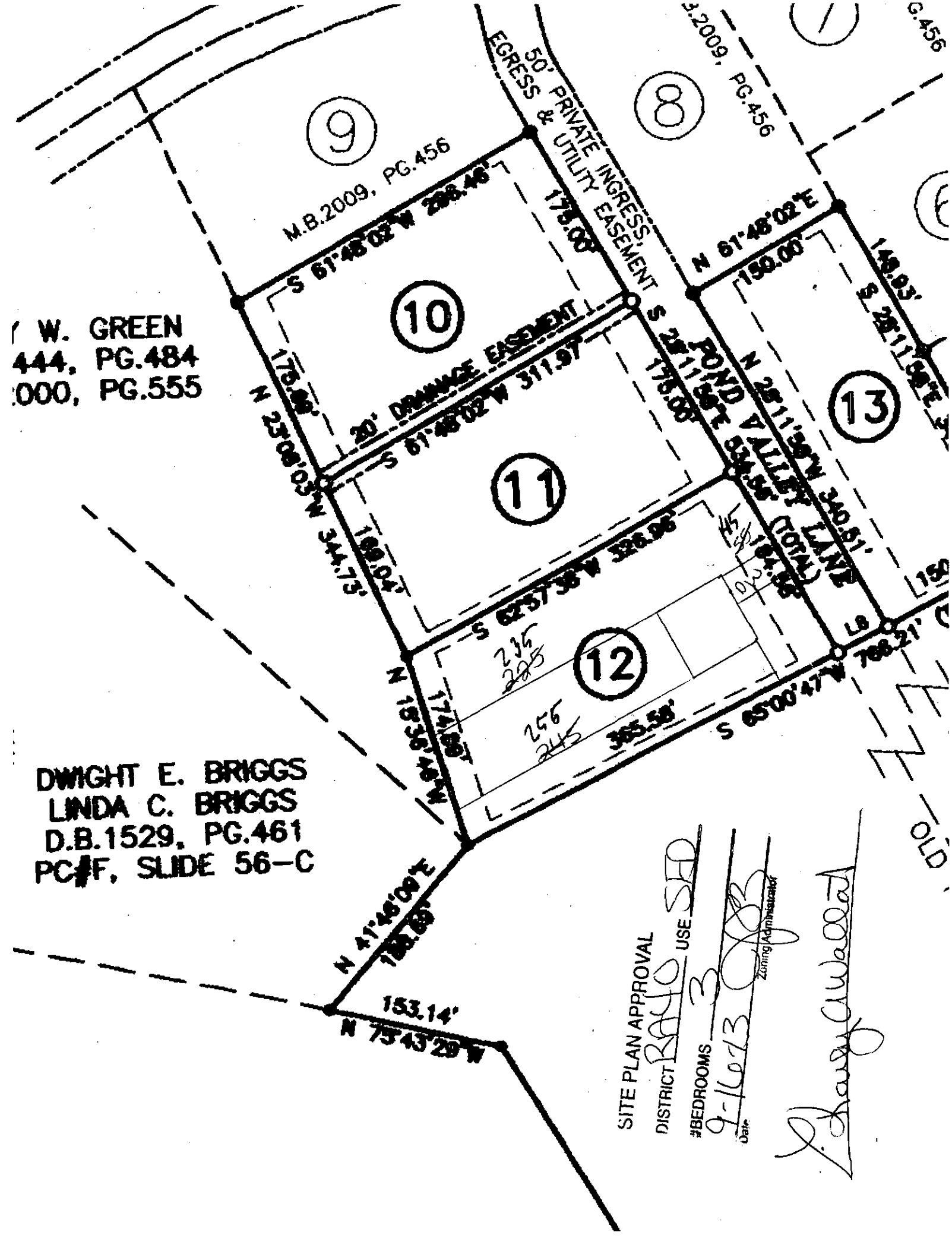
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

9-14-13
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****


9
M.B.2009, PG.456
10
11
12
13
8
50' PRIVATE INGRESS, EGRESS & UTILITY EASEMENT
20' DRAINAGE EASEMENT
POND VALLEY LANE
S 61°48'02"W 298.46'
N 61°48'02"E
150.00'
S 61°48'02"W 311.97'
N 23°08'03"W 344.73'
S 62°57'36"W 326.06'
N 15°36'46"W
S 65°00'47"W 766.21'
N 41°46'09"E
153.14'
N 75°43'29"W
W. GREEN
444, PG.484
000, PG.555
DWIGHT E. BRIGGS
LINDA C. BRIGGS
D.B.1529, PG.461
PC#F, SLIDE 56-C
SITE PLAN APPROVAL
DISTRICT
USE
#BEDROOMS
Date
Zoning Administrator

