Initial Application Date:	3-24-1	4.	

Sewage Supply: _

Application#_	145	00	33208
		•	

nitial Application Date: 3-24-7 4"	Application # 49 00 33 CV 8
COUNTY OF HARNETT RESIDENTIAL I	CU#
	893-7525 ext: 2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFFR TO PURCHASE) & SITE P	
LANDOWNER: Fragray Vuri no State (Zip: 27526; Contact No: 9	ess: 8129 stillbreze D
City: _FJ9V9Y VNT NM State V (Zip: 27526 Contact No: 9	19 868 5150 Email:
APPLICANT*: BRC Homes Mailing Address: 7/0/	Hawk Hill et
Dity: WAKE HISPST State: NC Zip 2788 7 Contact No: 9	19 4220355 Email: bulmwoleemburguruila
Please fill out applicant information if different than landowner	ŕ
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	Lot #: 14 Lot Size: 1.08
State Road # 2215 State Road Name: Harnett Central	200 / Map Book & Page: 200 7 / 637
Zoning: RA 30 Flood Zone: Watershed: L Deed Book & Page: 2	911 , 608 Power Company*:
New structures with Progress Energy as service provider need to supply premise numb	per from Progress Energy.
PROPOSED USE: SFD: (Size 55 x 65) # Bedrooms: 4 # Baths: Basement(w/wo bath): Basement(w/wo	Garage Dec! Crawl Space Slab: Monolithic Slab: S
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) (Is the second floor finished? () yes () no Any other	
Manufactured Home:SWDWTW (Sizex) # Bedrooms	s: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per U	Jnit:
Home Occupation: # Rooms: Use: Hour	s of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no

Manufactured Homes: _____ Other (specify):____ Structures (existing or proposed). Single family dwellings: Required Residential Property Line Setbacks:

Water Supply: _____ County ____ Existing Well _____ New Well (# of dwellings using well ______) *Must have operable water before final

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

New Septic Tank (Complete Checklist) ____ Existing Septic Tank (Complete Checklist) ____ County Sewer

Minimum 3 5 Actual 45 Front

Rear Closest Side

Sidestreet/corner lot_

Nearest Building on same lot Page 1 of 2 Residential Land Use Application

Does the property contain any easements whether underground or overhead (___) yes __ (___) no

		 -	*	
····.			· ·	
<u>, </u>	:	 		

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

28' BRC Lot 14. Quail Glen Subdivision Map # 2007- 637 Scale: 1"= 40' Lot 14 146880 59ft. Black Ever Township Harnett countrix C. 1.08 AC SITE PLAN APPROVAL
DISTRICT 1 4 30 USE 25-14 2.61 Future 2 cors garag

Englis Springer Dr.

NAME:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
County H	44 44 R V And D. D. AND TO THE PROPERTY OF THE PROP
IF THE INFORM.	ealth Department Application for improvement Fer intransport respectively action to Construct Station for The Intransport Research February ATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT THORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration (Thorization February Complete plat = without expiration)
	THORIZATION TO CONSTRUCT STALL BECOME IN ALED. The partition of the property of the property of the partition of the partitio
\ \ \ 910-893	3-7525 option 1
<u>Environme</u>	ental Health New Septic System Code 800 perty trons must be made visible. Place "pink property flags" on each corner from of lot. All property flags on each corner from of lot. All property flags on each corner from of lot.
Place "c	ust be clearly flagged approximately every 50 feet between 55 me.s. Drange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks Drange house corner flags. These flags persite plan developed at for Central Permitting.
out build	dings, swimming pools, etc. Place flags per site plant developed driver road to assist in locating property.
evaluatio	on to be performed. Inspectors should be able to walk restly discussion. \$25.00 return trip fee may be incurred
All lots for failur	to be addressed within 10 pusiness days and property lines, etc. once lot confirmed ready, re to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready, and use code
800 (afte	er selecting notification permit if multiple permits exist) for expecting notification permit if multiple permits exist) for expecting for except of request.
- Hea Click	k2Gov or IVB to varify results. Unce approved, process to sentent
P	tel Wasifh Eviating Tank Inspections your our
 Follow at 	pove instructions for placing riags and carb on property.
nossible)	and then but lid back in place. (Unless inspection is for a septic tark in a mobile former party)
• DO NOT L	EAVE LIDS OFF OF SEPTIC JANK
 After unce it multiple 	e permits, then use code 800 for Environmental Health inspection. Please note confirmation number
 Use Click: 	2Gov or IVR to hear results. Once approved, proceed to Central Pentitudg 101 remaining permits.
SEPTIC If anniving for author	orization 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 n	notify the local health department upon submittal of this application if any of the following apply to the property in
question. If the answ	ver is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
YES (L)NC	Does the site contain any Jurisdictional Wetlands?
-, IF	and the firetree?
~ , · · · · · · · · · · · · · · · · · · ·	to the Order ownload
_JYES (X) NO	wasterings or Wastervater Systems on this property?
)YES {X_} NO	to the size other than domestic sawage?
	d Bullio Agamou?
_'X	Are there any Easements or Right of Ways on this property?
	Does the site contain any existing water, cable, phone or underground electric lines?
}YES {X} NO	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
Tour Dood This Applie	cation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
ua Officials Are Gran	ited Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
Inderstand That I Am	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
a Sita A acassible So Ti	hat A Complete Site Evaluation Can Be Performed.
Ku/	A Sulphia Comment of the Comment of
OPERTY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
The mark of the state of the state of	

