

Initial Application Date: 1-24-2014

Application # 14.50032827

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: Paige Stephenson Mailing Address: 678 Maple Rd
City: Coats State: NC Zip: 27521 Contact No: 910-984-7042 Email: _____

APPLICANT*: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Karen Lawrence Phone # 910-984-7042

PROPERTY LOCATION: Subdivision: Paige Day Stephenson Lot #: 2 Lot Size: 1.03
State Road # 1504 State Road Name: Maple Rd Map Book & Page: 2013 171
Parcel: 07.0692.0010.04 PIN: 0692.51.8045
Zoning: RA30 Flood Zone: _____ Watershed: _____ Deed Book & Page: 3119, 671 Power Company*: _____

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

- PROPOSED USE:**
- SFD: (Size 66' x 72') # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): — Garage: Deck: Crawl Space: Slab: — Slab: — Monolithic attached
(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

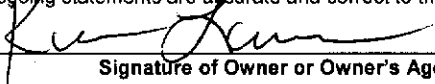
Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer
Does owner of this tract of land, own land that contains 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:

	Minimum	Actual	Comments:
Front	<u>35</u>	<u>68</u>	
Rear	<u>25</u>	<u>39</u>	
Closest Side	<u>10</u>	<u>40</u>	
Sidestreet/corner lot	<u>20</u>	<u>—</u>	
Nearest Building on same lot	<u>10</u>	<u>—</u>	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 55 from Angier towards
Coats Left on maple Rd 678 Maple Rd

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

1-24-2014
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: Paige Stephenson

APPLICATION #: 14-50032827

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)

1-24-2014

DATE

09/09/11

Application #

1450032827

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 Page Stephenson Date 3-6-2014
Site Address 678 Maple Rd Coats NC 27521 Phone 910-984-7042 (Karen)
Directions to job site from Lillington Hwy 210 to Angier Turn Right on Hwy 55 towards Coats turn Left on Maple Rd house will be on the right

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Serenity Built Homes 910-984-7042
Building Contractor's Company Name Telephone
PO Box 1417 Lillington
Address Email Address
63787
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
Jonathan Beasley Electrical 910-984-6051
Electrical Contractor's Company Name Telephone
PO Box 230 Coats NC 27521
Address Email Address
26739
License #

Mechanical/HVAC Contractor Information

Description of Work _____
J & M Heating and Air 897-5501
Mechanical Contractor's Company Name Telephone
~~COATS NC 27521~~ 724 Turinton Rd Dunn NC 28334
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Jason Barabot 910-514-0781
Plumbing Contractor's Company Name Telephone
Dunn NC 28334
Address Email Address
20694 P1
License #

Insulation Contractor Information

Insulation Inc. Raleigh NC 919-398-2952
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

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

3-6-2014
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 *Kim Law* _____ Date 3-6-2014

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 106288

Filed on: 03/06/2014

Initialia filed by: serenity

Designated Lien Agent

First American Title Insurance Company

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

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

Phone: 888-690-7384

Fax: 919-489-5231

Email: support@fatisys.com (support@fatisys.com)

Project Property

Paige Stephenson Job
678 Maple Road
Coats, NC 27521
Harnett County

Property Type

1-2 Family Dwelling

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.

Owner Information

Serenity Built Homes

PO Box 1417

Lillington, NC 27546

United States

Email: klawrence@capitalmarblecreations.com

Phone: 910-893-2691

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # F1

Date 1.24.14

Job Name Septurnon

App # 14-50032827

Valuation 237,406

Heated SQ Feet 2925

Garage 729

3654

Inspections for SFD/SFA

Crawl

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

Envir. Health new

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

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	14-50032827	Date	3/06/14
Property Address	678 MAPLE RD		
PARCEL NUMBER	07-0692- - -0010- -04-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	THOMAS J BARNES		
Property Zoning	RES/AGRI DIST - RA-30		

Owner	Contractor
-----	-----
STEPHENSON PAIGE D	SERENITY BUILT HOMES INC
678 MAPLE RD	PO BOX 1417
COATS	LILLINGTON
NC 27521	NC 27546
	(910) 893-2462

--- Structure Information 000 000 66.6X72 3 BR ATT GARAGE DECK CRAWL

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1017045		
Issue Date	3/06/14	Valuation	0
Expiration Date	3/06/15		

Special Notes and Comments

T/S: 01/24/2014 04:17 PM DJOHNSON --

55 FROM ANGIER TOWARDS COATS LEFT ON

MAPLE RD 678 MAPLE RD

XX

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

INSULATION AND LAND USE.

XX

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

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Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1017045		

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	_____	___/___/___