Application # 135 00 32120

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: _____ Phone: _____

Owner (s) Mailing Address: _____

_____

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: _____

PIN # _____ Parcel # 05 0625 0020 18

Job Cost: _____ Description of Work to be done _____

_____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___ Other ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ____ Number of Baths ____ Water Heater ____

Specific Directions to Job from Lillington:

_____

_____

_____

Subdivision: _____ Lot #: _____

I Owner (Contractors Name) will provide the Plumb (Trade) labor on this structure.

I am the building owner or my NC state license number is _____, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Owner
Contractor's Company Name

Telephone

Address

Email Address

License #

Structure Owner / Contractor Signature: [signature] Date: 7-28-2014

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**

App # 13-S0032120

SCANNED

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Keith Bullock Builders, Inc. Date: 8/19/14
Address: 72 Overlook Ct. Angier, NC 27501 Phone: 919-437-4628
Directions to job site: Hwy 401 North, Left on Christian Light Rd. Left on Hwy 42 - thru Duncan, 1 mile past Macedonia Church on Left. Pond Valley Lane
Subdivision: Buckhorn Farms Subdivision Lot: 12

Construction Type: (Please Check)
- ✓ New
- __ Renovation
- __ Addition
- __ Moved House
- __ Other

Building Use: (Please Check)
- ✓ Residential
- __ Modular
- __ Commercial
- __ Multi-Family

Description of Proposed Work: Single-Family - New
Total Project Cost: $ 110,000

Building Permit Information

Heated SF 1400 Crawl Space (✓) Building Construction Cost $ 110,000-
Unheated SF 0 Slab ( ) Acres Disturbed .10 Stories 1
Keith Bullock — 919-437-4628
Building Contractor's Company Name — Telephone
72 Overlook Ct Angier NC 27501 — 47504
Address — License #
K Bullock
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work New Electrical Cost $
TS Pole: Yes (✓) No ( ) Underground ( ) Overheard (✓)
Permanent Service: Underground (✓) Overhead ( ) Service Size: 200 Amps
Rex Dean Electrical — 919-552-4282
Electrical Contractor's Company Name — Telephone
Fuquay-Varina, NC — L05748
Address — License #
Rex Dean by K Bullock
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New
Number of Units ____ Type System HP Mechanical Cost $
Carolina Comfort Air Inc — 919-550-7711
Mechanical Contractor's Company Name — Telephone
5212 US Hwy 70 Bus Clayton, NC 27520 — H29077
Address — License #
JP Moore by K Bullock
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New
Number of Baths ____ Plumbing Cost $
L.R. Glover Plumbing, Inc — 919-894-5892
Plumbing Contractor's Company Name — Telephone
PO Box 764 Benson, NC 27504 — P07958
Address — License #
Lee Glover by K Bullock
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential (✓) Other ( ) Not Required ( )
Tri City Insulation — Fayetteville, NC — 919-486-8855
Insulation Contractor's Company Name — Address — Telephone

Sprinkler System Information

NA

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ✓

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 if any changes occur including listed contractors, site plan, 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 Division of any and all changes.

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

8-18-14

Date

Affidavit for Worker's Compensation
N.C.G.S. 87-14

The undersigned applicant for Building Permit #_____ being the:

✓ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

✓ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not 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.

Firm Name: Keith Bullock Builders, Inc.

By/Title: F. Keith Bullock - President

Date: 8-19-14

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 180223

Filed on: 08/21/2014
Initially filed by: keithbullock

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Owner Information

Keith Bullock Builders, Inc.
72 Overlook Ct.
Angier, NC 27501
United States
Email: kbbinc14@gmail.com
Phone: 919-639-7424

Project Property

Lot 12 Buckhorn Farms Subdivision
Holly Springs, NC 27540
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

08/21/2014

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

Plan Box # A - 9

Date 8 - 20 - 14

Job Name Keith Bullock

App # 1350032120 Valuation $90986 Heated SQ Feet 1400

Garage 0

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 Nev Other_____

_____

Additions / Other

Footing_____

Foundation_____

Slab_____

Mono_____

Open Floor_____

Rough In_____

Insulation_____

Final_____