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

145 00 33 208

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

•	Date <u>3-28-</u>
Site Address	Phone
Directions to job site from Lillington	
210 Hwy North Lf Harnett	central Rd
Lf Englis Springer Dr	
Subdivision Quail 6/rn	LotL
Description of Proposed Work Wew Home	# of Bedrooms 4
deated SF 2930 Unheated SF Finished Bonus Room	Crawi Space Slab
P. T. a. I. General Contractor Inform	nation (122 22 22 22
BRC Hornes Inc. Building Contractor's Company Name 7101 Hawk Hill et Wake Forst NK 275	7/9 422 0355 Telephone
Singling Contractor's Company Name	2> hulman 18 amb and 1/
ddress	Email Address
71436	
icense #	
Electrical Contractor Inform	<u>mation</u> Size <u>200</u> Amps T-Pole <u>Yes</u> No
Perion of Work Service s	
Pectrical Contractor's Company Name	9/9 868-5249 Telephone
ddress	Email Address
21572	
cense #	oformation.
Mechanical/HVAC Contractor In	normation
escription of Work	010 556 >> =2
CUSEY Servises	9/9 556 3338 Télephone
echanical Contractor's Company Name	(elephone
dress	Email Address
0540 H3	
cense #	
Plumbing Contractor Inform	<u>nation</u>
scription of Work	# Baths
WW Plumbing	919 639 0195
mbing Contractor's Company Name	Telephone
LOOPE Angres	
dress	Email Address
408>	
ense #	
Insulation Contractor Inform	NA USC-200
mith thoulation	919 496-3512,
ulation Contractor's Company Name & Address	rejepnone

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 3-29-14 Date
Signature of Owner/Contractor/Limicer(s) or Corporation
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 BRC Homes Inc
Company or Name BRC Homes Inc Sign w/Title Bulman Rods quez Date 3-28-14

				•
	,		,	
F.	8-7	Date	-1-14	
Plan Box # <u></u>		Job Name	BRC Hand	25
App # 14500	33208	Valuation 2233	Heated SQ Feet	·
		•	Garage	e 507
Inspections for S	SFD/SFA		2	3437
Crawl	Slab	Mono	Basement	_
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Surv	ey_ <i>No</i>	Envir. Health New To	Other	· · · · · · · · · · · · · · · · · · ·
Additions / Othe	<u>r</u>			
Footing				
Foundation	-			
Slab				
Mono				
Open Floor	•			
Rough In	•	·		
Insulation				
Final	•			

. DANIELL 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 14-50033208 Date 4/02/14 Property Zoning PENDING Owner Contractor -----EMPIRE INVESTMENTS GROUP LLC OWNER PO BOX 1528 FUQUAY VARINA NC 27526 Applicant BRC HOMES Structure Information 000 000 55X65 4BDR 3BATH SFD W GAR DECK CRWL Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS 4.0
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1027135 Issue Date . . . 4/02/14 Valuation Expiration Date . . . 4/02/15Expiracion Date . . 4/U2/15 Special Notes and Comments T/S: 03/25/2014 10:45 AM VBROWN ----259 ENGLISH SPRINGER DR, QUAIL GLEN #14. ALL THE WAY TO THE END OF OF QUAIL GLEN NEAR THE LAST LOT IN THE BACK OF SUB DIV. PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. 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.

______ Page Application Number 14-50033208 Date 4/02/14 Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name QUAIL GLEN PH1 32LOTS Property Zoning PENDING Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . .

Phone Access Code . 1027135

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		—' <i>,</i> —' <i>,</i> —
	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		',',
						1 1

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 118106

Filed on: 04/02/2014 initially filed by: brchomes

Designated Lien Agent

Project Property

North American Title Insurance Company

Online: www.licumc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: autonor/Altientne.com

lot 14 quail glen 259 english springer dr

angier, NC 27501 harnett County

Property Type

1-2 Family Dwelling

Print & Post

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

Date of First Furnishing

bre homes inc 7101 hawk hill ot wake forest, NC 27587 United States

Email: bulmarol@embarqmail.com

Phone: 919-422-0355

04/03/2014

View Comments (0)

Technical Support Rotline: (888) 690-7384

Permit # 1450033208

INSPECTION TICKET INSPECTOR: IVR

PAGE DATE

5/02/14

ADDRESS . : 259 ENGLISH SPRINGER DR SUBDIV: QUAIL GLEN PH1 32LOTS

CONTRACTOR :

PHONE :

OWNER . . : EMPIRE INVESTMENTS GROUP LLC

PHONE :

PARCEL . . : 11-0662- - -0022- -17-

APPL NUMBER: 14-50033208 CP NEW RESIDENTIAL (SFD) DIRECTIONS: T/S: 03/25/2014 10:45 AM VBROWN ----

> 259 ENGLISH SPRINGER DR, QUAIL GLEN #14. ALL THE WAY TO THE END OF OF QUAIL GLEN NEAR THE LAST LOT IN THE

BACK OF SUB DIV.

STRUCTURE: 000 000 55X65 4BDR 3BATH SFD W GAR DECK CRWL

FLOOD ZONE . . . : FLOOD ZONE X

PROPOSED USE SFD # BEDROOMS 4.00 SEPTIC - EXISTING? . . . : NEW TANK WATER SUPPLY : COUNTY

PERMIT: CPSF 00 CP * SFD				
	REQUESTED	INSP	DESCRIPTION	
TYP/SQ	COMPLETED	RESULT	RESULTS/COMMENTS	
B101 01	4/03/14	BS	R*BLDG FOOTING / TEMP SVC POLE TIME: 17:00 VRU #: 002511202	
	4/03/14	AP	T/S: 04/02/2014 02:10 PM VBROWN	
-			T/S: April 03, 2014 09:35 AM BSUTTON	
			Need premise number for tpole	
A814 01	4/07/14	WT	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002512242	
	4/08/14	AP	259 english springer dr angier 27501	
			T/S: 04/08/2014 01:32 PM TWARD	
B103 01	4/07/14	BS	R*BLDG FOUND & TEMP SVC POLE TIME: 17:00 VRU #: 002512226	
	4/07/14	AP	T/S: April 07, 2014 10:46 AM BSUTTON	
B105 01	4/09/14	BS	R*OPEN FLOOR TIME: 17:00 VRU #: 002513422	
	4/09/14	AP	T/S: 04/08/2014 01:42 PM LSEGARS	
			T/S: April 09, 2014 11:54 AM BSUTTON	
R425 01	4/29/14	BS	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 002521011	
	4/29/14	DA	T/S: April 29, 2014 12:40 PM BSUTTON	
			Need engineering letter on framing around front door. Plan	
			is unclear, 2x4 max height for balloon framing is 10ft at	
			16 oc. 2. Tie back raftersover family room and upstair	
			bedrooms where ceiling joists meet LVLs 3. Sleev drain	
			through foundation. Ok to side/insulate	

----- COMMENTS AND NOTES ------

R*INSULATION INSPECTION TIME: 17:00 VRU #: 002522746 T/S: 05/01/2014 01:56 PM VBROWN -----FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 002522753 T/S: 05/01/2014 01:56 PM VBROWN ------

